NOTICE OF ORDINARY MEETING

The next meeting will be held in the Museum Education Building, North Terrace, Adelaide
at
8.00 p.m. on MONDAY, 28 AUGUST 1972

AGENDA

1. Apologies
2. Minutes of 24 July, 1972 Meeting
3. Tabling of Papers and Journals
4. Announcement of New Members
5. Rev. Rod J. Jepsen, B.A., Litt.3., Assistant Minister, Scots Church, North Terrace, Adelaide will give an address entitled:-

"CULTURAL FACTORS AFFECTING ABORIGINAL EDUCATION IN WALGETT, N.S.W."

6. Date of next meeting: Monday, 25th September, 1972

R.D.J. Weathersbee
Honorary Secretary,
C/- S.A. Museum,
North Terrace,
ADELAIDE. S.A. 5000.
Precis of Address given by Dr. A. Finger, Medical Officer (Epidemiology), Department of Public Health on Monday, 26th June, 1972 at 8.00 p.m.:

"VENEREAL DISEASES AMONG ABORIGINALS IN SOUTH AUSTRALIA"

Venereal diseases as notified to the Department of Public Health have a very much higher incidence among aboriginal peoples than among the general population in South Australia.

The aboriginal population totals about 10,000 living in conditions varying from more or less fully tribal as at Yalata and Ernabella to more or less complete detribalisation in the metropolitan area and around country towns.

Most of the notified cases were in detribalised aborigines from the metropolitan and country centres.

Gonorrhoea and syphilis are easily treated and cured once they are recognised. The particular difficulties of their recognition and control among the general population are accentuated among detribalised aboriginal people where there is more ignorance, greater promiscuity especially among those most socially and economically deprived, greater movement from place to place and greater suspicion of health worker efforts at control.

Among the more or less tribal aborigines knowledge of the incidence of venereal disease is fragmentary. In most settlements where some investigations have been made there is serological evidence of widespread gonococcal and treponemal infection among adults, a little only among adolescents and none among children. Where surveys have been repeated as at Yalata, the proportion of adults affected has risen sharply over the last decade.

This serological evidence of infection is not matched by any but the scantest of clinical evidence.

This situation, abundant serological changes without substantial clinical disease, is not yet understood.

Speculation about the significance of the treponemal serology has ranged from its being due to yaws, to endemic non-venereal syphilis to venereal syphilis.
Yaws is ruled out. It has not been certainly recorded from the dry north of South Australia. It is a contact disease affecting children. Non-venereal syphilis, also a contact disease, would produce lesions and also affect children. Venereal syphilis on the scale indicated by the serological tests might be expected to have produced some cases of congenital disease whereas none are apparent.

On the other hand, the serological evidence of concurrent gonococcal infection favours the venereal syphilis idea.

This problem is likely to be solved by a closer study of the sexual customs and behaviour of such a tribal group as that at Yalata, by close and continuing medical observation and by improved health services such as are beginning to be developed in the outback.