From CDC Files—1951 File
I Basic
Untreated Syphilis in Negro Male

Dr. Wenger
Hot Springs Seminar

In this series of meetings there has been much discussion about finding people with syphilis, how to treat them and how to evaluate the results of that treatment. This is good and it is proper. But in the few minutes I have, I wish to focus your attention on another aspect of the broad study of syphilis, - that of its affect on those you don’t find, don’t treat and don’t follow.

This subject of untreated syphilis is not something new. The study of it was started some twenty years ago and has been plodding quietly along ever since, with parts of the findings coming to ~~point~~ print sporadically. I would like briefly to review the matter.

Among the many interests of the late Julius Rosenwald was the health and welfare of the American Negro. From the Fund that now carries his name came mo-ney which was used in cooperation with Federal, State, and local health departments for a survey of the prevalence of syphilis among negroes. One county in each of six southern states was chosen for study. The highest rate was found in Macon County, Alabama. Not only was the prevalence higher, but it was found that only one out of 25 had received treatment. With this as a start, Drs. Vonderlehr, Heller, Taliaferro Clark, Austen Diebert and myself, along with others, got together to organize a study of the syphilitic process when uninfluenced by treatment and to compare those findings with results after treatment had been given.

We decided to limit the study to negro males 25 years old or more. In the winter months of 1931-32 and 32-33 a group of 399 negro males with untreated syphilis was selected together with a group of 201 negro males who were presumably non-syphilitic, to be used as a control. The age distributions in the two groups were comparable.

REPRODUCED AT NARA

I won't bother you with minor details of how the study was to operate except to say that all were to have regular blood tests, and physical examinations. In addition it was planned to secure autopsies at death whenever possible. The Milbank Memorial Fund agreed to contribute money for necropsy. Part of the money goes to the physician doing the work and part of it goes to the family to aid in burial expenses.

The first physical examinations were made in 1932-33 with the findings published in September 1936. In 1938-39, a second physical examination was made at which time it was found that a considerable proportion of the younger men had received some but inadequate treatment.

From the second examination came two papers in 1946–one covering mortality, in February, and one on cardiovascular abnormalities and other forms of morbidity, in December.

A third physical examination was made in the fall of 1948. In May of this year, 1950, the findings were published, covering abnormalities observed over 16 years.

Now, what have these findings been, in terms of generalities? First, that untreated syphilis apparently shortens the life expectancy by 20 percent. Second, there is a greater involvement of the cardiovascular system and third, that syphilitics without treatment appear to be subject to a higher rate of other types of morbidity. Thus there are more potentially disabling defects among them and they die earlier. This is probably what most people might expect from general knowledge or assumption, but it is important to have the facts documented.

I heartily support the work that has been done, but it does not go far enough. When the third examinations were done in 1948-49, 26 percent of the syphilitics had been lost from observation and 35 percent of the controls. This is not count-ing known deaths. One of the reasons for selecting Macon County as a study area, aside from its high prevalence rate, was that ~~of its~~ seemed remarkably suitable for the

 REPRODUCED AT NARA

study purposes. It had the broad extremes of development of the Negro race, from those connected with the Tuskeegee Institute to those with the lowest of living standards. Health facilities ranged from a Veterans hospital to nothing, transportation from 3 railway centers and a main highway to inaccessible winter roads. But most of all, the county's principal industry is agriculture of a type which tends to provide a stable population for a long-term study such as this. What be-came of the third or so that dropped from observation? Were they in the county but just didn't respond to the written notice? Would they have responded if they could read? Did they stay away because they were no longer interested or were they too ill to come in? Perhaps they had moved out of the county. Some have, I am sure. But if they've moved–are they living and well? If they are dead, what was the cause?

These questions are important to the value of the study. There is a nurse in the county whose salary is paid to keep track of the patients but I think more is necessary. Remember, these patients wherever they are, received no treatment on our recommendation. We know now, where we could only surmise before, that we have contributed to their ailments and shortened their lives. I think the least we can say is that we have a high moral obligation to those that have died to make this the best study possible.

This is the last chance in our country to make an investigation of this sort. You may say, if that's so isn't the point rather academic. I don't think so. It may be academic so far as the patient who is treated, but you know even better than I, that you are not yet finding and treating all of the cases. Your casefinding publicity makes a point for the public to "Know For Sure" whether the disease has been contracted. I say it behooves the medical profession to "Know For Sure" what happens if the disease is not treated.

I urge in the strongest possible way that the Public Health Service place a full time male investigator in Macon county whose sole job it is to locate those persons who were first selected and examined. Sure, they may have moved, perhaps moved and

 REPRODUCED AT NARA

died, but arrangements can be made for them to be examined wherever they may be, if living. If they've died, let's trace them through vital statistics to see when, where and why. And if humanly possible, arrange for autopsy of those who die in the future.

This matter of autopsies is of tremendous importance. There are, as you know, only two other studies that even remotely resemble this - the one started by Bruusgaard in Norway and the study of Rosahn at Yale. So far, of the 173 deaths recorded for the Alabama group 67 percent have come to autopsy. The correlation of postmortem findings with periodic clinical findings can be done only in the Ala-bama group. What other way will we ever be able to learn the meaning of our clini-cal findings?

Once again let me emphasize the importance of this quiet undertaking and urge that steps be taken so that it doesn't slip through our fingers.

9-18-50

KHJ/mrb

REPRODUCED AT NARA