- 4 Equal Opportunities Commission. *The experience of caring for elderly and handicapped dependants: survey report*. Manchester: Equal Opportunities Commission, 1980.
- 5 Department of Health and Social Security Social Work Service Development Group. *Supporting the informal carers: a project paper and report of a seminar*. London: DHSS, 1983.
- 6 Jones DA, Vetter NJ. Formal and informal support received by carers of elderly dependents. *Br Med J* 1985;291:643-5.
- 7 Cartwright A, Hockey L, Anderson JL. *Life before death*. London: Routledge and Kegan Paul, 1973.
- 8 Charlesworth A, Wilkin D, Durie A. *Carers and services: a comparison of men and women caring for dependent elderly people*. Manchester: Equal Opportunities Commission, 1984.
- 9 Nissel M, Bonnerjea L. *Family care of the handicapped elderly: who pays?* London: Policy Studies Institute, 1982.
- 10 Mayou R, Foster A, Williamson B. The psychological and social effects of myocardial infarction on wives. *Br Med J* 1978;3:699-701.
- 11 Coughlan AK, Humphrey M. Presenile stroke: long-term outcome for patients and their families. *Rheumatology and rehabilitation* 1982;21:115-22.
- 12 Mackay A, Nias BC. Strokes in the young and middle aged: consequences to the family and to society. *J R Coll Physicians Lond* 1979;13:106-12.
- 13 Kinsella GJ, Duffy FD. Psychosocial readjustment in the spouses of aphasic patients. *Scand J Rehabil Med* 1979;11:129-32.
- 14 Brocklehurst JC, Morris P, Andrews K, Richards B, Laycock P. Social effects of stroke. *Soc Sci Med* 1981;15:35-9.
- 15 Wade DT, Leigh-Smith J, Langton-Hewer R. Effects of living with and looking after survivors of stroke. *Br Med J* 1986;293:418-20.
- 16 Oddy M, Humphrey M, Uitley D. Stresses upon the relatives of head-injured patients. *Br J Psychiatry* 1978;133:507-13.
- 17 Livingston MG, Brooks DN, Bond MR. Patient outcome in the year following severe head injury and relatives' psychiatric and social functioning. *J Neurol Neurosurg Psychiatry* 1985;58:876-81.
- 18 Brooks N, Campsie L, Symington C, Beattie A, McKinlay W. The five years outcome of severe head injury: a relative's view. *J Neurol Neurosurg Psychiatry* 1986;49:764-70.
- 19 Gillear CJ, Gillear E, Gledhill K, Whittick J. Caring for the elderly mentally infirm at home: a survey of the supporters. *J Epidemiol Community Health* 1984;38:319-25.
- 20 Levin E, Sinclair I, Gorbach P. *The supporters of confused elderly persons at home*. London: DHSS, 1983.
- 21 George LK, Gwyther LP. Caregiver well-being: a multidimensional examination of family caregivers of demented adults. *Gerontologist* 1986;26:253-9.
- 22 Simms M. *The needs of parents of severely mentally handicapped young adults in the North Thames Region*. London: Institute for Social Studies in Medical Care, 1986.
- 23 Bradshaw J, Lawton D. Tracing the causes of stress in families with handicapped children. *British Journal of Social Work* 1978;8:181-92.
- 24 Wilkin D. *Caring for the mentally handicapped child*. London: Croom Helm, 1979.
- 25 Hunt A. *The elderly at home*. London: HMSO, 1978.
- 26 Bowling A. Caring for the elderly widowed—the burden on their supporters. *British Journal of Social Work* 1984;14:435-55.
- 27 Finch J, Groves D, eds. *A labour of love: women, work and caring*. London: Routledge and Kegan Paul, 1983.
- 28 Fitting M, Rabins P, Lucas MJ, Eastham J. Caregivers for dementia patients: a comparison of husbands and wives. *Gerontologist* 1986;26:248-52.
- 29 Thomson DM, Haran D. Living with an amputation: the helper. *Soc Sci Med* 1985;20:319-23.
- 30 Croog S, Fitzgerald E. Subjective stress and serious illness of a spouse: wives of heart patients. *J Health Soc Behav* 1978;19:166-78.
- 31 Argyle N, Jestice S, Brooks CPB. Psychogeriatric patients: their supporters' problems. *Age Ageing* 1985;14:355-60.
- 32 Health Education Council. *Who cares?: information and support for the carers of confused people*. London: Health Education Council, 1985.
- 33 Hildrew P. Women's care allowances hit by other benefit cuts. *Guardian* 1986 Sept 24:2 (cols 1-5).
- 34 Blaxter M. *The meaning of disability*. London: Heinemann, 1976.

The increase in molluscum contagiosum

Data from both Britain and the United States suggest that genital molluscum contagiosum has become more common in the past decade.¹⁻³ In itself this may not matter, but the condition may be a marker for more serious genital infections.

Molluscum contagiosum is a harmless skin infection caused by a poxvirus that affects mostly children and young adults. The base of each lesion is composed of acanthotic prickle cells, and each infected cell eventually becomes "little more than a sack of virus particles."⁴ The fully developed molluscum lesion is a papule 2-5 mm in diameter with a characteristic dimple at its summit, and the lesions may be profuse in atopic or immunosuppressed people. In children the disease affects the face, trunk, and limbs, and transmission is probably by direct contact—boys seem more susceptible than girls.⁵ In adults the disease affects mainly the genitals, and sexual transmission is suggested by its prevalence in sexually active young people and the concurrence of other sexually transmitted diseases. Lesions have been noted in sex partners of those infected, but the infectivity seems to be low.⁶⁻⁸

Becker *et al* have recently analysed data on molluscum

contagiosum in the United States derived from the National Disease and Therapeutic Index survey of office based practice.¹ They restricted their analysis to patients aged 15 years or more, which means that most cases were of genital molluscum. First consultations for molluscum contagiosum increased tenfold between 1966 and 1983. In most years most cases occurred in patients aged 25-29. Infected women were younger than infected men, but the number of cases in men and women was similar. Most diagnoses were made by dermatologists and obstetricians and gynaecologists. In clinics for sexually transmitted diseases the increase was less dramatic, and two clinics recorded no important change between 1979 and 1983.¹ In England genital molluscum contagiosum has been reported from clinics since 1971, and new cases in both men and women had quadrupled by 1985.^{2,3} Men are seen roughly twice as often as women.^{2,3}

The increase might be caused by greater awareness of genital disorders by both patients and their doctors, but as with other viral sexually transmitted diseases—such as herpes and warts—the increase may be real. Does this matter? Genital molluscum contagiosum is an innocent self limiting disease that is only occasionally complicated by eczematization or ulceration. Treatment with phenol, electrocautery, or cryotherapy is not usually difficult. Nevertheless, these lesions may be markers for other more serious infections, and careful screening with laboratory tests is important.

J D ORIEL

Consultant Physician in Genitourinary Medicine,
University College Hospital,
London WC1E 6AU

- 1 Becker TM, Blount JH, Douglas J, Judson FN. Trends in molluscum contagiosum in the United States, 1966-1983. *Sex Transm Dis* 1986;13:88-92.
- 2 Department of Health and Social Security. Sexually transmitted diseases. Extract from the annual report of the Chief Medical Officer to the Department of Health and Social Security for the year 1971. *British Journal of Venereal Diseases* 1973;49:89-95.
- 3 Department of Health and Social Security. Sexually transmitted diseases. Extract from the annual report of the Chief Medical Officer to the Department of Health and Social Security for the year 1983. *Genitourin Med* 1985;61:204-7.
- 4 Blank H, Rake H. Viral and rickettsial diseases of the skin, eye, and mucous membranes. London: J and A Churchill, 1955:182-92.
- 5 Overfield TM, Brody JA. An epidemiologic study of molluscum contagiosum in Anchorage, Alaska. *J Pediatr* 1966;69:640-4.
- 6 Cobbald RJC, MacDonald A. Molluscum contagiosum as a sexually transmitted disease. *Practitioner* 1970;204:416-9.
- 7 Brown ST, Weinberger J. Molluscum contagiosum. Sexually transmitted disease in 17 cases. *Journal of the American Venereal Disease Association* 1974;1:35-7.
- 8 Wilkin JK. Molluscum contagiosum in a women's outpatient clinic: a venereally transmitted disease. *Am J Obstet Gynecol* 1977;128:531-5.

French lessons on surveillance of communicable diseases

Britain has several systems for collecting data on communicable diseases, but none is entirely satisfactory. The national weekly return system set up by the Royal College of General Practitioners in 1966 is designed to collect information on common conditions that present to general practitioners. It collects data manually on 14 diseases from doctors in 40 practices, who together care for 0.4% of the population. The Department of Health and Social Security has recently agreed to pay for a doubling of the number of practices over the next three years, and the system will almost certainly need to be computerised. The French began setting up such an electronic system two years ago.¹