

V.D.

Some straight talk from Julius Schmid

The purpose of this advertisement is to educate you about venereal diseases. If you think this subject is no concern of yours, we'd like to point out that V.D. has reached epidemic proportions in Canada. It cuts across all age, income, social and educational groups. A conservative estimate is that between 500,000 and 1 million Canadians suffer from V.D.

What we're going to do in this advertisement is to tell you in plain, simple language about three

of the most prevalent venereal diseases in Canada today. What the symptoms are, the various stages of the diseases and most important of all, what you can do to prevent infection.

Now, if in the course of reading this advertisement, you suspect you might have some of the symptoms described, consult your physician immediately. The treatment is confidential and if caught early enough the disease can be easily treated.

GONORRHEA

This particular disease has become rampant due to possible changing social and sexual attitudes. Despite the most advanced treatment methods medical science has been unable to check the spread of this condition.

STAGE I

Symptoms generally appear from two to six days after exposure to the bacterium *Neisseria gonorrhoea*, however, up to 20 percent of men and as high as 80 percent of women show no symptoms at all. In the male, the usual signs are pain when urinating and a discharge of pus from the penis. Women are likely to experience burning during urination, a yellowish vaginal discharge, abnormal menstrual bleeding, and swelling or abscess of the Bartholin's glands at the mouth of the vagina. (Symptoms of oral and anal infection may include, in the throat, a burning sensation, and, in the rectum, burning and itching, persistent urge to defecate, and a bloody discharge).

STAGE II

If allowed to progress untreated, gonorrhea can produce severe inflammation of the pelvic organs; blockage of the Fallopian tubes and sperm ducts and thus sterility; gonorrheal rheumatism or arthritis; inflammation of the heart valves; even blindness, particularly in newborn babies.

Up until a few years ago, penicillin was the standard treatment method, but today, several penicillin-resistant strains of the disease have appeared and other, stronger drugs—tetracycline, spectinomycin, ampicillin, amoxicillin—must sometimes be used. Cases in which pelvic inflammatory disease has developed may also require hospitalization.

SYPHILIS

First of all let's make one thing clear: you can't pick up syphilis from lavatory seats or public drinking fountains. Syphilis is transmitted only through sexual intercourse.

STAGE I

About three weeks after sexual relations, a lesion called a chancre (pronounced "shanker") develops at the site—usually the genitals or mouth—and nearby lymph nodes become enlarged. The chancre itself disappears within four to six weeks.

STAGE II

If syphilis is left untreated, more lymph nodes eventually become enlarged and a spotty red rash appears over most of the body. During this stage, fever, weight loss, general weakness, loss of appetite and headaches are typical. After several months, the rash subsides and syphilis enters a latent period lasting months or even years.

STAGE III

Blindness, insanity, impotence, heart disease.

Children born to syphilitic mothers are also infected. The earliest sign is sniffing, after which sores appear on the skin and the mucous membranes, and the disease starts to progress as in adults.

If caught early enough, syphilis can be easily treated with penicillin. Other antibiotics such as tetracycline, erythromycin, or chloramphenicol are also used.

GENITAL HERPES

This sexually transmitted disease was almost unknown until the late sixties. About 95 percent of all cases are due to infection with herpes simplex virus II, a virus affecting only the genital areas; while another 5 percent result from infection of the genital area with herpes simplex I, the cold-sore virus.

STAGE I

In women, tiny, painful blisters resembling oral cold sores appear on the labia, cervix or anus. Symptoms in men include similar lesions on the penis or anus, accompanied by burning urination and watery penile discharge. Fever is a possibility in both sexes. Within a day or so the blisters break, then form round, grey-white patches which generally heal spontaneously within two weeks. This may be the end of the problem, or genital herpes may reappear periodically as cold sores often do.

STAGE II

A possible serious complication: recent studies suggest that herpes II may play a role in the development of cervical cancer. The virus is reported to be present in 36 percent of cervical cancer patients, and parts of the herpes II virus have been extracted from cervical cancer cells. Because of this, women who've been infected should be especially careful to have regular Pap tests.

No totally effective cure for herpes exists. While some gynecologists paint the infected area with gentian violet, others maintain this treatment doesn't work. However, a promising new antiherpes drug, adenine arabinoside (Ara-A) is being tested and may soon be approved for general use.

AND HOW TO PREVENT CONTRACTING THEM.

There are only two methods of avoiding the risk of contracting V.D.

1. Refrain from sexual relations.

2. Use a prophylactic during intercourse.

Use of the prophylactic is the only method officially recognized and accepted as an aid in the prevention of transmission of venereal disease. Besides being a disease preventative, prophylactics are one of the oldest and more effective means of birth control known and the most popular form used by males.

And we'd like to introduce you to six of the best brands of prophylactics that money can buy. They're all made by Julius Schmid. They're all electronically tested to assure quality and dependability. And you can only buy them in drug stores.

RAMSES *Regular (Non-Lubricated) & Sensitol (Lubricated)*. A tissue thin rubber sheath of amazing strength. Smooth as silk, light as gossamer, almost imperceptible in use. Rolled, ready-to-use.

FOUREX *"Non-Slip" Skins*—distinctly different from rubber, these natural membranes from the lamb are specially processed to retain their fine natural texture, softness and durability. Lubricated and rolled for added convenience.

SHEIK *Sensi-Shape (Lubricated) & Regular (Non-Lubricated)*. The popular priced, high quality reservoir-end rubber prophylactic. Rolled, ready-to-use.

NuForm *Sensi-Shape (Lubricated) & Sensi-Shape (Non-Lubricated)*. The "better for both" new, scientifically developed shape that provides greater sensitivity and more feeling for both partners. Comes in "passionate pink." Rolled, ready-to-use.

EXCITA Gently ribbed and sensi-shaped to provide "extra pleasure for both partners." Sensitol lubricated for added sensitivity. Also in "passionate pink." Rolled, ready-to-use.

Fiesta Reservoir-end prophylactics in an assortment of colours. Sensitol lubricated for added sensitivity. Rolled, ready-to-use.

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