

**THE EDUCATION OF THE PUBLIC AS TO THE
COMMUNICABILITY AND PREVENTION OF
GONORROEA AND SYPHILIS. COMMITTEE
REPORT, PAPERS AND DISCUSSION AT THE
38TH ANNUAL MEETING OF THE AMERICAN
PUBLIC HEALTH ASSOCIATION, MILWAUKEE,
WIS., SEPTEMBER, 1910, PP. 162-208**

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American Public Health Association

REPORT OF COMMITTEE ON EDUCATION OF THE PUBLIC AS TO THE COMMUNICABILITY AND PREVENTION OF GONORRHOEA AND SYPHILIS.*

By DR. G. M. KOBER, Chairman,
Washington, D. C.

At the meeting of the American Public Health Association held at Richmond, Va., in October, 1909, a committee was appointed to consider and report upon the best method of educating the public with respect to the communicability and prevention of gonorrhoea and syphilis.

The sociologic and economic importance of these diseases have long since been appreciated by members of the medical profession and intelligent laymen, especially those who have witnessed the sad effects among the inmates of hospitals, prisons, almshouses, asylums for the insane, the blind, etc. In 1858 a most intelligent and painstaking study was made by Dr. Wm. W. Sanger, Resident Physician of Blackwell's Island, under the auspices of the Governors of the Almshouses of the city and county of New York. The following paragraph from the introduction is reproduced, for it is as applicable now as when first indited by his graceful pen:

"Hitherto reticence has been the policy. This position has been held too long, for it is false in principle and injurious in tendency. The day has arrived when the shroud must be removed, when the public safety imperiously demands an investigation into the matter; when those who regard it as a small wrong may have their attention directed to its real proportions. * * * * * A small matter it decidedly is not. * * * * * Nor is it unmanageable except when concealed. Stripped of the veil of secrecy which has enveloped it, there appears vice arising from an inextinguishable natural impulse on the part of one sex, fostered by confiding weakness in the other; from social disabilities on one side and social oppression on the other; from the wiles of the deceiver working unsuspecting credulity and finally from the stern necessity to live.

Dr. Swarts, the Secretary of the State Board of Health of Rhode Island, in a public address delivered at Providence, May 20, 1910, declared:

"In our Puritanical Prudence we have been taught not to talk of certain diseases, which now gnaw at the very fundamentals of society. When we have tried to study such diseases we have met with the rebuke that we were acting out of morbid curiosity * * * * * and any one who has tried to call attention to this evil has been discredited as a faddist looking for notoriety.* * * * *"

* Read at 28th Annual Meeting of American Public Health Association, Milwaukee, September, 1910.

Professor Fisher, of Yale, the author of the Report on National Vitality and a member of the Commission for the Conservation of Resources, concludes the section on Syphilis and Gonorrhoea as follows:

"Thanks to the efforts of a few farsighted men like Dr. Prince A. Morrow, Professor C. R. Henderson and Mr. Edward Bok, these subjects are being given some of the publicity they deserve. Reticence on these subjects is justified only so far as it makes for youthful innocence. But ignorance is not innocence; on the contrary, it is the surest road to guilt."

STATISTICS OF VENEREAL DISEASES:

The absence of accurate statistics in venereal diseases in civil life is very much to be deplored, for if we wish to approach the subject from a scientific point of view it is extremely desirable that we should collect accurate morbidity statistics on the prevalence of these diseases. Our present mortality statistics of these diseases are also woefully defective, simply because the attending physician prefers to spare the feelings of the friends of the deceased by assigning the terminal causes of death, which will be found in an endless number of diseases, and ignoring the primary cause altogether. Compulsory notification is exacted in Denmark, the privacy of the patient being safeguarded by a number. According to Dr. Parkins, the City of Detroit has placed syphilis and gonorrhoea on the list of notifiable diseases.

"These reports are made by number (not name) accompanied by the physician's statement of the facts about the source of infection. The City thus provides its health department with the information required to investigate outbreaks of these diseases, just as all other communicable diseases are investigated."

This measure alone is not sufficient to control these diseases, but without it no other measure can succeed.

In a gathering of this character, we need not emphasize that an accurate basis of facts lies at the very foundation of hygiene as of all exact sciences. We all agree that in our combat with communicable diseases it is absolutely necessary to locate the sources of infection, and that we can never hope to stamp out the so-called "germ diseases" unless we stop the dissemination of the germs. In this connection it should be understood that however encouraging our efforts to diminish the ravages of tuberculosis may have been in the past twenty years, complete success is only possible by prompt diagnosis and compulsory notification, i. e., locating the source of infection, and by the practical application of the principles of preventive medicine, and this is equally true of sexual diseases.

The ethical objections which were advanced against compulsory notification in tuberculosis will be urged even with greater vehemence in this

class of diseases. All these objections, however, fall to the ground when the public understands that sexual diseases are a menace to public health and the records of the health office need and should not be disclosed except to public officials. We are confident that education will create sufficient public sentiment in favor of enlightened preventive measures. In the meantime the spirit of the resolutions adopted at the second International Congress on Syphilis held in Berlin should guide us in the solution of the problem, viz.: "The Public must be taught that instead of being ashamed of these diseases and not fearing them, it need not be ashamed of, but must fear them."

MILITARY STATISTICS INDICATIVE OF THE PREVALENCE OF VENEREAL DISEASES IN DIFFERENT COUNTRIES.

While we have no reliable statistics of venereal diseases in civil life, an approximate idea may be gotten by a study of military statistics, and the collective investigations of a few competent commissions.

Lieutenant-Colonel Jefferson R. Kean, of the Medical Department of the U. S. Army and Surgeon Charles N. Fiske, U. S. Navy, have kindly supplied this committee with the following data:

ADMISSION RATES PER 1,000 OF MEAN STRENGTH.

	Year	Syphilis	Chancroids	Gonorrhoea	Total venereal
United States Army..	1909	30.45	30.77	135.77	196.99
United States Navy..	1909	26.49	28.23	105.11	160.40
Japanese Navy.....	1907	.....	.....	.....	139.75
British Navy.....	1908	37.46	17.87	67.16	122.49
British Army.....	1908	35.1	28.23	40.7	75.8
Spanish Army.....	1907	11.6	27.84	28.4	67.8
German Navy.....	1908	17.3	9.5	36.4	63.2
Russian Army.....	1907	17.7	12.2	30.2	60.1
Austrian Army.....	1907	16.0	10.1	28.1	54.2
Japanese Army.....	1907	10.1	10.4	17.1	37.6
Belgian Army.....	1907	6.2	.....	19.99	26.1
Dutch Army.....	1905	4.6	.....	17.00	21.6
Prussian Army.....	1907	4.4	2.1	12.2	18.7
Bavarian Army.....	1907	3.3	0.97	10.9	15.1

It is a lamentable fact that the United States and Great Britain, two typical Anglo-Saxon nations, should lead all other armies and navies in the prevalence of venereal diseases.

We do not believe that our population is less virtuous than that of foreign countries, but are inclined to the opinion that this undue prevalence is largely if not entirely due to the fact that the sentiment in these two countries both in and out of the profession is strongly against recognizing the evil, and therefore has not been made a subject of popular education. As a result of criminal ignorance and neglect on the part of the public the admission rate for this class of diseases in the United States Army is on the increase and is now ten times greater than in countries where serious attention has been paid to the consideration of the problem. Surgeon General Rixey of the U. S. Navy in his Annual Report for 1909, tells us that during 1907 this class of disease, if applied solely to the force afloat, "would have operated to render entirely inactive for over a month three battleships with a complement of 1,000 officers and men each." During the year ending December 31, 1908, there were treated in the U. S. Army 11,113 cases in a total of 72,441 men. On page 57 the Report of the Surgeon General says: "Taking all of the venereal diseases together with their results, this class of infections continues to increase, as might be expected of any contagious disease against which the sanitary authorities take no measures of isolation or prevention." The number of sick days for venereal diseases in the U. S. Army for 1909 would represent 971 men as constantly sick, nearly the strength of a regiment; 122 men were discharged on account of syphilis and 84 on account of gonorrhoea.

It may be contended "that enlisted men of the Army and Navy are not representative of our civil population," but let us not forget, as pointed out by Surgeon Fiske, "that the mentality, general morale and station of the enlisted personnel of the Navy has steadily improved during the past ten years, the years of great expansion of the service * * * * that the source of supply of our 15,000 first enlistment recruits and the destination of a similar number of men discharged each year is the civil population." The truth of the matter is that the enlisted men of the Army and Navy are picked men—the majority are recruited from the rural districts and in point of virtue are far above the average of our grades of society; they do not contract these diseases in their own quarters, but in the surrounding civil communities, just as they would contract typhoid fever if that disease happens to be unduly prevalent in the respective locality. We believe, therefore, that our Army and Navy Statistics furnish a fairly accurate index of the relative frequency of sexual diseases among the celibate male population in this country. Indeed, we quite agree with Professor Fisher of Yale when he says in his Report on National Vitality "that venereal disease may be more prevalent in Civil life than in the Army and Navy service since the inhibitory influence of military restraint and discipline

do not exist and the opportunities for licentious relations are more abundant." The statistical inquiries which have been made in civil life reveal the following facts:

The statistics collected in 1908 by the President's Homes Commission, show that out of 274,611 patients treated in the city hospitals of Washington there were 9,869 syphilitic affections, 3,643 cases of chancroids and 14,435 cases of gonorrhoeal affections; total 27,947 cases of venereal diseases. The majority of the patients treated belonged to the dependent classes. We are unable to secure statistics of cases treated in private practice. Professor Parkes of England says: "It is a question whether a large number of the young men of the upper and middle classes do not suffer in youth from some form of venereal disease. In the lower classes it is perhaps equally common."

Neisser of Germany holds that gonorrhoea is, perhaps with the exception of measles, the most widespread of all diseases. Other German authorities have computed that fully three-quarters of the adult male population and one-sixth or more of the adult females have contracted gonorrhoea and that 15% of the population is syphilitic.

In 1901, a Committee of Seven, under the auspices of the Medical Society of the County of New York, made an investigation into the prevalence of venereal diseases, and from the information received from private physicians, reports of the hospitals and dispensaries, concluded that there were not less than 243,000 cases of venereal diseases treated in one year in that city. During the same year there were only 41,585 other cases of infectious or communicable diseases reported to the Health Department, viz.: measles, 12,570; diphtheria, 11,001; tuberculosis, 8,877; scarlet fever, 7,787; chicken pox, 99. In other words, the morbidity from venereal diseases was nearly six times greater than that from all the above named infectious diseases combined.

Dr. Prince A. Morrow, of New York, basing his statement on a large personal experience and upon the statistics collected in that city and in Baltimore in 1907 by a Committee on Sanitary and Moral Prophylaxis, says: "Assuming that our population is more virtuous than that of Europe, it must be a conservative estimate that in this country the morbidity from gonorrhoea would represent 60% of the adult male population, and that of syphilis from 10 to 15%." Which would mean that between 3 to 4 million cases are annually treated in this country. According to this same author, 20% of the cases occur before the 21st year; 60% before the 26th year, and 10% of the men who marry infect their wives. The report of the New York Committee "would indicate that nearly 30% of all venereal infections