

第 3 版

性传播疾病

Sexually Transmitted Diseases

● 主 编 [美] King K. Holmes ● 主 译 审 王贤才

• 上 卷 •

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工作着是美丽的

——《性传播疾病》前言

50年代中期,我进入临床实习时,虽然还是守着“老规矩”:一切住院病人都作 Wassermann 反应,病史中要常规问到“冶游史”。但是实际上开国以后不久,性病新发就消灭了。所以我在整个临床实习阶段,包括在专治性病的皮花科的那些日子,没有见过一例梅毒的初疮。与我同时代的医生,大抵如此。因此我虽一度有过翻译性病专著的想法(主要是受到我的老师、著名皮肤病专家穆瑞五教授的影响,而那些受骗于江湖郎中,贻误治疗时机致入晚期的事例,也真是触目心惊),但终于没有付诸实践。毕竟那是一个性病走向消亡的时代。

80年代以来,情况发生了很大变化。我们忽然发现已处在性病的包围中。近年来更是有增无已,形势严峻。全国性病麻风病控制中心统计:1998年全国上报的性病数已逾63万例,比上年增长近40%,是90年代以来增长幅度最大的。所有8种性病全都出现大幅度增长,其中淋病约占其半,以后依次是尖锐湿疣、非淋菌性尿道炎、梅毒和生殖器疱疹等。但就增长率而言,梅毒仍居首位,达56.70%。1999年全国实际新发性病至少400万例!

艾滋病自1985年6月4日,大陆首例发现以来,从1995年起也已进入快速增长期,该年发现的感染例数几为前10年的总和。截止1999年,实际感染已达50万。调查表明:我国已成为HIV亚型最多的国家之一,共有8种类型的HIV-1流行,即A,B(欧美B),B'(泰国B),C,D,E,F,G等。HIV-2感染亦已发现。十几年来艾滋病在我国流行面不断扩大,传播速度每年都在加快。在艾滋病的传播和控制上,我们已处在关键的十字路口。控制得好,2010年全国艾滋病毒感染人数约150万;控制不好,2010年将是1000万!一些国家已经出现灾难性后果:预期寿命大幅度下降,人口萎缩,主要农产物下降30%~60%(见本书第5章)。对此我们是绝对不可掉以轻心的。

性病患者也许是最不幸的群体。我们的社会和文化背景,得上性病无异于资信和道德破产,备受歧视和责难。报刊上也常能看到一些未能洁身自好的青年人,以染上性病为最终惩罚和“报应”。以此而绝望、自杀者有之。媒体肯定出于善意,告诫人们不要走那条路。但把性病写得如此狰狞可怕,无异绝症,至少是不真实的。消灭性病是靠宣传教育、靠扎扎实实的预防工作,而不是靠吓唬、威胁。性病并不都是像艾滋病那样可怕,常见性病如淋病、梅毒之类,其实比许多病都好治,不难一剂而愈。遗憾的是并非所有病人都能得到这种有效治疗。在社会和亲友压力下,他们常常不得不隐匿身份,在走方郎中、游医游药甚至巫医巫婆处寻求“治疗”。看看大街小巷、车站厕所、电线杆上的那些包治性病的“垃圾广告”,就知道这种坑人“产业”已发展到何等规模!无效治疗不仅浪费钱财,更重要的是它给病人一种虚假的“安全感”。有病未治,病人知道病在身上,还有可能得到适当治疗。特别是有些性病的初期症状(如梅毒初疮),不经治疗也会消失,因此原本无效的“治疗”后,症状“消失”了,病人也就以为“治”好了。直到晚期证候出现,但已失去最佳治疗时机。这样的悲剧,我在50~60年代屡见不鲜。但那是旧社会过来的病例。他们当年没有治疗机会,或没有有效

药物,陷于这种境地,已属可悯。今天不应再出现这样的悲剧。

性病回潮,使我们面临新的挑战。毕竟我们“离开”性病已有很多年了。且不说性病已经有了很大变化,就是熟悉当年“经典性”性病的医生,也都老了,退下来了。在性病上,的确面临着知识更新和深入学习的问题。

从国外引进成熟的性病专著,可能是填补这个空缺的最简捷途径。应该承认:西方同行在这方面还是很有经验的。1998年秋,我终于选定美国性病专著《Sexually Transmitted Diseases》,打电话给世界图书出版西安公司任卫军同志,请他在该书第三版出版后立即为我进口一部。1999年春,我在北京参加全国政协九届二次会议期间,卫军同志就委托他们单位的一位青年编辑樊鑫,把刚出版的《Sexually Transmitted Diseases》送到我下榻的宾馆,而且告诉我已经买下了此书的中译本版权,希望我们合作,尽快推出中译本。我这个人很迂,始终不大习惯于集体工作。一则是“单干”惯了,二则也自知没有统筹全局的才能。但要求快,必得有个班子。我于是求助于老友廖友谋、全如瑛、郑伯承诸公,以及上海老友魏瑛生兄。他们都是行家名手。看过原书后,也都认为选题不错,鼓励我接下来。没有他们的支持,我是不敢应承的。

因此,《Sexually Transmitted Diseases》这一多作者完成的专著,中译本也是合作完成的。这不是一部要求通读的书,而是供工作和学习中查阅的参考书。实际上,每一章都可以独立成篇。我们全文照译,以示全貌。有些内容,特别是涉及一些社会人文观念的,包括社会心理学、医疗与预防组织管理以及道德、法律和伦理观念等,很多都与我们的情况不同,甚至大相径庭,这是我们必须郑重提出的。

本书内容很新,有些内容对我们来说也很生疏,也是一次学习。有些术语国内尚无通行译名,虽然反复斟酌权衡,勉为译出,亦未必允当,有待方家指正。

我们共同经历了一段紧张、繁忙的译述时间。责任编辑任卫军同志,虽然至今我们缘客一面,但在多次电话联系中已经很熟了。我要特别提到的是有谋兄,动笔不久,就因病住院。这使我想起当年他与我在《临床药物大典》时的合作情况。也是在紧张的翻译中,积劳成疾,突发重病住院手术的。所幸吉人天相,有谋兄又是“彻底的唯物主义者”,当《临床药物大典》出版时,他已痊愈出院,继续活跃在他所钟爱的学术工作中。这次我从电话里他那充满自信的声音和爽朗的笑声里,又深受感染和鼓舞,相信当《性传播疾病》出书时,他又会展龙活虎地回归生活。

早年读过陈学昭女士的长篇小说《工作着是美丽的》,那是我读到的第一部解放区小说。年代既久,内容已多淡忘了,但书名却一直留在心里,深以为是。是的,工作着是美丽的,也是幸福的,这就是人生的真谛。

王贤才

2000年6月5日江西·南昌

郑重说明

医学是一门不断发展和演变的科学。新的研究与临床经验使得人们的认识不断提高,临床处理和药物治疗也会发生相应的改变。编者和出版者虽然做了很大努力,以尽可能翔实可靠的资料,对本书论述的内容进行认真考核,旨在为读者提供全面和符合当前公认规范的信息,但事无万全,失误仍所难免,而医学科学又在不断演变中,无论编者、出版者还是任何参与本书编撰及出版的人,都不能保证本书提供的信息在任何方面都是准确无误或完整无失的。因此要鼓励读者以其它方面的信息资源,考核本书提供的信息。举例来说(也是值得特别提出的),计划选用的各种药品,就应以药品所附说明书考察本书所载信息是否准确,推荐剂量和禁忌证上有无不同;应用新药和不常用药时,尤当如此。

(王贤才 译)

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绪 论

新 STD 的出现

从筹划本书第一版的 1975 年起,至少已有 12 种性传病原媒体被鉴定(表 1),有些是由于应用新诊断试验而被发现的,有些则确为新感染,即由于社会经济力学改变导致性行为的改变而发生的,如 HIV-1, HIV-2, 以及 HIV 的 O 亚型等。还有很多病原体如巨细胞病毒(cytomegalovirus; CMV)、几种肝炎病毒(HAV、HBV、HCV)、几种肠道细菌和寄生虫性病原体,则是通过临床流行病学研究而新发现为性传病原的。

术语评估:VD,STD,STI,RTI

本书所用有关术语,比早年所用术语“性病”(venereal diseases)也有了发展,而在美国一些州里,法律和法规为“性病”界定的含义还是很窄的,即只把当年拟订这些法律时所认识的那些疾病,视为性传疾病,即梅毒(syphilis)、淋病(gonorrhea)、软下疳(chancroid)、性病淋巴肉芽肿(lymphogranuloma venereum)和腹股沟肉芽肿(granuloma inguinale)。改用“性传(播)疾病”(sexually transmitted diseases; STD),反映人们认识到能由性行为传播的感染和病变正在不断增加中。

注意“性传疾病”(STD)、“性传感染”(STI)或“性传病原体”,与“性可传疾病”(sexually

transmissible diseases)、“性可传感染”或“性可传病原体”以及“生殖道感染”(reproductive tract infections; RTI)这些术语之间的区别。后者还须注意勿与“呼吸道感染”(respiratory tract infection)混淆,因为肺科专家们对此也简称为“RTI”。所有这些术语,都将见于本书各处。有些区别是很明显的:病原体引起感染,并可由此致病;它未必是完全涵义的“性传病原体”,但却可能是“性可传病原体”(sexually transmissible pathogen),如果它以非性途径传播为主的话。像巨细胞病毒(CMV)和乙肝病毒(HBV)之类的病毒,对成人主要是性传病原体,但对儿童则否;这在 CMV 可能尤为突出,在“性革命”高潮的 70 和 80 年代,CMV 情况正是如此。但在本世纪早期,则未必如是,当时大多数儿童也许并无性活动,而由其它儿童感染此病毒的;90 年代可能也不是这样,学龄前儿童在日托中心亲密的非性接触,使得越来越多的儿童罹患 CMV,以后又传染给他们的母亲。有些生殖卫生领域的专家主张把细菌性阴道病(bacterial vaginosis)之类列入 STD 尚有争议的病变,归入 RTI 中,希望这样能免除因检查和治疗这些性传感染而给人带来的尴尬。

STD 病原体和综合征

显然属于“性传”或“性可传”病原体的总数,现已超逾 30 种(表 2),其中很多还可再进一步分出多种亚型,临床表现各异。有几种病原体的“性传”性尚未充分明确,但从临床流行