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VENEREAL
DISEASES

MEDICAL NURSING AND
COMMUNITY ASPECTS

BY

WILLIAM F. SNOW M.D.



The NATIONAL
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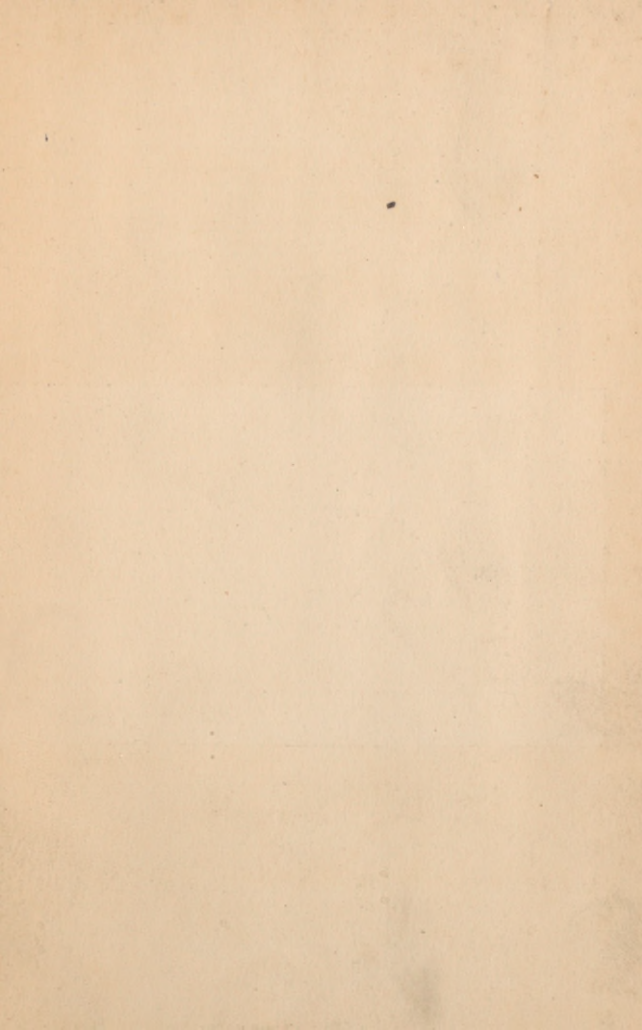
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BY

WILLIAM FREEMAN SNOW, M.D.

General Director, American Social Hygiene Association

✓ THE NATIONAL HEALTH SERIES ✓

EDITED BY

THE NATIONAL HEALTH COUNCIL



FUNK & WAGNALLS COMPANY

NEW YORK AND LONDON

1924

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Printed in the United States of America

Published, May, 1924

JUN -4 1924 ✓

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INTRODUCTION

THE PROUDEST boast of civilization is universal education; its greatest triumph the suppression of disease and vice. And in no field is there more honest prejudice to be overcome, more insidious and powerful organized vicious antagonists to be combated in order that these ends may be achieved, than in that which we call Social Hygiene.

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This little volume exhibits in simple prose the epic of standardization uniting medicine and law with morals to establish a foundation upon which the future will found for all time the health and idealism of youth, the strength of its maturity, the protection of its family life, the soundness of its legislation.

EDWARD L. KEYES, M.D.,
Professor of Urology,
Cornell University Medical School.

New York, *March*, 1924.

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THE VENEREAL DISEASES

CHAPTER I

THE NATURE OF THE VENEREAL DISEASES AND THEIR PREVALENCE

THE history of the venereal diseases, like that of most of the dangerous communicable diseases, is one of gradual discovery of the identity, the cause, and the treatment for each of the diseases included in the venereal-disease group. Science gives to the two which will be discussed here the names *Syphilis* and *Gonorrhoea*. Each of these is distinct from the other; the micro-organism (or germ) which causes one can not cause the other. They are grouped together and called venereal diseases because they find their chief opportunity for dissemination at the time of sexual relations between persons already infected and those who are susceptible to infection. There are, however, other ways in which they occasionally enter the bodies of their victims: for example, the organism causing gonorrhoea may succeed in escaping from the tissues of the mother and, entering the eyes of her child during birth, cause a condition called *ophthalmia neonatorum* frequently resulting in permanent blindness or impairment of vision; or the syphilis organism may escape from mucous patches in the mouth of a father who kisses his child, thus giving the organism a chance to enter the body of the child through a fever blister or other abrasion of the lips. Fortunately all transmission of these diseases is comparatively rare except through sexual intercourse.

This fact offers the great opportunity for control and prevention of these diseases and at the same time furnishes the great difficulty in getting the public to do anything effective about them.

Scientific and medical achievement relating to syphilis and gonorrhoea may be summed up by saying that they are communicable diseases, each caused by an identified organism; their methods of transmission are known; practical laboratory and clinical technique has been worked out for diagnosing each of them; effective treatment can greatly lessen the period of danger to others and will improve the chances of complete recovery for infected individuals, but the treatment must be thorough and the patient must be continuously under the supervision of the doctor until discharged as cured. Syphilis in its early stages is especially a danger to the public, altho at that time it often seems to the infected individual to be of little consequence. In its late manifestations the disease is not as a rule communicable, but frequently causes the breakdown of its victims physically and mentally. Gonorrhoea, on the other hand, is a particularly painful disease at the beginning and then may become so mild that the individual thinks he is completely cured, while he actually remains for years a source of danger to others, particularly through sexual intercourse.

From a public-health point of view we know the cause of these diseases; we know that they outrank practically every other group of the more dangerous preventable diseases in the amount of serious illness and tragedy they cause; we know how to control them; but we also know that the application of necessary measures of prevention and control can not proceed more rapidly than the formation of public opinion in support of these measures. Therefore the public-health officer must at present depend largely

upon two methods of control which are outside his own jurisdiction: first, the reduction in the number of human carriers of the disease in the community through the diagnosis and treatment of infected individuals by private physicians, and, second, the reduction of the number of exposures to infection through legal and educational agencies promoting such standards of personal conduct and environmental conditions that a minimum of persons will be sexually promiscuous. The history of the public-health program has accordingly been one of uneven development, often attended with controversy over the value and soundness of the measures adopted. Difference of opinion regarding how far compulsory reporting of venereal disease and quarantine constitute an interference with personal liberty, has been one of the main causes of conflict regarding public-health measures. Another equally vital point of difference has been whether certain measures for compulsory examination of women prostitutes promote rather than decrease sexual immorality and whether such measures constitute an unwarranted and unfair discrimination between the sexes. At the present time there is general agreement among all who have studied the problem carefully that the venereal diseases must be conquered by a simultaneous use of educational, moral, recreational, legal, and protective, as well as medical measures. Some account of these activities will be given in the following sections.

The concurrent history of these related moral, social, and educational activities has had an important bearing upon the story of the venereal diseases. If sexual intercourse could be limited to marriage as sanctioned by law and religion, or if all persons infected could be diagnosed promptly and thereafter would refrain from all sexual intercourse until treatment has rendered them non-infectious, these diseases

would soon disappear. Theoretically they are more readily subject to attack and eradication than any of the diseases public-health departments have brought largely under control, yet actually they remain among the most prevalent of diseases throughout the world, taking their toll of health and life from individuals of every race, age, sex, and condition of people. They are so insidious in their attack, so indirect in their methods of maiming and killing their victims, and so favored by the complicated relations between the moral and the medical aspects of their eradication, that the public has remained without an organized defense against them until recent years.

Recognition of the necessity for encouraging and, where necessary, requiring the infected individual to place himself under adequate treatment and to carry out instructions for the protection of others, and for urging those not infected to avoid exposure, has led to the beginning of essential team-work among three major groups: (1) Those dealing with the medical and public-health phases of the problem—doctors, health officials, laboratory technicians, nurses, social workers; (2) those dealing with educational and character-training phases—educators, the clergy, the many other educational and ethical training workers; (3) those dealing with the environmental phases—members of the legal profession, police officials, delinquency and protective workers, playground and recreation workers, representatives of all the varied forces favorably influencing the wholesome use of leisure time and combating vice conditions which constantly promote sex appeals to the youth of the country. As this team-work has developed, increasing progress has been noted in bringing the venereal diseases under control. The public has begun to understand that these diseases are in themselves neither moral nor immoral; they

are the pathological results of infection by dangerous parasitic enemies of mankind, which can be seen under the microscope and whose life histories have been worked out. The fact that they most frequently find opportunity to enter the body through the genito-urinary system is analogous to the fact that the diphtheria organism gets into the body through the throat, and the hookworm through the skin. Realizing this, people have now generally agreed that diagnosis, treatment, and after-care should be provided for the victim of a venereal disease just as they are provided for the victims of any other disease, and that every measure consistent with sound public policy should be instituted to this end.

It is impossible to present adequate statistical statements of the prevalence of the venereal diseases in the general population, because of the incompleteness of the reporting of cases. Information regarding their prevalence in special groups of the population is, however, available. The following statements are included to give some idea of the evidence which has been obtained upon the significance of the venereal diseases as a public-health problem.

The most important information available was obtained during the World War through the physical examinations of the drafted men, when a large number of men proportionately distributed throughout the entire country were examined. Among the second million men, 5.67 per cent. had a venereal disease at the time of examination. Syphilis showed a rate of 1 per cent., gonococcus infection a rate of 4.5 per cent., and chancroid less than two-tenths of 1 per cent. These figures show the result of clinical inspections only, without general laboratory tests of all troops. There are other reasons for pointing to these figures as a minimum statement.

The prevalence of infections detected through clinical examinations as compared with the prevalence as determined by laboratory tests of the whole group is shown in the following record. In a Wassermann test survey of 1,577 enlisted men of whom over 3.4 per cent. were known through clinical observation to have syphilis, 12.64 per cent. of positive reactions were obtained. The percentage of infections was lower among the younger men and increased regularly with advancing age in this group studied. Lower infection-rates were found among men in certain officer candidate groups: among 3,203 candidates for commissions in the Regular Army, 188, or 5.86 per cent., yielded evidence of syphilis by laboratory tests. Among the cadets enrolled at West Point during one year, 5.46 per cent. gave such evidence. Both of these statements furnish only evidence of venereal disease present at the time of examination.

Other interesting figures are available in Army reports to show the number of infections discovered during extended periods of observations. For example, among the enlisted men stationed in the United States, a group with an average strength of 96,612 men, 6,093 venereal-disease cases were reported during the calendar year 1922. This makes an annual rate of 63.07 per 1,000. There were 3,984 admissions for gonococcus infection, 1,288 for syphilis, and 821 for chancroid. About 12 per cent. of all admissions to sick report for diseases were occasioned by venereal diseases. More admissions were due to gonococcus infection than were due to any other diseases except tonsillitis, bronchitis, and pneumonia. Sickness from the combined group of venereal diseases resulted in absence from duty amounting to 169,497 days, or 24 per cent. of all absences on

account of sickness. Gonococcus infection alone caused a greater loss of time than any other disease. The average loss of time per case of this infection was 26 days.

In thus making use of Army figures, it can not be emphasized too strongly that the Army deserves the greatest credit for frankly and openly recognizing this problem, and for earnestly attacking it. Figures from the Army and Navy and from certain other government services are often quoted extensively because they are available and give some basis for estimating what probably is the extent of these diseases among civilians. Valuable evidence concerning the prevalence of syphilis in another class of supposedly healthy persons has been obtained through Wassermann tests of pregnant women by many hospitals and dispensaries. These tests are given as a part of the routine procedure of admission, because it has already been established that treatment of the mother during pregnancy is a means of guarding the child against the serious consequences of a syphilitic infection acquired before birth. In an important study of 4,000 patients in the obstetrical department of the Johns Hopkins Hospital, Baltimore, 449, or 11.2 per cent., presented a "positive" reaction. The percentage of infection was much higher among colored than among white women; 16.29 per cent. of the colored and only 2.48 per cent. of the white women gave positive reactions.

There have been no similar surveys to determine the prevalence of gonorrhoea in the general population. It is almost a hopeless task to gather adequate data for this widely spread disease. Because there are so many mild cases and so many which are not diagnosed for various reasons which will be apparent to the reader, it has been impossible thus far to get anything like complete reporting of gonorrhoea. All

the evidence, however, points to a prevalence three or four times as great as that of syphilis.

Further evidence as to the prevalence of the venereal diseases, particularly of syphilis, is obtained through the examination of mortality records. As a cause of death, gonorrhoea is apparently of less importance than syphilis. At least it is not often reported as a direct cause of death. Syphilis, on the other hand, is reported as one of the leading causes of death. The reporting of syphilis deaths is far from complete for two main reasons: First, syphilis appears in so many different forms, physicians are frequently unable to identify it; and syphilis as the cause of death is often unknown until a post-mortem examination reveals the fact. Second, some physicians in order to spare the feelings of the families of patients, report deaths really caused by syphilis as technically due to other causes. In spite of this recognized underreporting, enough deaths from syphilis were reported in the registration area of the United States in 1922 to rank this cause twelfth among the leading causes of death. Many attempts have been made to estimate the actual proportion of deaths due to syphilis. Sir William Osler, in 1917, presented an estimate, important because of his wide experience as a pathologist and his international reputation, showing that instead of ranking in the tenth place in the Registrar-General's Report for England, syphilis should be "*at the top, an easy first among the infections.*" The estimates of statisticians and specialists vary, but all agree that syphilis is one of the most important causes of death—one of the very first, ranking with tuberculosis, pneumonia, and heart-disease.

Weighing opinion has its dangers, but it is interesting that the prevailing opinion of the health authorities in the United States is that syphilis and

possibly gonorrhoea have reached their maximum of prevalence, and that during the past two years there has begun a definite decline in many parts of the country. There is as yet no adequate way of verifying this opinion, but those who hold it have many apparently sound arguments in support of their views. If they are right, the situation is full of hope for marked progress in reducing both the morbidity and the mortality from these diseases in the next ten years.

CHAPTER II

THE DIAGNOSIS AND TREATMENT OF SYPHILIS

THE important thing in dealing with syphilis is to get the cases under treatment at the beginning of the infection. For the individual this gives the greatest promise of cure, and for the public the greatest assurance that the disease will be brought under early control and the patient made non-infectious for others. Three weeks or more after infection the disease usually first manifests itself as a sore (called a chancre) at the site of an abrasion or wound of the skin or mucuous linings of the genitals or other parts of the body, through which the organism causing syphilis (named the *Spirochæta pallida*) has entered. It is desirable to do everything possible to induce any one who has such a sore, the cause and nature of which is not definitely known, to seek the advice of a physician promptly. The physician will either find that the sore has none of the characteristics of a chancre, or he will keep it under observation and will make or have made a microscopic examination. He will do this in the case of practically all sores on the genitals as a precaution, because it is often very difficult to diagnose syphilis in this or subsequent stages without the aid of the microscope and the laboratory. The microscope may show the syphilis organisms, and treatment can be begun at once with great hope of checking the disease before it has seriously damaged the patient. Prompt treatment is so important that where a person happens to know exposure may

have occurred, many physicians advise beginning treatment immediately in an attempt to prevent any active development. Only an experienced physician can determine the existence of syphilis in this vitally important early stage, and only the trained physician can treat the disease adequately. Therefore, the soundest advice that can be given any one is "consult your doctor and tell him frankly why you came."

While the microscope is the first resource of the physician in supplementing his clinical examination of a patient at the beginning of syphilis, he gains additional information by having a blood examination made. One of these has become widely known and talked about—the Wassermann test. This test requires the careful taking from a vein of a small quantity of blood which is sent to the laboratory for examination. Great skill is demanded of the laboratory worker to interpret the results correctly, and the conditions under which the blood was taken from the patient must be known. For example, if alcohol has been drunk within twenty-four hours or a heavy meal has just been eaten, the blood-test is not so reliable. For the present purpose it may be said that if the Wassermann test is "negative" and the physician has already found the syphilis organisms in the sore, he has reason to hope that he can limit the disease and effect an early cure; if this blood-test is "positive," under these conditions, the disease has already extended through the body and the treatment will have to cover a long period. Of course, if he did not find the syphilis organisms and the blood-test is also negative, it is possible that the patient has a sore which looks to the physician like a syphilis lesion but is not; under these circumstances he has to make a further clinical study and use other laboratory tests of the case before

deciding what to do in addition to preliminary treatment of the sore itself.

The reason for discussing this at length is that syphilis requires the joint efforts of the physician and the laboratory expert to make certain of the diagnosis in this early stage, when everything is to be gained and sometimes everything lost, according to the result. Every person who has been, or thinks he may have been, exposed to syphilis ought to go immediately to a competent physician and then patiently await the verdict. Any physician who does not now use the laboratory as an aid in diagnosis and direction of treatment is incompetent or is taking unwarranted chances unless such facilities are inaccessible and the situation is fully explained to the patient. Patients should insist on thoroughness or seek another physician.

Unfortunately the first symptoms and sore are often so slight or so concealed that the patient either does not know of their existence or can not believe that they have any relation to so dreaded a disease as syphilis. For such reasons many cases are not seen by the physician until later in the course of the disease. Generally in from one to six weeks after the chancre appeared symptoms and evidence of the second stage begin to show. Syphilis has been called the great imitator, and this name characterizes the difficulties of the physician in making a diagnosis and promptly getting the patient under treatment at this time. The symptoms—headaches, pains in the joints and long bones especially at night, sometimes slight fever and loss of weight, and a sense of being unwell, followed by slight sore throat and disturbance of other mucous membranes causing discomfort—are frequently so mild and so like those of many other diseases that nothing is done about them. There follow usually the clinical signs which

the physician looks for: a general skin eruption which sometimes is very mild, and mucous patches in the mouth and throat. If these are pronounced, the patient and his friends are alarmed and he goes to a doctor; if very mild, this stage of the disease is also frequently ignored and the opportunity to treat the individual and to protect the public is lost. The eruption takes so many forms that no one except an experienced physician ought to attempt to say it is caused by syphilis; but all eruptions ought to be examined because they always mean some abnormal condition. There is practically no danger to the family or friends of a syphilis patient from the skin eruption. Unless the skin becomes broken and secretions containing the *Spirochaetes* get a chance to come in contact with a wound in another person's skin, infection can not occur, and this chance is very remote. This statement concerning the unlikelihood of infection does not apply, however, to the secretions of the mouth or the mucous membranes of the genito-urinary passages. In these the destruction of the surface of the mucous membranes is easily accomplished and the syphilis organisms await the opportunity to transfer themselves directly to the mucous membranes of other victims. It is for this reason that, for example, an infected man at this stage is so dangerous to his children through kissing them, to his wife, and to his fellow workmen through loaning his pipe, and through similar intimate relations. After a time these signs and symptoms disappear, leaving no visible trace; and a further period of quiescence ensues.

Physicians and health officials have long been in a quandary about how to tell the public the story of syphilis and its course. Obviously it is theoretically desirable for every citizen to know the dangers which may beset him and to be prepared for action

in the face of these dangers. But to tell him vaguely about an unseen enemy which may insidiously creep upon him or his family and attack so cleverly that he has only the slightest warning, if any at all, is likely to fill him either with undue alarm or a feeling that the situation is so hopeless he can do nothing about it. Again, to tell him specifically what science knows of the terrible effects of this disease and the ways in which it finds opportunity to spread, may fill him with unspeakable horror and start him out on a hysterical campaign of needless precaution and suspicion of his fellow citizens. The middle course has been attempted many times and should be persisted in—to tell him as many of the facts as will make him intelligent, give him a clear picture of why early diagnosis and effective treatment are necessary for all cases, and assure him that personal hygiene and strict adherence to the highest code of morality will practically guarantee his individual protection. This chapter is an attempt at this middle course.

If the syphilis organism had found it easy to transfer from one person to others, our ancestors would probably all have been killed off many generations ago. Theoretically, dishes, spoons and forks, cups, dental instruments, handkerchiefs, clothing, and a host of other things may be a source of danger, but practically they are not so, under conditions of ordinary usage. Powerful as is the spirochæta once it has entered the body of a victim, its life is very frail when exposed to water and soap, to sunlight and drying, to the disinfecting measures of the careful dentist. Such value as so-called prophylactic measures have is based on this fact. This is discussed in connection with public health aspects of the disease.

History has proved that very small boats can

cross the Atlantic ocean, but we are not much afraid, as a practical matter, of an enemy limited to such transportation. If we were warned, however, that such an enemy existed, and that he was equipped with a deadly poison which, if he succeeded in landing in our country, would spread in the course of a few months to every part of the nation and in the course of years completely ruin us and our children, there is not the slightest doubt that we would maintain an efficient coast-patrol and even send expeditions to the foreign shore to control or exterminate this enemy. This is an analogy which is not overdrawn. Science has seen the enemy and knows its life history, but can not protect the people by any methods of immunization, control of food or water-supply, extermination of insect-carriers, nor by any method except early detection of infected persons, the treatment of them until cured, and the carrying out continuously of the precautions indicated.

This digression has seemed advisable at this point because failure to seize the precious opportunity of finding the syphilis case and starting treatment in the so-called secondary stage results in the greatest damage to the public through possible spreading of the disease and starts the patient on his progress toward the tissue-destroying final stages. This is not to say that recurrences of these secondary-stage conditions with temporary danger to the public and especially to the patient's family may not develop at irregular intervals throughout the final stage of the disease; but frequently the enemy disappears within the body into the heart and great blood-vessels, the abdominal organs, the central nervous system, and the tissues of other vital organs, there to remain apparently latent for months, and even for many years, without any evidence whatever of the impending fate of the individual. If physicians

could only know of these persons and have them under periodic examination for such treatment as is necessary, these patients, their families, the public, and the unborn generations would reap an enormous harvest in health, wealth, efficiency, and averted tragedy.

Little need be said about treatment, because this is always a matter for decision of skilled physicians. No two cases are just alike; accurate knowledge of the progress of the disease determines everything. Only one drug will be mentioned—arsphenamine—because of its great value and its interesting history. At one time this drug was widely advertised as "606" and as "salvarsan"; but during the war the Government gave it the official name of arsphenamine and provided for safeguarding its manufacture by requiring all laboratories to be inspected and registered by the Hygienic Laboratory of the United States Public Health Service before receiving a permit to operate. This action was necessary because of the difficulties of production and of the grave dangers of its use except when prepared and used exactly according to methods worked out in a long series of experiments and tests before the drug was originally announced. This is, of course, only one of many valuable drugs used in treating syphilis, but it is important that it should be available for every patient requiring it. Many States and cities now provide this drug at public expense to free clinics and to patients of private physicians when the latter also contribute their services. This is justified both for the sake of the infected citizen and for the protection of the public, because it has the effect, when rightly used, of very quickly rendering the patient non-infectious for others.

All through the years of observation and treatment that follow the second stage of syphilis, the

physician needs the aid of periodic laboratory examinations of the blood, of secretions, of tissues, and particularly of the spinal fluid in many cases. After a year or more of persistent treatment and repeated tests showing "negative" findings the patient may hope that a cure, rather than an arrestment of the disease, is being accomplished, and after several years the physician may discharge him as cured. On the other hand this may not be the outcome; the disease may be kept under control but give evidence that the third stage will develop if the treatment is permitted to lapse.

Again the term—The Great Imitator—is appropriate. The tertiary lesions, so-called, appear in the most varied forms, and only a specialist in the diagnosis and treatment of syphilis, or the physician who constantly keeps in mind the possibility of syphilis as a cause of the ill health of patients whose conditions are obscure, is likely to detect many of these late manifestations until they have so extensively destroyed vital organs as to render medical aid of very little value. The walls of the arteries frequently become hardened and inelastic, bringing with this condition the long train of ills due to imperfect circulation. In many parts of the body diseased tissues develop and break down, causing large ulcers which may not heal or may heal leaving great scars; when these occur on the face and result, for example, in the loss of the nose, they are cruelly disfiguring. The most tragic of all these effects of syphilis are the attacks upon the brain and spinal cord which often result in loss of mind due to softening of the brain, in locomotor ataxia which is a form of slowly developing loss of control of the legs and arms and other parts of the body, in paralysis due to the bursting of a blood-vessel. Little can be done in these late phases of syphilis

except to relieve pain, heal ulcers, and perhaps delay or arrest progress of the infection.

Perhaps the greatest tragedy in the story of syphilis relates to its attack upon children. Great numbers of infants die before birth or in their first year of life, because of the disease being transmitted to them through their parents; others live on with defective bodies or minds, blind, or deaf. If the condition could be known, something—sometimes much—could be done by the treatment of the mother both for her sake and for that of the child; and where the child lives on for several years, complete control of the disease can often be secured. So important has become this method of dealing with the disease that too much emphasis can not be placed on the importance of physicians, nurses, social workers, maternity associations, and similar agencies doing everything possible to secure prenatal examination, advice, and treatment of pregnant women. This whole group of cases adds evidence of the importance of regarding every case when discovered by the doctor or the clinic as a starting point for learning if any relatives or intimate associates of the patient may have been exposed.

CHAPTER III

THE DIAGNOSIS AND TREATMENT OF GONORRHEA

GONORRHEA is a very different disease from syphilis in almost every way, but the micro-organism which causes it—the gonococcus—does have the same ability as the spirochæta to keep alive somewhere in the tissues of the body for several years after its first attack and await its chance to become active again at intervals. Gonorrhœa after its first development in the body is a more difficult disease to control than syphilis and is more dangerous in many ways to women and children. This is so because of the ability of the gonococcus to lie dormant in the genital organs of the male long after the disease has apparently been cured, and to escape into the genital tissues of the wife, resulting in acute infection. Such an infection may cause death, or sterility, or a local inflammation may occur and subside only to recur in the mother when a child is born. This frequently occurs and causes subsequent sterility in the woman, incidentally infecting the child's eyes during birth and often causing blindness. It is for such tragic reasons that all the forces of society must be brought to bear upon the treatment and prevention of this disease.

Gonorrhœa usually begins in from nine to fourteen days after infection as a local inflammation which develops rapidly into an acute condition with pain, discharge of pus, and involvement of increasing areas of the membranes lining the external

genito-urinary organs. If the body successfully resists or is promptly aided by treatment to resist, the extent of the inflammatory process may be limited and there is some chance of killing the invading organisms and restoring the tissues to normal. If attempts to combat the disease are not markedly successful or the body's resistance is generally weak, the disease extends with serious consequences to the deeper genito-urinary structures including the prostate, bladder, and sometimes kidneys, and the testes in the male and particularly through the uterus to the Fallopian tubes in the female. From the latter the disease may extend like wild-fire to the ovaries and prepare the way for acute inflammation of the lining of the abdominal cavity, which accounts for many deaths in gonorrhoea cases among women as contrasted with lack of such a termination in the male. In both men and women sterilization may result, which causes a considerable proportion of the childless marriages. The disease may also extend to other parts of the body, especially to the joints where it produces a most painful form of the disease, frequently described as a "rheumatism."

Early diagnosis, immediate and persistent treatment are the great measures in dealing with this malady, both for the sake of the individual and the protection of the public. As in the case of syphilis, so, in this disease, we have an illustration of a dangerous insidious enemy masquerading under many forms and manifestations. It required many long years of patient research for medicine to track down the gonococcus and link all the evidence together. The microscope is the great aid to the physician in making a prompt and certain diagnosis, but there are many laboratory tests of one character or another which guide him in treating the case and

in advising the patient regarding himself and the protection of his family and others. Public health demands the provision of ample facilities, maintained either at private or public expense, for these laboratory aids to the physicians treating gonorrhoea.

The treatment of cases presents no outstanding method or drug which can be described. Success inevitably depends on real team-work between the doctor and the patient. The physician must give time to study his case thoroughly, check up his findings through laboratory aids, and vary his treatment from day to day in the acute stage, and at longer intervals for an indefinite period of months or years thereafter until repeated search fails to show any evidence of dormant gonococci hidden away in the body of the patient. All this is costly and often interferes seriously with work and pleasure, and appetites, such as those for alcohol, certain foods, and for sexual intercourse; but if the patient values his life, an uncrippled body, and the protection and health of those who may become dearer to him than his own life in the future, he will frankly and honestly accept the situation and go through with the course of treatment. For this type of intelligent patient everything should be done to aid in selection of a competent physician or adequate clinic, and also to aid in providing necessary drugs, dressings, and facilities for carrying out the treatment at the times and places necessary to secure maximum effects of the various steps in the treatment. All this means adequate office, dispensary, hospital, and home equipment; and also adequate personal instruction and medical social-service follow-up. It means, too, that gonorrhoea is a very different disease in some of these demands from syphilis, and the fact that the two are grouped together as venereal diseases must not be permitted

to confuse the public or limit its support of the practical campaign for protection and treatment of gonorrhœa cases and of the campaign against the gonococcus.

This fact needs emphasis, for gonorrhœa has always been overshadowed by the dangers of syphilis. Because the physician sees much more hope of effective and definite control of the latter and because it is a disease of more general interest to physicians as a whole, it is much more likely to be diagnosed, effectively treated, and followed up. Yet gonorrhœa is more prevalent and more dangerous in many ways—at least to women and children. The public has until recent years considered gonorrhœa as a mild catarrhal disease to be joked about and considered as a concomitant of "wild oats." The concealment of the real cause of many abdominal operations on wives, of the life-long invalidism of many more women after marriage, of the loneliness of old men and women who have had no children, has added to this unfortunate state of public opinion.

If the conditions under which gonorrhœa is contracted were not such as to cause moral condemnation of the individual or of intimate friends or members of a family—if in other words it were possible to record the infection as "in the line of duty"—enormous advances could now be made in bringing every one infected under treatment and in protecting all the rest of the people. Concealment is often practised both on the part of the patient and of the physician, because an impersonal and only half-understanding public will brand the patient with immorality if the nature of the disease becomes known. This concealment extends itself even to the immediate family circle, and the doctor thus often becomes party to the most tragic and

needless sacrifice of human lives and happiness in an attempt to safeguard the secret of extra-marital sexual experiences of a husband, or, infrequently, of a wife. In either of these cases a child often becomes an added victim. This is a heavy price to pay for that demand of professional ethics which exacts silence from the physician if the patient is selfish enough to wish to protect his reputation and character at the cost of others.

As the people are awakening to this situation two hopeful things are happening: (1) Physicians are being urged and required by law to interpret their duties to patients as not extending to the protection of patients in acts of conduct prejudicial to the "life, liberty, and the pursuit of happiness" of other individuals and to the public welfare; (2) the people themselves are realizing that the difficulties of the patients and the doctors are due to failure of the public to apply in good faith the principle that a citizen should be considered innocent until proved guilty, and are insisting that this principle be applied to the moral-law as well as to the civil-law aspects of gonorrhoea. This step is being followed by the holding of all records of the venereal diseases as closed records except for those who have proper administrative and official right to see them. In time this greatest obstacle to advance in dealing with these diseases scientifically, humanely, and effectively will be removed.

Little more can be said about a disease which always requires a physician for diagnosis and treatment at all stages and for all of the many complications and forms in which it appears. The possibilities and limitations of medical prophylaxis referred to in the discussion of syphilis apply with even less degree of assurance in the case of exposure to gonorrhoea; but to the drowning man even a

straw is worth while—and many believe in promulgating such measures. The chief difficulty of doing this rests in the differences between theory and practise. In the Army and Navy some good results come from prophylactic measures, because they are applied after exhaustive efforts have been made to educate the men to understand the purpose, methods, and limitations of the measures; and they are followed up by periodic compulsory medical inspection of all troops for evidences of infection. None of these administrative measures are practicable in civil life—and it might be added would fail in military life also if our Army and Navy were made up of women, because such measures can not be applied to the female with the same thoroughness possible with the male.

In civil life the health official is protecting the public, and this means men, women, and children. Whenever the application of a measure, having some merit in itself for a portion of the people, comes into conflict with other measures having value in protecting all the people, the whole situation has to be reviewed and the measures so adapted as to be mutually supportive, or the ones of lesser importance discarded. This is the present status of medical prophylaxis or self-disinfection; it is scientifically sound and should be used, if and when ways can be demonstrated for its use without misunderstanding or interference with the great measures which have already attained a permanent place in the campaign against gonorrhœa. This question is discussed further in connection with the public-health aspects of the disease.

Perhaps a reference at this point to one of the causes of ophthalmia neonatorum, which is a form of blindness, may be made with advantage. It has become the standard practise to treat the eyes of

a new-born baby with certain solutions which will kill gonococci which may have lodged there during birth from an infected mother, and may cause permanent impairment of vision or blindness if not destroyed.

This constitutes an important factor in the treatment and the prevention of gonorrhoea. Since this procedure meets with general approval, it emphasizes the fact that the public is not opposed to prophylactic measures when they are clearly demonstrated to be generally applicable, effective, and not in conflict with other measures.

When all is said and done, gonorrhoea remains at present an entrenched enemy, not because we do not possess knowledge or scientific methods of attack, but because this enemy is too clever to kill and maim outright and in its own name. Since it works under cover the unsuspecting public is not aroused to fight it vigorously.

CHAPTER IV

THE PUBLIC HEALTH AND THE VENEREAL DISEASES

WHILE the health officer of a community has many duties, he is primarily the representative of the people in protecting them from communicable diseases and in seeing that those of their number who do become infected are properly treated and cared for under conditions which do not endanger others. The venereal diseases are not affected by any measures for obtaining pure food or water-supplies, nor by any attack upon insect-carriers of disease, nor directly by any nutrition-work or housing supervision, nor by industrial hygiene and similar work of health departments, except as such measures may promote better living conditions which lessen sexual promiscuity. The health officer is, therefore, limited in what may be done officially, but he can always endorse and encourage other agencies to carry on many activities bearing on the reduction in number of exposures to infection. He can also more directly promote accurate diagnosis and successful treatment of infected persons, and he can do much to induce such persons to seek treatment and remain under medical care until reported cured.

The need of laboratory examination for evidence of syphilis or gonococcus infections is one of the first measures the health departments have recognized and have gained public support in establishing. The aid thus extended to private physicians and clinic staffs has been of great value in securing

the early diagnosis of cases and in checking up the progress of treatment and the termination of communicability. Practically all the States and the large cities now have laboratory facilities for examining specimens of blood, spinal fluid, secretions from suspicious sores, and pus discharges, which physicians can with advantage send to public-health laboratories. Other methods for encouraging the discovery of infected persons have been developed, especially through lectures, the distribution of pamphlets, the appropriate posting of placards, and the insertion in newspapers of announcement of free advice offered by the health department regarding venereal diseases. Labor union officials, employers, fraternal organizations, and many other groups have cooperated actively in circulating health-department pamphlets regarding the diagnosis and treatment of venereal diseases. Following the example of the Army and Navy examinations for admission, many industrial firms require medical examinations before employing applicants; hospitals and dispensaries very generally include examination for syphilis, particularly in obscure cases; increasing numbers of persons who seek periodic health examinations and also those who apply for life insurance are being examined for evidence of syphilis or gonococcus infections. All such measures encouraged by the health departments are adding to the numbers of infected persons found and brought under treatment.

It does not help the individual to be told that he has a dangerous communicable disease if he does nothing about it, and the community, also, is no better off. The health officer, therefore, is concerned with securing prompt treatment for all persons infected. He first appeals to the medical profession to do everything its members can do to provide for all who can pay any reasonable sum

for treatment. To reduce this cost to a minimum for patients in limited circumstances, the health departments not only provide free laboratory aid, but also in many States and cities furnish drugs and sometimes other facilities for carrying out treatment. To provide still further for the treatment of persons who can pay something but who earn very little money, pay-clinic services available at various hours of the day or evening are encouraged and receive similar public aid. Finally, free venereal-disease clinics are necessary as a part of the general hospital and dispensary services for the poor. As an emergency measure, State and local health departments, frequently in cooperation with the federal government and voluntary organizations, have set up and financed such free clinics. In cities these have sometimes been special clinics but are usually sections of a general clinic service. In rural districts they take the form of services provided through the offices of physicians selected as representatives of the State health department. Whether or not such treatment services are to become a permanent feature of health department activities is a question which remains to be worked out. In some countries this plan is adopted, but in the United States it is the present opinion that public authorities should provide only for those patients who can not avail themselves of the services of private practitioners. There is general recognition, however, that all infected persons should be treated, and in 1922 there were 831 recorded clinics¹ in operation which are estimated to have treated 200,000 persons in addition to the cases treated by the private practitioners.

One of the difficult tasks is to convince patients

¹ "Dispensary Service in the United States," *Journal of the American Medical Association*, August 5, 1922, pp. 5, 23.

of the necessity for treatment continued until their infection is brought under control, and for frequent subsequent examination to prevent relapse and further danger of spreading infection. The health departments attempt to meet this by furnishing the doctors and dispensary staffs with instruction pamphlets to be handed patients, by informational placards to be posted on clinic walls, and by arranging for social-service follow-up work of public-health nurses or trained social-service hospital workers, who induce patients to return promptly for treatment and encourage members of their families and others probably exposed to be examined and treated if necessary. In addition, the health officer requests all physicians to report to him patients who fail to remain under treatment or to carry out necessary precautions for the protection of their immediate families and associates. This is done in order that the public health may be protected by whatever additional measures the health officer may be able to take through the facilities of his own department and through cooperation with other departments and welfare organizations.

In order to relieve the medical profession from responsibility for selecting cases to be reported and to enable the health officer to estimate as fully as possible the extent of the venereal-disease problem, most of the States have now passed laws requiring in some manner the reporting of all cases. In the majority of these States, however, either by permissive regulation or by interpretation in practise, the doctor is not required to report the names and addresses of his venereal-disease patients as long as he can say that the public is not being endangered and that his patients continue under treatment. In 1923, 338,681 cases were reported, of which number 192,255 were syphilis, 156,826 gonorrhoea,

and 7,777 other venereal diseases.² These figures are far from complete, but they illustrate the growth of reporting. In New York State, for example, during the month of August, 1923, syphilis ranked first with 2,736 reported cases and gonorrhoea third with 1,206 cases among all the communicable diseases reported. Reporting in this State is not direct but through confirmation of diagnosis by laboratories. This partly accounts for more syphilis than gonorrhoea cases reported because the physician more frequently calls on the laboratory for aid in diagnosing syphilis, than in diagnosing gonorrhoea. This reason also still largely influences the relative reporting of these two diseases in all States.

In the large majority of cases of venereal diseases, just as in other communicable diseases, the health department counts upon the infected persons voluntarily carrying out instructions to avoid spreading their disease; but also as in other diseases, cases occasionally arise in which the general quarantine power of the health officer must be invoked. In these cases the quarantine measures adopted vary according to the circumstances in each instance. The object of quarantine is, of course, to protect others from infection with the least possible interference in the daily pursuits and freedom of the infected person. The venereal diseases have such limited opportunities for transmission that quarantine is seldom necessary unless other measures fail which are more effective and represent sounder public policy when applied. That is to say, children suffering from these infections do not need to be quarantined; they may require hospital care or nursing in the home, but this is not a quarantine measure. Similarly, except in rare instances, infected men and women do not need to be quarantined

² Annual report U. S. Public Health Service, 1923, p. 257.

unless they belong to one of several groups, each of which can and should be dealt with by other agencies than the health department; and when so dealt with the necessity for quarantine disappears. Four of these outstanding groups are: women who engage in prostitution while infected and in a condition to infect their patrons; men in a similar condition who seek prostitutes; feeble-minded persons, particularly girls, who because of their mentality are easy victims of sexual promiscuity, become infected, and in turn infect others; other socially inadequate men and women whose lives, either in an environment of wealth or of poverty, lead to sexual relations between those susceptible and those infected. Measures relating to these groups are discussed later.

Having discovered and induced a large number of persons to undergo treatment, the health department is interested in setting up regulations for determining, first, when the patient is no longer infectious, second, the conditions under which the patient may be discharged as cured. Progress has been made on both these points, but no practical administrative program has yet received general approval. Because marriage is such an important contract (the only one in which sexual relations are sanctioned by both civil and religious regulations), and is so vital to the health and welfare of children, persistent attempts have been made to ensure freedom from venereal diseases of those who marry. These efforts have usually taken the form of legislation requiring a medical examination of the man or of both parties seeking a license. None of these measures have thus far proved wholly practicable, but some of them have served a useful purpose in calling the attention of the contracting parties to their responsibilities in the matter and

in providing the basis for application of legal or public-health penalties later if infection occurs as a result of the marriage. The ultimate working out of practical measures for the general safeguarding of marriage may be expected.

Having made every effort to find, treat, and keep under supervision until cured all persons infected with venereal diseases, the health officer turns his attention to those who are not infected. This means the general public. There are no effective methods of immunizing any one, and there are no methods of readily pointing out those who are infected. The health officer, therefore, is forced to undertake a campaign of informing every one as to what these diseases are and how they are spread. In this work he needs the aid of every citizen who understands clearly and can helpfully promote such public-health educational propaganda. This propaganda must necessarily center around two outstanding objectives: first, getting every one who is infected under early treatment and sympathetic follow-up supervision; second, marshaling every available force and influence to prevent exposures to infection. The first of these objectives is the task of the health authorities, aided by the medical and nursing professions and medically trained social-service workers. The second objective is largely the task of other public authorities and social agencies aided by educators, clergy, and all the moral forces.

Between these two fields of endeavor lies the possibility of applying a scientifically sound measure variously known as medical prophylaxis, early treatment, or self-disinfection. These measures are all based on efforts to instruct the individual seeking sexual intercourse to use cleansing and disinfecting measures calculated to prevent the development of infection following exposure. Under the precise

conditions of laboratory experiment or the rigidly controlled conditions of Army and Navy service, it has been shown that such final efforts to prevent infection are of great value to those individuals who apply the measures thoroughly. It was to be expected that the health officials would eagerly endeavor to use this measure, but experience has shown that in civil life its promotion is attended with difficulties. Unless this treatment is applied thoroughly and within an hour or two after exposure it has little effect. It has been found that such methods have very limited value in the protection of women and that men are indifferent or careless in their application. Added to this is the danger of creating a false sense of security because of official assurance that these methods are effective. Public-health advertising of such methods weakens the slogan which has been so serviceable in all other communicable diseases. "If you think you have been exposed, immediately consult your doctor or go to the health department for advice." After careful consideration of the scientific and the practical sides of this question nearly all health departments and most physicians have concluded that in the United States, at least, medical prophylaxis has no value as a public-health measure in civil life, except as it may be prescribed in the private practise of physicians or as a part of the treatment of individual cases in clinics.

Indirectly a further reason of importance in crystallizing the opposition of health departments to medical prophylaxis has been the strong objections of moral and religious forces to advocacy of any measures which presuppose recognition of sexual promiscuity or the intention of individuals to seek such gratification. This is but a part of the opposition which has been directed

toward the early efforts of health departments to bring the most active of venereal-disease carriers—the prostitutes—under treatment by recognition of commercialized prostitution and compulsory examination of the women involved. There has been, of course, another important reason for this opposition which is based on the manifest injustice of compulsory examination measures applied only to the woman and not to her male partners in prostitution. Health departments have found, as in the case of medical prophylaxis, that while in theory measures based on scientific possibilities of examination and treatment applied to inmates of houses of prostitution ought to succeed, in practise they are not administratively sound and are against public policy in the larger field of conserving moral standards. Practically all important health officials and other public authorities are now agreed that measures for repression of prostitution in all its forms must be applied, for their influence in health conservation as well as in promoting moral and social welfare. The carrying out of these measures, however, is not a function of health departments.

An important chapter in the work of health authorities in combating the venereal diseases has been the struggle against the medical charlatan and the advertising quack. It was to be expected that diseases which were considered shameful would be concealed from relatives and family physicians, and that opportunities for free consultation with reputed experts would be eagerly sought under conditions which permitted imagined concealment of identity. All sorts of unprincipled and harmful practises grew up which have required courage and persistent effort to overcome. The increasing team-work between the medical profession and the health offi-

cial in providing adequate treatment facilities and educating the public to look upon the sufferers from these diseases with sympathetic desire to see them properly treated and cared for, will complete the eradication of the quack from this field.

CHAPTER V

THE NURSE AND THE SOCIAL WORKER AS AIDS TO THE HEALTH OFFICER AND DOCTOR IN THE CONTROL OF THE VENEREAL DISEASES

THE HISTORY of syphilis and gonorrhoea shows that after patients have been diagnosed and treatment has begun, a large percentage of them drift away from both the doctor and the clinic before they are cured and often while they are still a source of danger to others. Many efforts have been made to overcome this situation. Patients have been warned of the danger of discontinuing treatment; printed instructions and pamphlets have been handed them when they were examined; notices of appointments and letters advising them to return have been sent. Of still greater value have been the efforts of nurses and hospital social workers who have gone out to find these patients and learn their reasons for not continuing treatment. Work of this type has greatly increased the attendance at clinics and is helping solve the question of keeping private patients continuously under treatment.

The general principle of medical social service has become recognized as of value to the patient in removing obstacles to attendance at clinics or at the office of a private physician, and in sustaining his morale and interest in continued treatment. Such service stimulates and aids the clinic in efficiency of administration and in increasing its influence as an educational center. It particularly helps in creating a friendly spirit of service and

personal understanding of the patient as a human being who needs not only cold scientific examination and treatment but also sympathetic practical advice as to how to reorganize his life and activities to take advantage of medical care and how to avoid future difficulties. To the extent that private physicians are employing social-service workers, they and their patients are being similarly benefited. The community, as well, is benefited through increased control of patients and by the tracing of sources of infection and of exposure of other members of the patient's family or intimate associates. The encouraging of the latter to seek treatment or to be examined is of very great importance. It would require the space of this entire booklet to describe in convincing detail how the trained social worker manages tactfully to get the patient to furnish the needed information and then proceeds without embarrassing the patient or violating the professional ethics of the doctor to apply this information so as to aid the health officer in his general task. It may be said, however, that this is being done and the soundness of methods employed is no longer in question.

One of the weakest points in the campaign against the venereal diseases has been the failure to keep adequate records of patients, not only with regard to the technical data regarding diagnosis and treatment, but also regarding other facts necessary in preventive work, including housing, industrial, and recreational conditions which are factors in developing focuses of infection. The growth of confidential social-case record-sheets of this character is proving an important factor in perfecting the facilities for bringing about coordinated action by the three great agencies—the medical profession, the health department, and the social and legal forces concerned.

Just as the medical profession must play so large a part in diagnosis and treatment of venereal diseases, so the nursing profession and the trained social workers must play a similar part in this medical follow-up work and social service. Among the organized nursing groups the Visiting Nurse Associations are particularly well situated to supplement the official public-health nursing activities and the work of private nurses. These associations, as well as the public-health nursing department of the American Red Cross, and the nursing and medical social-work staffs of organized charities, and homes such as those maintained by the Florence Crittenton Mission and the Salvation Army, are steadily broadening the public concept of the venereal-disease problem and crystallizing support of sound policies.

Perhaps there is no better way to emphasize the need for the trained social worker in this field of preventive medicine than to refer to a recent study of the effect of syphilis on the families of syphilitics seen in the late stages.¹ The families of 555 patients were seen and it was found that at least one-fifth of the families had one or more syphilitic members in addition to the original syphilitic parent. Between one-third and one-fourth of the families have never given birth to a living child—this in contrast to the fact that one-tenth of normal families remain childless. More than one-third of the families have accidents to pregnancies, through abortions, miscarriages, or stillbirths—which is about twice the normal number of such occurrences. The birth-rate in syphilitic families is 2.05 per family as compared with 3.80 per normal family. Two-thirds of the families show defects in relation to children,

¹ "Syphilis of the Innocent—A Study of the Social Effects of Syphilis on the Family and the Community," by Harry C. and Maida H. Solomon, Washington, United States Interdepartmental Social Hygiene Board, 1922.

including syphilitic children, accidents to pregnancy, and sterility. Between one in twelve and one in six of the children examined showed definite evidence of syphilis. These statements are not included as a basis on which to generalize, or as giving any summary of the findings of many studies on the subject, but rather to show the tragic cost of neglecting the opportunity of following up every case of syphilis as a dangerous communicable disease. Somewhat similar statements could be made regarding gonorrhoea. The application of the recognized methods of patient, resourceful, medical, social service will enable us to make great gains in this direction.

CHAPTER VI

COMMUNITY SAFEGUARDS AGAINST THE SPREAD OF VENEREAL DISEASES

MANY community activities which are not public-health measures can be instituted as safeguards against the contraction and spread of syphilis and gonorrhoea.

The first method deals with the reduction of commercialized prostitution to a minimum. The unanimous conclusion of all the vice investigations has been summarized in the words of the Chicago Commission: "Constant and persistent repression of prostitution, the immediate method; absolute annihilation, the ultimate ideal." Experience has shown that the commercialized aspects of prostitution, so far as they relate to its advertisement, its exploitation, and its protection by third parties, including public officials, can be suppressed, and all its aspects can be minimized in any community by law enforcement. Efforts to deal directly with the men who purchase sexual gratification and the women who sell themselves for this purpose are less successful because less securely founded on established principles of law and justice and for other reasons referred to later. It has been found that when a city or a county refuses to permit recognized houses of prostitution to operate, the profits of prostitution are cut off from unscrupulous landlords, vice promoters, women who keep such houses, and others who make a business of inducing men to come to them. If the laws are adequate and the police authorities are thorough in enforcing them, the

commercialized aspect of prostitution can be eliminated, and the problem is reduced to the clandestine dealings of men and women who seek each other directly. This makes the difficulties and cost much greater to the man and reduces the number of men received by the woman during her life of prostitution. The evidence from every part of the United States is convincing in regard to the venereal-disease rates being lowered as a result of court and police action against commercialized prostitution when such action is vigorous and sustained over a period of years.

Supplementing the organized law-enforcing program against commercialized prostitution, which includes preventing the use of hotels, lodging houses, taxicabs, and public parks for prostitution purposes, the community can institute protective measures for adequate supervision of commercialized dance halls, other public amusement places, and many other similar institutions which these illustrations will suggest. Many ideas have been put into operation toward these ends. Women police have been found a valuable addition to the police force, and special moral squads have been established whose duties often relate to all these phases of safeguarding environment. The licensing of hotel and rooming-house proprietors under conditions making them share responsibility for immoral practises on their premises, and making owners of buildings also responsible under proper legal conditions, have helped. The better lighting and general policing of public parks and cooperation between city, county, and State police in applying measures beyond city limits have greatly reduced opportunities for clandestine prostitution. Successful enforcement of prohibition laws against the use of alcohol is a factor in all these community safeguards.

In applying law-enforcement measures against commercialized prostitution, it is sometimes forgotten both by the authorities and by the public that the object is to eliminate an illegal business, damaging alike to the community and to the men and women weak enough to be drawn into it. It is so much easier, for example, to secure evidence that a certain woman is a prostitute than to discover and proceed against those who rent her a room for this purpose, provide liquor and suggestive music, and employees to go out on the streets to bring in men customers to her, that police and court officials are often content with periodic raids and arrests of such women. Their male patrons are generally not arrested, and the promoters of the business are infrequently called to account. Such half-hearted measures are unjust to the woman prostitute, who is often the victim of environment, evil influence, and poor heredity. They are, of course, inadequate as measures for restriction of the venereal diseases because they make no attempt to bring under control the large number of males equally exposed to infection and known by their habits of sexual promiscuity to be carriers of infection. They are also inadequate as moral measures because they make no attempt to remove from the community places which invite men and women to come together for purposes of prostitution. Only when all of these objects of law enforcement are included are the measures adopted of great value to the campaign against the venereal diseases.

Recognition of this has led largely to the abandonment of fines for women convicted of prostitution and the substitution of probation, commitment to appropriate institutions, or other action designed to remove the woman from her life of prostitution and sympathetically encourage her to return to a

legitimate occupation and good habits—if infected with venereal diseases or any other disease, opportunity is afforded, incidentally, to treat her. Some progress is being made and efforts of many organizations are being concentrated on securing the arrest, conviction, and similar treatment of the men who purchase sexual satisfaction from women. The old, officially recognized, segregated, "red light" districts which used to exist have almost entirely disappeared in the United States, and even tolerated houses have ceased to operate in most cities. Prostitution is thus gradually being stripped of its enormous middleman profits and reduced to the narrowing limits of women clandestinely making direct appointments with men who must learn how to find such women.

It was believed for many years that segregation of houses of prostitution and periodic medical examination of the women inmates was necessary to control the spread of venereal diseases and prevent the scattering of vice all over the city; hence a comment on these points is advisable. Experiment has shown that there is no practical way to examine women with sufficient frequency and thoroughness to reduce greatly the numbers of men infected. Experience has shown on the contrary that because of the increased numbers of men who visit those women as a result of the inevitable advertising of inspected women and the segregated districts which are set up with all their associated evils, the actual total of persons exposed is much larger. It may also be remarked in passing that the fear of scattering prostitution over the city by closing red-light districts has not been borne out by experience. Another belief, closely related to these ideas of regulation of prostitution for the sake of cutting down the prevalence of venereal diseases, has to

do with attempts to promote cleansing or medical prophylactic measures immediately before or after sexual relations. These have been urged particularly upon the men, and scientifically have been proved sound under controlled conditions. However, such measures are of little practical value, because neither the men nor the women exposed will carry them out with the requisite thoroughness and promptness. Failing to do this, the false sense of security leads to ignoring subsequent mild evidences of disease. Only in an Army, where medical prophylaxis so-called has been carried out in organized treatment stations to which the men are required to report within a few hours after exposure, has this method had any large measure of success.

In all such measures as those referred to in the preceding paragraph there is the added objection that, even if they could be made effective, they would require wide publicity and toleration of moral evils which every community desires to eliminate. The public is unalterably opposed to endorsing practises which depend for success upon degrading women and telling men that we expect them to be sexually immoral. Both law and medicine have to make their proposals support prevailing standards of moral conduct, or ultimate defeat is certain. It happens in the case of both law and medicine, however, in dealing with prostitution and the venereal diseases that the highest standards of sexual morality are conducive to the greatest gains. It is not the duty of the health officer to enforce a standard of continence outside of marriage, but the more effective that education, public opinion, and law enforcement are in securing the application of this standard, the smaller does the venereal-disease problem become. Accordingly, in a country like the United States, the health officer encourages forces outside his

department which may be more effective than any at his command in the field of medicine. In the past, health officers and physicians have sometimes not only encouraged higher moral standards but at the same time have also tried to advance plans for inspection of prostitutes and medical prophylaxis for their patrons. Inevitably this position becomes complicated. Whenever measures are instituted which are not fully endorsed by the public, secrecy develops and the way is opened for abuse of authority or for endless controversy. In practise such small value as medical examination of prostitutes possesses, has no basis for application in the United States, and medical prophylaxis (or self-disinfection as it is sometimes called) has no general application except in the Army and Navy and in the private practise of physicians. The numbers of individuals who can conceivably be reached under such limitations without unsound and objectionable advertising, are so small that the measure becomes unimportant in the general campaign against the venereal diseases.

In addition to the law and order programs for the protection of weak individuals and the control and punishment of exploiters of sexual vice, there are a great many ways in which the community may encourage people to utilize their leisure time in such manner as will minimize temptations and sex adventure. Investigation has proved that there is a mental as well as a physical side to body-building and character-training which is adequately stimulated only by genuine and wholesome play. Recreation may be made to serve the development of sound ideas and practises of fair play and protection of individual rights regarding sex, if carefully studied and adapted to community conditions. The saloon became an intolerable institution through its catering to the underworld promoters of drunk-

eness, prostitution, and other vices, but its abolition has brought the problem of providing adequate substitute gathering places for large numbers of men who used the saloon as a club where they could meet friends and enjoy an evening after the day's work. The motion-picture theater does much to provide entertainment, but the men and women who go there must be purely passive and silent on-lookers; it does nothing to draw them into active participation, and the sex appeal in some form or other is an outstanding feature of most of the entertainments on either the screen or the stage. Churches are struggling with this problem but have not yet found the method of successfully meeting the needs of young people. Community centers, playground associations, organizations such as the Boy and Girl Scouts, innumerable other agencies deserving of the highest praise, are steadily learning how to weave into their programs sex information, standards of conduct, and ideals calculated to guide young people from early adolescence to adult life and marriage without encountering the moral and physical hazards of misuse of sex. This is one of the most hopeful as well as most complicated phases of the social hygiene movement.

Another factor of very great value to the campaign against venereal diseases in the United States, is the systematic development of sex education and character-training now going forward. Parents are being reached in increasing numbers; also students in normal schools, in schools for nurses, for social workers, for physicians and the clergy, and in many other institutions whose graduates have to consult and visit parents in the home. These are gradually finding ways of interpreting to parents the meaning of sex as a great factor in human life and they in turn are imparting this knowledge to their children

under conditions which make it a permanent influence in molding character and conduct. Science indicates that ideas received and attitudes developed early by the child have a great part in determining lifelong habits.¹ One of the most frequent reasons advanced by our American soldiers during the World War to account for their not going with prostitutes was loyalty to a wife or sweetheart at home, or a resolution that the decent and square thing to do was to keep oneself clean. Colonel Ashburn, who had unusual opportunity to observe the men in France, said, "My opinion, based on conversations with men, gratuitous information inserted in replies to questionnaires, and my observations of the men, is that by far the most important factors (speaking of chastity among men in the U. S. Army) were those inherent in the men rather than in the anti-venereal campaign, factors such as character, religion, love, loyalty, and self-respect." It was inevitable that sex education like other phases of education should go through stages of being popularly discussed, then exploited by irresponsible or unprincipled persons, and finally taken up seriously by the leaders of education. Now that the novelty of freedom to talk about sex and sex-social problems has worn away there are indications that the next ten years will see sound instruction in this matter effectively and quietly incorporated in our program of education and training, so far as this may be necessary to supplement the instruction and influence of the parents in the home. Progress in this direction is being further accelerated by the serious interest of the clergy and schools of religion in character-training as it relates to sex conduct.

Still another problem of social welfare which is

¹ See also "Adolescence," by M. A. Bigelow, Ph.D., in the National Health Series.

not within the jurisdiction of the health officer, but which is of importance, is the control of the feeble-minded. Especially is the feeble-minded girl, who becomes an easy victim of designing boys or men, a menace in spreading venereal diseases. Much is being done to protect this group of the population and to protect society from its irresponsible acts. A fallacy sometimes popularly voiced is that laws requiring the sterilization of mental defectives would benefit the venereal-disease campaign. When practical and just laws of this character are finally worked out they will be of great value to the nation through decreasing the numbers of descendants from these unfortunate individuals, but such laws will have no immediate effect on reducing the venereal diseases; in fact if their application should result in greater liberty for mentally incompetent girls and women the prevalence of prostitution and the venereal diseases would both be increased.

An encouraging development of the last few years has been the active participation of universities, colleges, and normal schools in the teaching of hygiene, the content of which includes sound and tactful instruction regarding sex, prostitution, the venereal diseases, and related subjects. In a still more effective way, so far as the future is concerned, educational institutions have begun to study ways and means of teaching, and sex education in its larger meaning. Great benefit may be expected from these efforts. Real efforts are being put forth also by communities to devise successful chap-eronage acceptable and helpful to our youth. Everywhere underneath the surface facts which give cause for anxiety about the nation's moral standards, there is evidence of determination to find and correct the difficulties which may lie in the path of steady progress.

The great obstacle in writing a brief outline such as this regarding the venereal diseases lies in the fact that their control and ultimate eradication depends so largely upon team-work of all the educational, moral, and social, as well as medical, forces of the community, that discussion seems irrelevant or unconvincing. The foregoing community safeguards are, however, vitally important to the success of the venereal-disease campaign, and are representative of many others which exert their influence. Only one other factor will be mentioned by the way of illustration. Labor turnover and efficiency of men and women in industry are common terms in commerce and labor. Gradually labor leaders and managers of great business enterprises are learning that the venereal diseases are insidious and very great causes of loss. They are, therefore, studying ways and means of introducing, through appointment of industrial physicians and welfare directors, all the direct and indirect measures for reducing exposure to infection and for prompt treatment of those who become diseased. Because of the great numbers of men and women employed and because of the possibilities of thoroughly carrying out plans agreed upon, this is one of the most promising aids to the health officer. It has been estimated that, since the Army draft figures showed 5.6 per cent. of the men infected, the 10,000,000 men employed in manufacturing plants alone probably have among them over 500,000 venereal-disease cases. Of these 50 per cent. are between 20 and 30 years of age and an additional 38 per cent. are over 15 years and under 40 years of age. All these are beyond the immediate influence of the school or the home. Except for variations of prevalence in various occupations and a much lower infection-rate among women, this illustration may be applied

to all industry and commerce and shows how important it is that labor organizations and industrial managements should be increasingly brought into this campaign.

Science can only say thus far that syphilis still remains one of the greatest killers of men and women, and gonorrhoea is still the greatest sterilizer of the race. Altho knowledge of the facts exists, its application could make these diseases as rare as yellow fever and bubonic plague which in past centuries devastated whole nations of the world.

CHAPTER VII

THE UNITED STATES PUBLIC HEALTH SERVICE AND THE AMERICAN SOCIAL HYGIENE ASSOCIATION

TO SUMMARIZE the practical campaign against the venereal diseases it may be said that three main lines of attack conducted simultaneously are essential. The first line of attack consists of the discovery, treatment, and control of infected individuals. It should be led by the health departments cooperating with clinics, hospitals, and the private practitioners. The efforts of these forces must be supplemented by the activities of industrial surgeons, school physicians, life insurance examiners, private nurses, social-service workers, dentists and dental hygienists, and the many other professional and organized forces of which these are examples.

The second line of attack comprises efforts to eliminate commercialized prostitution and other environmental influences which promote sexual promiscuity and thereby increase exposures to the venereal diseases. This attack should be led by the police and court authorities cooperating with law-enforcement forces and the legal profession. These efforts must be supplemented by the work of protective and probation agencies, organizations for the prevention of delinquency, recreational agencies, and a large number of special committees created to deal with phases of this work.

The third line of attack includes a wide range of activities which in varying degrees influence particularly the education and character-training of

the children and youth of the nation. These efforts should be led by the departments of education and teaching profession, aided by the educational societies, parent-teacher organizations, religious and ethical teaching agencies, and a long list of other institutions which in some specific way can aid in developing sound views and habits of sex conduct among the members of each generation before they come to full maturity and assume the responsibility of government and of being parents of later generations. The community as a whole must participate in bringing this about.

Of these three great divisions of the campaign against the venereal diseases the last is by far the most important when results to be achieved in a hundred years are considered; therefore, it is vitally essential that this division of the program be sound and that all the time necessary be taken to plan and test out ways and means before a general advance along the line is begun. Everything that has been or is being done now should be patiently studied as experiment and demonstration in this field. It may be some years yet before a perfected program can be put forward, but when it is announced the health officer will see the beginning of the end of his long fight to gain a large measure of control over the venereal diseases.

The second of the three great divisions outlined is likewise second in importance in the long run. The constant efforts of vice promoters to place opportunity for sexual promiscuity before men and women and surround them by uses of alcohol, music, art, and emotional appeals conducive to yielding thereto, show that it is necessary constantly to stimulate men if large numbers are to be persuaded to become patrons of commercialized prostitution, or women are to be drawn into prostitution in any

form. The counteracting of these influences by legal interference and by attracting interest of the men and women to wholesome pursuits and entertainment is of vast importance to preventive medicine. In the past ten years significant gains have been made and the evidence is convincing that the next twenty-five years will at least see the elimination of commercialized prostitution and great advance in other directions. This influence on the reduction of venereal diseases will be marked and justifies the health officer in encouraging to the utmost this line of attack, altho like the educational attack it is not in his province administratively.

The first of these group divisions of the campaign is first only in urgency and logical outline; it comes last in importance when the winning of the war against venereal diseases is planned. Nevertheless urgency is always a real factor; we have to do first that which is immediately necessary, and the salvage work of finding and treating the victims of diseases and protecting them from reinfection is an immediate necessity. It is the first-line trench which is being held while the other divisions are being brought into action. A hundred years is not an unduly long or discouraging period for a nation to contemplate fighting a war of control over so powerful a disease enemy. Less than fifty years have elapsed since science discovered these enemies; the first advocates of a war against them began organized efforts to arouse the nation less than twenty years ago; and the last ten years covers all united national efforts to attack this problem on a broad scientific and social basis. The future is most promising in the light of this past.

As in the conduct of all great wars, success depends partly upon a central planning division which has the opportunity and the freedom from

details of action necessary to study the whole situation and point out ways and means of strengthening both the defensive and the offensive movements. The Division of Venereal Diseases of the United States Public Health Service is an outgrowth of recognition by the Federal Government of this need. This Service, through its cooperation with the State Health Departments, provides advice and guidance for all official efforts of federal, State, and city official departments and of related laboratories, clinics, and hospitals. In addition, the Public Health Service and the State Departments have found opportunity to aid the United States Bureau of Education and other federal and State agencies to do a great deal of educational work, and some sound law-enforcement work.

Recently the opportunities of the United States Children's Bureau to cooperate in this work have been greatly increased through the maternity and infancy welfare work made possible by the Shepard-Towner Act. The nature and complexity of the problem, however, has necessarily placed limitations on what can be done by the federal bureaus and the State health departments, particularly in the law-enforcement and educational divisions of the campaign. All efforts to establish any coordinating official body have met serious administrative difficulties, and altho most important advances were made through such efforts during and immediately following the World War,¹ it is evident that all the component parts of the complex program for combating the venereal diseases will have to be fitted bit by bit into the several permanent departments of government; the coordination of the whole

¹The history of the U. S. Interdepartmental Social Hygiene Board should be studied by every one especially interested in the full story of social hygiene in the United States. Government reports of this Board from 1918-1923 are available.

being left to suggestion and persuasion of voluntary agencies which are free to investigate, study, and propose new measures, in a way that no official department is free.

Realization of this situation led to the establishment in 1914 of the American Social Hygiene Association as a national, voluntary agency equipped with the necessary personnel and funds from popular subscription to do two things. First, it serves as a skirmish line for the public-health authorities and other official bodies in discovering new ways of advancing all three divisions of the campaign, testing out by demonstration the practicability of new measures, and developing public opinion in support of official departments, making these measures a permanent part of the activities of government. Second, it acts as a voluntary coordinating influence in bringing about simultaneous effort on the part of all agencies concerned, both official and voluntary. This national association with its affiliations with State and local societies and committees and its cooperative relations with other national organizations and their local units, is in a strategic position to be the complement of official agencies in this field.

The first task of propaganda assumed by the Association was to build up in the minds of the people a clear understanding of the medical aspects of the venereal-disease problem and to gain their support in carrying out necessary measures. This came to fruition and received nation-wide recognition during the first year of the World War. The next task was that of convincing the public of the relationship of commercialized prostitution to the spread of these diseases and the feasibility of a successful program against this form of vice. The necessary foundation for this propaganda was furnished through studies and reports of the Bureau

of Social Hygiene, which since 1911 has done invaluable work in research in the various fields of social hygiene. But communities are induced largely to take action only when an evil is shown to exist in their own midst, and the Association found it necessary to demonstrate in a selected series of cities in the United States both the existence of organized prostitution and the practicability of proposed measures for combating it and related evils. The World War, likewise, gave this line of attack an added opportunity to secure nation-wide interest and action. Public attention having been gained for two of the major divisions of the program, the Association has put its emphasis since the War upon the third and most far-reaching line of attack—the educational and moral training division.

It has been difficult to hold public support for all the diversified measures necessary to secure steady progress. In the confusion of urgent appeals for every conceivable effort in behalf of health conservation and public welfare, the wonder is that the public should have continued even the support it has given since war days for the venereal-disease campaign. Those who know the frightful toll the venereal diseases take of health, business, and social efficiency, and of lives and mentality of unborn generations must carry on and seize every opportunity to make new gains. Every citizen has it in his power to aid this great warfare against disease and moral disaster by direct participation in its battles and by supporting his government, and voluntary agencies such as the American Social Hygiene Association for whose constitution President Charles W. Eliot wrote the following statement of purpose: "To acquire and diffuse knowledge of the established principles and practises and of any new methods which promote or give assurance

of promoting social health; to advocate the highest standards of private and public morality; to suppress commercialized vice; to organize the defense of the community by every available means, educational, sanitary, or legislative, against the diseases of vice; to conduct on request inquiries into the present condition of prostitution in American towns and cities; and to secure mutual acquaintance and sympathy and cooperation among local societies for these or similar purposes."

**PUBLIC HEALTH
MEDICAL and
NURSING MEASURES**

And the general appeal to recognized responsibilities of good citizenship.

(5) Transmission by contact with intimate personal belongings or common utensils.

(4) Transmission by extra-genital contact

(3) Transmission by congenital infection

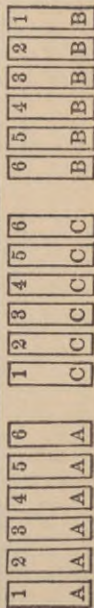
(2) Transmission by genital contact during birth

(1) Transmission by sexual contact

**EDUCATIONAL
LEGAL and
SOCIAL MEASURES**

And the general appeal to religious, ethical, and moral motives for good conduct.

Individual
Susceptible
to
Infection
"B"



The Infectious Individual

- 1A. Medical advice and diagnosis for the individual. Disinfection measures when practicable.
- 2A. Treatment for the benefit of the individual and the protection of the public.
- 3A. Personal instruction regarding protection of others.
- 4A. Social service follow-up measures for the benefit of the individual and protection of the public.
- 5A. Requirement of notification of cases to the health authorities under specified conditions.
- 6A. Isolation or quarantine measures when necessary because of inability, refusal, or failure of the individual to carry out instructions of the Health Department.

- 1C. General promotion of public information concerning the venereal diseases and prostitution.
- 2C. General promotion of public information concerning the importance of adequate sex education, recreation, and protective measures.
- 3C. General promotion of measures for eliminating the use of intoxicating beverages and of habit-forming drugs.
- 4C. Requirement of health affidavits or certificates before marriage.
- 5C. Promotion of early marriage and the establishment of legal and voluntary aid for adjustment of marital difficulties.
- 6C. General efforts to safeguard the family and provide better economic and social conditions for all the members of the family.

The Susceptible Individual

- 1B. Sex education as a factor in influencing character and conduct.
- 2B. Religious and moral training.
- 3B. Wholesome recreation and entertainment.
- 4B. Protective measures designed to prevent sexual promiscuity and delinquency.
- 5B. Legal measures applicable to the repression of prostitution, measures for the control of sex delinquency.
- 6B. Custodial care when necessary to protect individuals and the public.

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