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TENDENCY IN THE SPREAD OF SYPHILIS AMONG THE POPULATION OF LATVIA (1900—1997)

WHO data indicate spread of syphilis among population in all the countries of posttotalitary regimen including Latvia, where incidence in 1990 was 4,8 but 1997–121,3 (per population of 100 000).

Studying the problem of syphilis in ancient Baltic's and Latvia, different sources were used – paleopathology, old historical documents and interpretation of data in Latvian folklore.

There was an academic attitude to studies of syphilis in Baltic countries in the 19th century and at the beginning of the 20th century. In this respect, such world – famous professor and founder of aseptic as Ernst von Bergmann (1836–1907) should be mentioned; he worked in the University of Tartu.

From the University of Latvia comes Pēteris Sņķers (1875–1944), a famous dermatovenerologist, professor and military doctor, general by military degree. Traditions of P. Sņķers school in Latvia weakened and were gradually and purposfully eliminated during the soviet regimen: the dismissal of Haralds Kirsēntāls (1897–1978, Norway), Latvian military doctor was disloyal the same way Ernests Apse-Apsītis (1898–1980), a lecturer at the University of Latvia, was brutally made stop academic work.

As priority structure in dermatovenerology a state institution – the Health Ministry with its enormous staff and wide net of subordinated establishments – was pointed out rather than an academic establishment. All these institutions ignored and eliminated the school of dermatovenerology founded by P. Sņķers.

Analysis and systematisation of official statistical data on incidence of syphilis in Latvia this century enables a periodization that reveals increase and decrease of incidence of syphilis. In the 20th century history of syphilis in Latvia can be divided into 8 stages.

1900—1913

In Latvia, that time being a part of Russian empire, the registered morbidity with syphilis in the period of 1902–1914 fluctuated from 255 (in 1914) to 640 (in 1911) in province of Vidzeme; from 71 (in 1914) to 421 (in 1902) in province of Kurzeme, and from 707 (in 1905) to 1131 (in 1911) in province of Vitebsk. Interpreting these statistical data one should take into consideration the possible errors in differential diagnostics of syphilis, as in province of Vitebsk, where in difference from Vidzeme and Kurzeme, practically Russian medical system functioned, and syphilis was diagnosed by doctor's assistants rather than by the doctors themselves. It may be the possible reason for the big difference in statistical data in provinces of Vitebsk and Kurzeme. Registration of statistical data was imperfect, since instructions on statistical registration from the point of view of modern statistics did not exist at that time. Practical medicine only started to implement the significant scientific discoveries in syphilology – microscopy of *Treponema pallidum*, detection of antibodies using a complement – fixation reaction (Wassermann reaction) and treatment of syphilis by Salvarsan, introduced by Paul Ehrlich.

Great contribution to the implementation of new methods of diagnosis and treatment of syphilis was made by Russian Association of Doctors and its member, military doctor Dr. med. Pēteris Sņķeris, who was a member of Russian Syphilology Association. He was also student of T. Pavlov (1860–1932), dermatovenerology professor of Peterborough Military Medical Academy.

In Peterborough Military Academy Venjamin Tarnovsky (1837–1906) started scientific venerology. He improved his knowledge in France and studied at the founder of world-famous school of venerology – Philip Rickor (1800–1889). V. Tarnovsky being yet an assistant professor in Military Medical Academy writes a textbook in Russian on venereal diseases. P. Sņķers worked in Riga as the head of the Department of Skin and Venereal Diseases of Military Hospital and also practised privately.

In the period under discussion, in Latvia for restriction of spread of syphilis existed the same order as it used to be in the Russian empire – the state scientific potential, influence of military department to development of venerology of professional associations and private doctors, as well as initiative in both practical and academic work of Pēteris Sņķers, when in pre-war conditions a conception formed on transfer of Medical Faculty of Tartu University to Riga.

1914—1926

In Latvia, destroyed by the war, the nation was affected by moral deterioration. As consequences of the war and chaos of the post-war period as well as despair and unemployment, alcoholism and prostitution flourished. Investigation reveals a high level of incidence of syphilis among the population.

The most sophisticated person of that time in Latvia, professor Mārtiņš Zīle (1863–1945), addressing the 1st Congress of Latvia Doctors and Dentists in Germany in 1925 among the priority tasks emphasised the combat with venereal diseases. This task was undertaken by the predepartment structure and later the Department of Skin and Venereal Diseases at Latvian University (head professor P. Sņiķers) and social organisations – White Cross of Latvia, Association of Dermatovenereologists. At that time Latvian national establishment of higher education (University) started to form; the same did the school of Latvian dermatovenereologists and, suitably for a minor country, a system of control over syphilis was created: experience of other countries was used as well as state and private scientific potential and practical possibilities.

1927–1940

In Latvia, the base for school of dermatovenereologists and for development of practical action was prepared by professor P. Sņiķers and private assistant Prof. Jēkabs Šīrons (1870–1945), Jūlijs Galejs (1884–1951) and Jānis Brants (1889–1944). Beginnings of academic life in dermatovenereology were formed in the Military Academy of Peterborough, University of Tartu and in western scientific centres and clinics.

In the University of Latvia dissertations were defended on dermatovenereology. At the department, headed by P. Sņiķers, all private assistant professors had defended theses in syphilology to get the degree of *Dr. med.* In civic and military medical practice methods of laboratory diagnosis and treatment of syphilis used in the world clinics were introduced (including direct precipitation reaction). Neosalvarsan and bismuth was used to treat syphilis.

As one can see, that fighting syphilis was included as a priority problem. However, current was also dermatophthiasis, in which military doctor and dermatovenereologist Haralds Kiršentāls specialised. He improved his knowledge in Denmark and, in Riga Red Cross Hospital he founded a specialised unit of dermal tuberculosis. He had patients from Poland, Finland, and other Baltic countries. Statistics for incidence of syphilis in the country formed in the second half of 1920s, and coefficients of intensity of morbidity fluctuated from 264,7 (1929) to 109,6 (1939). In 1930s a stable tendency of decrease of morbidity appeared. The data of this period were falsified during communist rule – periodicals noted that in bourgeois Latvia incidence of venereal diseases increased. Awareness of incidence of syphilis was considered as socially dangerous, and it was included in legislation.

In this preantibiotic stage in Latvia, the introduced system for combating syphilis in medical and legislative area should be evaluated as positive, because in Latvia it was designed anew, thus ensuring stable decrease of morbidity with syphilis.

1941—1951

After invasion of German troops in Latvia morbidity of syphilis significantly increased. At the end of 1941 special war time rules came into force, concerning fighting venereal diseases. These rules envisaged compulsory registration of prostitutes and medical check – ups twice a week. Under the rule of communist occupation in Germany all the soldiers to be demobilised had to undergo examination on venereal diseases, and only after conclusion of a venereologist they were demobilised.

During the wartime, in fighting the spread of syphilis war time legislation of the occupation powers was in force. It envisaged even capital punishment for spreading the disease. This stage should be characterised as a period of high incidence of syphilis with a fast decrease of its level in post-war years, which was determined by usage of penicillin in treatment and effective measures for combating syphilis, carried out by occupation powers.

1952—1968

In this period, lasting for almost 20 years, morbidity with syphilis significantly decreased, reaching a very low level. It was one of the reasons why absurd political decisions were adopted – dermatovenereologists (from Latvia as well) wrote a letter to J. Stalin claiming that syphilis will be eliminated. It was followed by reorganisation and cutting down of the service of dermatovenereology. Both intellectual and practical potential in venereology was reduced, and research was not carried out in syphilology. System of control of syphilis started to weaken, it was masked with absurd slogans that in Latvia prostitution did not exist, that there were no accidental intercourse, and they are not going to occur anymore, because syphilis is a survival of capitalism.

1969—1975

The rapid outburst of syphilis in peace – time conditions with culmination in 1973 has not still been scientifically motivated. Analysis of the epidemic process at the initial stage of increase of the disease revealed that among syphilitic patients there were a lot of homosexually oriented people. In this period, after storms and fallen trees persons released from prisons of other republic came to work in woods.

Medical and other services were not prepared for fight with the outbreak of syphilis epidemic. In 1973 all the managers of the dermatovenereological service were changed. The number of services and staff was doubled. Leaders were both Moscow and local academic doctors, and in a couple of years the epidemic process became controlled. In 1973 within some months using both local scientific forces and those from the USSR, a motivated, effective, system of elimination of syphilis was created.

1976—1989

Almost for fifteen years in Latvia, in conditions of the big state, the above mentioned system functioned precisely. In science and practice of syphilology significant work was carried out. However, as a great drawback, violation of human rights should be mentioned, that was carried out by militia and groups of special operative services. In the structure of Health Ministry a prison – type hospital was organised in Riga (241 Moscow Street).

From today's point of view one should say that from that system of combating syphilis only some elements should be preserved – and the best of them is – well educated venereologists with great experience.

1990—1998

In this period, morbidity with syphilis was growing rapidly, and control of the epidemic process had not been successful. It is proved by dynamics of morbidity and rapid growth of it, which was mentioned at the beginning of the article. Such a big number of registered patients suffering from syphilis had not been detected in the period of the last 50 years. Diagnosis, treatment and prevention are still carried out on an insufficient level. Drawbacks are also found in detection of infection seats, in legislation regarding congenital syphilis, as well as in patient care.

Nevertheless, the system of combating syphilis is improving. As a matter of fact, it should be formed anew; it cannot be borrowed from other countries and introduced here. We are studying the problem in politically and economically stable countries – Denmark, Sweden – that have good scientifically and practical ensurance. Syphilis is a rare problem in these countries, and in large scientific centres we cannot improve sufficiently our knowledge in syphilology.

Of great help are valuable conclusions gained, for instance, in region of Kaliningrad, where the coefficient of morbidity with syphilis is 520,0 (1996).

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Summary

Analysis of epidemiological process of morbidity with syphilis in Latvia, carried out in the period of almost 100 years, reveals some regularity. They help prognoses, at least with methods of analogy and lineary prognostic methods of morbidity, the near perspective, which may be used for measures of restriction of spread of syphilis and division of means of state budget for introduction of the concrete programmes.

Dynamics of tendency to increase or decrease intensity of morbidity with syphilis in Latvia has been influenced by several factors, and they were different in war and peace – time conditions as well as before discovery of penicillin and era of antibiotics. However, always, when morbidity rapidly increases, chaos in the system of fighting the disease is marked out. This regularity refers to all countries of posttotalitary regimen, in Latvia it was during its “singing revolution” and some years later. The same situation can be seen now with the problem of fighting with tuberculosis.

Taking into consideration the local features in Latvia as in the part of the great state, as in a sovereign country (1918–1940) and in the renewed state (after 1990) in the stages of increase of morbidity with syphilis effective systems of fighting the disease were formed, which ensured decrease of the level of morbidity. At present, in the state of Latvia, its own original system of restriction of spread of the disease is forming, based on democratic principles. As one of the most essential state measures should be mentioned closure of Riga Venereal Hospital of Special Regimen, where human rights were rudely violated. This system of elimination of syphilis in Latvia is based upon principles of continuity and its beginnings have much in common with the school formed by P. Sņiķers. According to factographic and analytical studies in epidemiology of syphilis, already this year (1998), decrease of morbidity with syphilis may be foreseen.

The performed studies and observations in practical work have revealed that ensurance with certified dermatovenereologists of all district centres should be included in emergency measures. Of the same importance is improvement of the educational level in venereology of all the doctors who deal with medical and legislative detection of hot – beds of syphilis and its treatment.

An important measure is improvement of normative acts in diagnosis, treatment and prevention of syphilis since in the sphere of congenital syphilis there are still lasting consequences, that in recent past were wrong in medical care of many non-citizens. At present they are eliminated.

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