SOME AMERICAN IDEAS ON VENEREAL DISEASE CONTROL

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The main pillars of any venereal disease control programme are: (1) the seeking and controlling of nests of infection; (2) prophylaxis; (3) getting patients and their contacts under observation and treatment; and (4) ensuring that those patients remain under treatment until they are at any rate non-infectious to others. If 100% success could be obtained on all of these four points, then venereal disease as a public menace would be conquered. In order that all concerned may co-operate to this end, the aims and the methods of arriving at them must be made public, and hence education and propaganda to a greater or lesser degree are also essential.

Let us consider briefly how far we have progressed along the road in this country. So far as seeking out nests of infection is concerned prostitution is theoretically illegal, but anyone who walks in the West End of London can see that it is far from suppressed. Furthermore, girls known to be in the "profession" are not subject by law to medical examination. Candidates for marriage are not compelled to have a premarital blood test, though most hospital clinics do one as a routine measure in the case of pregnant women. To ensure that potentially infected people receive treatment we rely on voluntary methods of persuasion, and our attempts at legislation on this are confined to Regulation 33B, which is a step in the right direction, though from the aspect of V.D. control it is but a short distance along the path. To ensure that patients remain under treatment, arrangements via almoners and other V.D. clinic workers are as good as can be devised; on the other hand, for the tracing of infected contacts we have to rely on the public spirit and social conscience of the infected patient and the perseverance of the clinic doctor.

When viewed dispassionately, we obviously have not got very far, and, as things stand at present, probably can get little farther. Unfortunately the traditional British ideas of liberty and freedom also have to include the freedom to have venereal disease and to transmit it to others. This has obstructed any attempts to obtain broader legislation. As a result the efforts of education and propaganda suffer from the same inherited traditions, and tend to be colourless and inhibited as compared with places where legislation has been enforced. From the point of view of effect, one would have thought that countries possessing the legislation would actually require less propaganda to attain the ends required than those where voluntary effort has to be relied on. In any case, the U.S.A., which has the advantages of much legislation, finds it needs quite a considerable amount of propaganda to reinforce it, and by comparison our efforts here are puny.

Legislation

The laws enforced in the U.S.A. differ from State to State. In New York, however, the Sanitary Code, the Domestic Relations Laws, and the Public Health Laws require that a licence for marriage be refused unless the application is accompanied by a certificate stating that an examination and a blood test have been done by a competent physician within the last month. The patient also has to sign a declaration that to the best of his belief he is free from venereal disease. In addition, all physicians attending pregnant women are by law required to do a blood test for syphilis; while under Article 17b of the State Public Health Law the Department of Health is empowered to compel all individuals suffering from communicable venereal disease to seek proper and sufficient treatment, and doctors are instructed to issue circulars of information to all patients with syphilis or gonorrhoea. What is more, these diseases are compulsorily notifiable to the City Health Department. Finally, all women arrested on a charge of prostitution have a compulsory medical examination, and treatment if infected. Other cities, such as Chicago, have similar laws, and most if not all of them have a Venereal Disease Control Section at the City Health Department. In these places a central registry is kept and contacts are traced and followed by letter,

registered letter, telegram, or social visit, according to local custom and expediency, and persistent defaulters are thus found when the almoners working locally at the clinics have otherwise failed.

The following is a description of the practical application of the four major items of V.D. control in New York and Chicago.

Seeking and Controlling Sources of Infection

In my visits to Washington, Baltimore, Philadelphia, New York, and Chicago, and often walking alone on the streets at night, I was never once accosted by a woman, and prostitution as such is definitely concealed. It can, however, well be argued that it is not banished, for 5,000 women are arrested on a charge of prostitution in New York State each year, but those arrested are compulsorily examined. In Chicago bar-keepers are invited to participate actively in V.D. control, and in August, 1945, over 4,000 tavern owners attended a meeting convened by the Medical Officer of Health, Dr. Bundeson. Certificates stating that hotels and bars are co-operating are issued and displayed. This co-operation really consists in ensuring that the saloon is not used as a place of assignment, and also that information is given to social workers as to the location of any of the bar habitués if they have been notified as contacts or potential sources of infection. If a particular bar is found to be a frequent place where patients meet the source of their infection, then the hotelier is visited by a representative of the Health Department and asked to mend his ways. If he refuses he runs the risk of having his premises shut and notices like "SYPHILIS—BEWARE!" and "VENEREAL DISEASE—KEEP OUT" plastered outside the building. Co-operation is usually forthcoming.

Prophylaxis

Methods of prophylaxis have never been so actively imposed upon civilians as on military personnel. In Chicago, Service men on furlough are given a printed list of eighteen "pro" stations that have been set up in the city for their use.

Getting Patients under Treatment

This consists in bringing in all those who are reasonably expected to be infected and the tracing of contacts. Compulsory notification is an essential to this end. In Chicago, this was conducted by the epidemiological section of the Chicago V.D. control programme. The very name gives the clue to the approach to the problem, and venereal disease is being tackled realistically from the epidemiological standpoint.

All patients are interviewed at the outset and, in addition to being educated concerning their condition, are persuaded to identify all possible contacts. About 2½ contacts, on an average, are found for each case of early syphilis. Rosenthal in New York quoted 36 remembered telephone numbers out of 49 exposures from one of these "victory girls" or "patriotutes." Some 4,000 reports of contacts or diagnosed cases of V.D. are dealt with in Chicago each month, so a priority list consisting of contacts of early syphilis and recent gonorrhoea is necessary. Registered letters are used in the first instance to induce notified contacts to report to the Health Department. If these fail, then a field worker is put on the job. The field workers each have their own territory and there is a special "tavern squad." In six months (January to June, 1945) some 11,500 epidemiological reports reached the epidemiological section in Chicago. Of the patients concerned 2,614, or 22.8%, were placed under treatment, while 11.5% were already receiving it; 12.8% were examined and found not infected. Just over 30% went unlocated.

All this work cannot be done without a considerable staff. The epidemiological section has its quota of the 602 workers employed on the Chicago V.D. project. The file cards are made out in quadruplicate, the carbons being attached in advance at the printers. The phonetic system of name filing is employed, the Smiths, Smythes, and Psmiths all being grouped together. Recently they have had the advantage of electric typewriters, of which the stenographers spoke very highly. The whole project here is under the V.D. Control Officer (Dr. Theodore Bauer), who in his turn is under the Medical Officer of Health, who takes a very active part in putting over the programme.

Ensuring that Patients Remain under Treatment

In the year ending June 30, 1945, some 1,094 cases of primary and secondary syphilis had been diagnosed in the Health Department V.D. clinics in Chicago. All but 23 (97.9%) received intensive treatment in the 200-bedded Chicago Intensive Treatment Centre, a hospital used solely for this purpose. This centre has been a forerunner of rapid syphilis therapy with intensive arsenic, with fever, and latterly with penicillin, by themselves or in combination. The average stay in hospital is ten days and all treatment is free. Attractive meals are served cafeteria style, and no visitors or incoming telephone calls are permitted. The wards, however, carry public telephone booths for outgoing calls, so that the patient is isolated only so far as he or she wishes to be. This innovation is a real boon for patients and could with advantage be copied in Britain, as, apart from the benefit to patients, it is time-saving for the nursing staff, who otherwise often undertake such small jobs. The hospital was opened in 1942, and early in the New Year of 1945 it treated its ten-thousandth patient.

While they are in hospital patients are supplied with magazines, games, and puzzles. Recreation hours are organized in the hall, equipped with a piano, a juke box, library, and canteen. Handicraft classes are offered as diversional therapy, and films are shown four nights weekly—two for men and two for women. It cannot be denied that in Chicago the vast majority of syphilis cases diagnosed are getting full and adequate treatment.

The gonorrhoea cases attend the clinics as out-patients. The Chicago Municipal V.D. Clinic takes the bulk of these, and may well be the most-used V.D. clinic in the world, some 1,300 passing through its doors each day. Over twenty persons of both sexes can be dealt with simultaneously. This clinic is in a converted school, and the actual buildings are not anything marvellous. Its clientele are black and white of all grades of society. The main waiting-room is like a station on a bank holiday, while in the treatment room a small corps of doctors are dealing with patients as fast as they can go in the twelve centrally operated cubicles. In 1944 some 23,500 cases of venereal disease were treated in this clinic alone. In its first year of operation—1918—only 870 were treated. All cases of syphilis are referred for treatment at the Intensive Treatment Centre, as also are patients with penile sore and lymphogranuloma inguinale, for diagnosis. The gonorrhoea cases are treated on the spot, using the one injection technique of penicillin in oil-beeswax. As with syphilis, all diagnosed cases of gonorrhoea are receiving their full treatment.

For the tracing of cases for follow-up, social workers are used by the individual clinics. From the epidemiological standpoint the majority of patients with syphilis or gonorrhoea have actually already received the full amount of treatment necessary to cure them before leaving the hospital or clinic. However, a careful follow-up, especially of the syphilis patients, is necessary so that reliable data on the success of the various treatment schedules used may be obtained. As a result of letters, telephone calls, telegrams, and field visits, some 70% of the first 3,000 early syphilis cases treated in the intensive treatment centre at Chicago are still under observation.

From the foregoing it is obvious that everything possible is being done to ensure that infected persons are brought under observation, and a very high standard of success is obtained in seeing that cases, once found, do receive the necessary treatment, thus rendering them non-infectious.

Propaganda

Propaganda regarding venereal diseases is used to reinforce the main points already mentioned. However, before any propaganda can be used the actual diseases have to be "mentionable." The same influence is noticeable in this country, and the initials V.D. usually feature largely on any propaganda placards. I do not think we have yet succeeded in making V.D. a topic that can be discussed freely everywhere without embarrassment. Certainly the mild efforts on the radio, while admitted at the time, have not reached the level of a weekly feature. America has not yet completely succeeded either, but the words are being forced into the vocabularies of the inhabitants whether they like it or not. They have argued that "T.B." and "B.O.," as terms, are socially acceptable, and

as the latter has so become solely by frequent advertising, then, by the same process, V.D. can too. Hence at present much propaganda still has to be wasted in bringing the real subject on the agenda for discussion, and the motives, such as advertising treatment centres, urging blood tests, or discouraging promiscuity, are bound up with the general advertising of the subject. Furthermore, there is no shortage of paper in the U.S.A.

In Chicago the trams and buses are an obvious medium for the display of propaganda posters. The first one used was, "Do you know, THOUSANDS have V.D. and don't know it? Are YOU one of them?" At the foot, in smaller print, was the address of the Chicago Health Department: "Ring Ran 8000 Ext. V.D." This has now been changed to "Don't be an Ostrich—Face the Facts—V.D."—a slogan which was also found on leaflets in New York. Window cards for barbers' shops, hotel-keepers, and "co-operators" are also available, and doubtless were used during the first flood of enthusiasm, though I do not remember seeing them being used anywhere during my visit. Matches, too, are employed. The Harlem Social Hygiene Council distribute in New York book matches coloured black with "V.D." in large red letters on the cover (the initial selling motif again). In Chicago, where perhaps they consider that the initials are now accepted, a more modest book match is used with a yellow cover bearing the words "FIND OUT . . .," and an arrow pointing inside to a list of the addresses of the municipal clinics. Matches are given away free by tobacconists in the United States, and in Chicago much was done to induce drug stores and other establishments to buy propaganda varieties. Over a million have already been issued, and a further million are on order.

A strong Chicago placard contained a black-and-white picture of a lady of the streets and was inscribed, "Easy to pick up—V.D." Another leaflet available in a New York health centre, showing a very photogenic six-months-old baby, was inscribed, "Our children need never know the sorrow of SYPHILIS." A further leaflet in the same centre, headed, "What you don't know CAN hurt you," contained the following story:

"Arguing Al was scared of syphilis. Al would face any man in an argument or fight, but he could not face going to his doctor and finding out what ailed him. You know how some people feel . . . 'What I don't know won't hurt me.' That was Al. When the sore that was worrying him went away he said: 'Aw, that wasn't syphilis,' and he put the whole thing out of his mind. . . . Fifteen years later syphilis put him in a wheel-chair for the rest of his life. From then on his wife and kids had to shift for themselves, and for him, too. The pay-off was this: Al had lost out to syphilis. The doctor could have cured him, if Al had seen him when the sore first came. . . ."

This more direct approach obviates any repetition of the story of the lady Chicagoan who thought V.D. meant vitamin deficiency.

Over 600 workers are employed to carry out Chicago's programme, and everything is done to make them understand the whole picture. Originally issued bi-monthly, but now published quarterly, is a small periodical entitled *V.D. Topics*, written solely round the work. It carries, too, a "scandal-sheet enclosure" with information about weddings and other social activities of the workers and even the doctors themselves. On at least one occasion the entire staff has been allowed time off to attend a short course given by other members on their own particular aspects. This even included the staging of a series of skits showing, among other things, imaginary conversations with difficult wives, and the tavern squad at work.

A new type of advertising has been tried recently with a movie juke box which alternates entertainment reels with V.D.-control messages. The complete show lasts ten minutes, and can be operated free by pressing a button. It was first used in the large municipal clinic to educate and relieve the tedium of waiting out-patients, and, in order not to interrupt the show, a blackboard was improvised to call the patients when treatment was due. Latterly it has been fulfilling a number of two-weeks engagements in the various billiards saloons in the city. The Medical Officer of Health gives luncheon addresses, which are carried by newspapers, and the radio is used for talks. On a broader basis, the American Social Hygiene Council as part of its widespread activity holds conventions on Feb. 7, which is National Social Hygiene Day.

To the British mind the first reaction to some of these ideas is one of surprise mingled with amusement. On consideration, however, it is readily perceived that it is all the logical pursuance of an accepted line of thought. Venereal disease must be reduced and stamped out. To do this, legislation is introduced, and to make it watertight the fullest publicity is given. It is both logical and realistic; but its results are disappointing. The number of gonorrhoea patients in Chicago V.D. clinics climbed from 892 in August, 1944, to 1,685 in August, 1945. This was partly attributed to the popularity of penicillin. However, the numbers of new cases of venereal disease are still rising. In New York, too, they are on the increase. It is said, though, that the rate of increase is less when compared with that during and after the war of 1914-18, and also that much of the increase is apparent owing to the greater and ever-increasing efficiency in tracing contacts and getting infected persons under treatment. When the peak is reached it will be interesting to see to what level the final figures attain as a result of the realistic programmes that are afoot. Meanwhile we must never lose sight of the trenchant observation of Stokes, as quoted by Rosenthal:

"Venereal disease dissemination take place in the period between infection and the institution of treatment control. It is not the patient under treatment who spreads disease, but the promiscuous individual before and after treatment. In other words, we must move against promiscuity rather than, or in addition to, disease."

[Note.—The views expressed in this paper are my own personal opinions and not necessarily those of any official body with which I may be associated.]

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LEAGUE OF RED CROSS SOCIETIES

At the 19th meeting of the board of governors of the League of Red Cross Societies, held at Oxford, recommendations of the advisory health committee of the League were presented by its chairman, Dr. Fred Routley. The part which the national Red Cross Societies might play in rehabilitation and also in the blood transfusion service was discussed. It was agreed that the rehabilitation and resettlement of the disabled is a form of humanitarian service in which Red Cross Societies in every country ought to take part in every way possible. It was recognized that rehabilitation is a continuous process, beginning in hospital and extending throughout convalescence, that it is an individual process, requiring adaptation to the need of each patient, and that it is a vocational process, related to the patient's future means of employment. It was agreed that members of Red Cross Societies should be prepared to take an active part in the work of rehabilitation by assisting the trained staff in hospitals and rehabilitation centres and by helping disabled persons in their own homes. Special reference was made to the rehabilitation of the tuberculous.

On the question of blood transfusion it was considered desirable that a Red Cross Society should not pay for any blood supplied to it by a donor, but that it should, by continuous publicity, point out to all citizens the great value of transfusion and their obligation in safeguarding the lives of others by ensuring an adequate supply of blood. Other recommendations were that in countries in which an adequate blood transfusion service does not exist Red Cross Societies should investigate the possibilities of establishing such a service under their own direction, and that there should be uniformity in the colours of the cards used to denote blood donor groups so as to facilitate international working; thus green might be chosen for universal donors (O), red for the AB group, and yellow and white for the A and B groups respectively. It was also recommended that in view of the part played by some Red Cross Societies in the control of epidemic and endemic disease an international meeting of experts in infectious diseases should be convened.

BRITISH ZONE IN GERMANY
NUTRITION AND DISEASE

While public comment on the health of Germans has been voluminous in the last few weeks, a dearth of published vital statistics has rendered much of it a matter of speculation. We therefore reproduce below three Tables (I-III) from the journal sponsored by the British Control Commission, the *British Zone Review* (Oct. 12, 1946, 1, 28). The figures are those officially accepted by the Public Health Department of the Control Commission.

TABLE I.—Vital Statistics for German Reich

Year	Birth Rate per 1,000 per annum	Death Rate per 1,000 per annum	Infant Mortality per 1,000 Live Births per annum
1938	19.6	11.6	60
1939	20.4	12.3	61
1940	20	12.7	Not available
1941	18.6	12.0	" "
1942	14.9	12.1	" "
1943	16	12.2	" "
1944	Complete figures not available		
1945			

TABLE II.—Vital Statistics for British Zone

1946	Birth Rate per 1,000 per annum	Death Rate per 1,000 per annum	Infant Mortality per 1,000 Live Births per annum
Jan.	9.8	15.4	136
Feb.	11.7	14.3	109
March	13.7	16.1	109
April	16.1	15.1	89
May	17.9	14.1	82
June	18.2	10.9	72

TABLE III.—Morbidity from Infectious Diseases: Incidence per 1,000 Population per Annum

	German Reich				British Zone	
	1938	1939	1941	1942	Last 6 Months 1945	First 6 Months 1946
Diphtheria	2.2	2.2	2.28	3.12	2.7	2.19
Scarlet fever	1.68	1.93	3.1	4.46	0.49	0.3
Pulmonary T.B. ..	0.89	0.91	1.31	1.41	0.73	1.01
Other T.B.	—	0.082	0.17	0.19	0.9	0.16
Cerebrospinal fever ..	0.027	0.078	0.053	0.031	0.01	0.01
Poliomyelitis	0.085	0.053	0.059	0.044	0.02	0.002
Typhoid	0.043	0.05	0.086	0.18	0.78	0.42
Paratyphoid	0.047	0.045	0.054	0.068	0.17	0.08
Dysentery	0.078	0.079	0.11	0.17	0.25	0.07

The difficulties in arriving at accurate figures are acknowledged by the Control Commission, not the least of them being the assessment of the population at risk. At the end of February of this year the population of the British Zone was approximately 21,500,000; on Aug. 31 it was 22,691,463; and at present it is about 22,750,000. About 5,000 illegal immigrants are entering the British Zone every week from the east, most of them in "very bad condition." In addition a small number of refugees are legally admitted.

It will be seen from Table II that the infant mortality rate is higher than it should be. Nevertheless, the figures for April, May, and June, 1946, compare favourably with those in many towns in the United Kingdom. In 1942 the infant mortality rate in South Shields, for example, was 83, in Sunderland 81, and in Merthyr Tydfil 82; and one need go no farther back than 1910 to find rates throughout the United Kingdom as high as the highest German figures.

Nutrition Surveys

Sample weighings of persons from all classes of the German population in the British Zone are carried out fortnightly, and the opinion held by the Control Commission is that there has recently been a slight, continuous, overall improvement in nutrition throughout the British Zone, except in Hamburg and Kiel, where the situation has got worse.

A survey of 1,200 factory workers was made at Mulheim in October, 1946. A standard body weight of 67 kg. (10 st. 9 lb. approx.) was taken, and it was found that 17.1% of workers weighed more than this, 82.9% less.