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The omnipresence of syphilis is today realized by most of the members of the medical profession. There is no organ or tissue in the body that can escape the ravages of syphilis. Directly, it seldom causes death, but as a contributing factor in mortality it is an important agent. When one considers the vast pathology of syphilis, he cannot help but realize that the disease is not a special branch of medicine. It is <sup>a</sup> disease that is seen every day by the health worker and by the general practitioner, and hence they assume the responsibility of the care of the syphilitic and of the welfare of the public.

The prevalence of syphilis has been studied by Vedder(1) in nearly every civilized country in the world. In certain rural districts in Russia, it was found that from seventy to ninety-five per cent of the population have contracted the disease, and the major portion of the people acquire the condition by means other than intercourse. In other European countries the incidence is much lower than in Russia, and averages from fifteen to twenty per cent, while in England, it is estimated that from ten to twelve per cent of the population have acquired the disease. In the United States, a number of workers have reported various percentages ranging all the way from five to fifteen per cent.

Of particular interest to us is <sup>a</sup> series of Wassermanns numbering well over five thousand run in the laboratories of Dr. Foskett of this city. These were run on patients of the immediate vicinity and only one specimen was taken. In this series it was found that between five and six per cent were strongly positive, and slightly over one per cent were suggestive. It is safe to assume from these figures that at least one out of every ten patients in the general practitioners practice have syphilis in some stage.

It is interesting to consider the most probable source of infection of syphilis. In looking over the literature I found every one agreed that the larger portion of the infections occurred thru intercourse, but no one definitely stated just what class of individuals could be held most responsible. Hence this appealed to me and I started a little investigation to satisfy a roused curiosity. The prostitute seemed to me to be the most likely source of infection, since I have read and heard that this class was one hundred per cent positive after three years on the 'Turf'. After several fruitless attempts I finally gained the confidence of a 'madame' of one of these so-called 'sporting houses'. She gave me a card of introduction to over twenty 'houses' and from these I located several more. In most instances I was treated with upmost respect and they were willing to co-operate, after I once had explained my idea. Most of the women admitted having been infected, but in the breath following told me that they had started treatment at once and did not again take up their 'Profession' as they called it, until they were assured by a doctor that they could not transmit the disease. They have an unwritten law that when one of their numbers become infected that she must at once consult a reliable physician and cannot carry on with her work until assured by the doctor that she is no longer a source of infection. This is insisted on by the other women in order that they may not become infected by men that go from house to house. These women do not consider that they are breaking any moral code, and take great pride in the fact that they keep themselves in as nearly a non-infective state as possible. Their one and only consideration seems to be to make money and they cannot continue for any length of time if they allow themselves to become diseased.

Each man is examined as far as possible before they have intercourse and no one taken that is found to have any signs of a disease. I saw three men turned away because they were unclean. Further more the woman washes the male genitalia immediately afterwards and then cleanses herself. They insist on this and will not even let the man attend to it himself, because they say men are not to be relied upon. Hence it appears that the prostitute is not such a dangerous person and probably spreads infection much less than we commonly accuse her of.

In questioning male patients at the G.U. clinic, of "The Peoples Institute" and "Portland Free Dispensary," I found that out of over one hundred and fifty cases only two could state definitely that they had acquired their infection from prostitutes, and one of these came from Japan. All of the rest that could make definite statements as to the source were found to reply that their misfortune was the result of intercourse with pretty little girls, commonly called 'chippies'.

Since this last named class of individuals are an exceedingly difficult group to control, our main problem in the control of syphilis seems to me to be: (1) In the education of the public in recognition of the disease, and means of prophylaxis. (2) To further impress the medical profession as a whole of importance of an early diagnosis and concentrated treatment. (3) That certain laboratory procedures are most reliable means of an early diagnosis. (4) Supervised restricted districts.

I selected forty recent cases from the G.U. clinic of "The Peoples Institute" and "Portland Free Dispensary, which bring out the above points, but because of our mad rush for education I will present a few of the typical:

- Case (1) Male, white, single, age 26, reported to his physician with a scratch on the fore skin. The doctor assured the man that it was nothing but a little hair cut and applied some calomel ointment. The man went on his way and had intercourse on three different occasions following the sore up to the sixth week when he presented himself to the clinic with a maculo-papular eruption. An effort was made to find these three women with whom the man had sexual relations, but they were of the above mentioned 'chippie' class and the man did not know their names or where they lived. His wasserman was four plus.
- Case (2) Female, white, single, age 28, gave a history of a rash appearing on the abdomen and chest about the fifteenth of December, which she thought was due to drinking 'moon-shine', because it appeared to get better when she stopped drinking. On January the tenth, she was reported to the Social Service Dept. and the person ordered to report to the G.U. clinic. She admitted having intercourse on the average of five times a week with as many different individuals. She was employed in a local store where the contacts must have been innumerable.
- Case (3) Male, age 25, single, reported to a physician with an eruption on the genitalia. A Diagnosis of Herpes progentalis was made. The man went about his duties as a cook and up to the time of his reporting to the clinic, he admitted having intercourse six times with five different women, one of whom was located. She reported for wasserman which was negative, but two weeks later a second wasserman was run which came back four plus. No doubt the other women were infected also.

In case No. 1, if the doctor had only sent the man to a reliable laboratory for a dark field examination it would have probably come back with a report of finding of Spirochet Pallidam. Even if the report had of come back negative, a second examination should have been made, and if by chance the second examination was reported back negative a wasserman should be tried the second or third week, following the appearance of the sore, as this reaction rarely ever becomes positive before the second week. Nothing should be applied locally other than cotton soaked in normal saline until syphilis has been ruled out, by laboratory. If some such procedure had been cared out with the individuals in both case No. 1,

and No. 3, there would be at least eight cases of syphilis less in the world. But because of the class of women infected in eight cases there will no doubt result a score of new infections in men and these men thru their ignorance aided by the ignorance of their physicians will infect more women of this so-called 'chippie' class. Hence we as future doctors may be responsible for just some identical situation, as were the physicians, who first treated the men in two above cases.

If there were more extensive means of education of the Public, the women in case No. 2, would have probably reported to a physician clinic and not have waited until reported by the Social Service. She was in utter ignorance and as a result exposed nearly fifty individuals by intercourse and many more by other contacts. A person of this sort is far more dangerous than ten professional prostitutes who operate 'houses' and have regular and supervised medical attention. Therefore it seems to me that we must clean the streets of these so-called 'chippies' and establish a supervised restricted district instead of having these women out of reach in rooms and apartments scattered all over the city, or make a more determined effort in the education of these classes of men and women or syphilis may be truly known as the killer of the race.