

SOCIAL HYGIENE AND VENEREAL DISEASE CONTROL *

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SOcial HYGIENE represents the greatest advance of any field of preventive medicine in the past 10 years. Ten years ago physicians were loath to treat venereal disease. Its control was left, with a few exceptions to the quack who played upon the ignorance and fear of his patients. Now some of the most eminent men in the country are engaged in research work and in treatment of these diseases. Outside of a few leaders, we did not know of the real effect of these diseases upon the nation and frequently those who did know, having little evidence from statistics to support their statements, were not accorded the whole-hearted support their project merited. When we realize that 10 years ago there were only 50 clinics for the treatment of venereal disease and that we now have 850 we get a striking demonstration of the progress that has been made.

Social hygiene, as its program has developed through many sources and been molded by countless influences, consists in the United States of four major enterprises. These are the promotion of recreation, that leisure time shall be used to advantage and that character development, including sex character, shall proceed under the most wholesome environment; of education, that a normal and wholesome attitude toward sex shall be inculcated together with other subjects, and that those who have passed beyond this influence shall be given information

to safeguard themselves and others against common errors in attitude toward sex and against venereal disease; repression, that the concern of society for the protection of the innocent and the punishment of the commercializer of sex shall have effective expression; and finally, treatment, that those who break through all these previous lines of special protection shall be harmed as little as possible and that the next generation shall be given every opportunity for normalcy in spite of disease in its ancestors.

There is no field of preventive medicine that takes into its scope so many and varied endeavors. In addition to the physician who treats the disease and the health officer who directs the operation of the quarantine procedures under it, we have a vast group of interested and intelligent aids to assist in the more thorough control of foci, and the prevention of contact.

Many of these agencies came to our assistance through the interest stimulated by our finding something of the truth of the infection rates. The nation was shocked and then sobered by the disclosures of the draft examination records. The health officer had at his service then a larger proportion of the intelligent interest and support of his community than he has ever had before or since.

In 1917, when I was commissioned in the Sanitary Corps and assigned to the Surgeon General of the United States Public Health Service for venereal disease control work, all the printed ma-

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terial on the subject found on file in the Bureau was 2 printed pamphlets, both on the technical phases of treatment, and a general article by Williams on "Syphilis, a Disease of Diminishing Severity." The advance from that negligible beginning to the work of the Bureau of Venereal Disease with its splendid program, the creation and functioning of the Interdepartmental Social Hygiene Board and the operation of a bureau of venereal disease control in the department of health of every state in the Union is amazing. To my knowledge, no similar progress has been made in any field of medicine and public health.

To Dr. William F. Snow, of the American Social Hygiene Association, more than to any other one person, belongs credit for both the vision to see, early in the unpleasantness with Mexico and thereafter, and the courage to fight for adequate measures on the part of the Army and Navy in this program.

General Order 135, announcing that "continence is not incompatible with health" and inculcating into army orders the principle that moral conduct of a high order is both reasonable and possible, was the most significant document issued by the government since the declaration of war.

INFLUENTIAL AGENCIES

Social hygiene has become a valuable aid to the medical control program of the doctor, the epidemiological program of the law enforcement officer and the character developing program of the educator.

At present the subject of sex is being presented quite naturally and normally in many colleges, universities and medical schools. This is not being done as a separate undertaking, but the facts and ideals based upon them are being fitted into their normal place in life. Perhaps there may be in some quarters a little overemphasis. This is but natural, since some of the teachers must as yet be inadequately prepared to deal with the sub-

ject, because their own training has been incomplete. The coming generation will have a much saner attitude toward sex than the present one. The one in which we live has a much more balanced attitude toward it than has had any other in America.

Unless the health officer continues his leadership, the privilege of directing this movement will not be his. Starting as a program in treatment, developing into a program for preventive medicine, it is rapidly becoming a program for community and individual hygiene. Because of the moral considerations the educator, the minister, and that new but very valuable aide in public health, the intelligent and interested volunteer, have been accorded a very generous place at the movement's policy forming councils. Teachers, parents, leaders of clubs of various sorts—all have a program which touches this field at some point.

SCOPE OF SOCIAL HYGIENE PROGRAM

There is, of course, a question as to how far the health officer can go along the course the movement seems to be taking. More and more it is going into the field of protective measures, of psychology, of recreation, of working conditions, and of the thousand forces that motivate conduct. In such a program sex is but a part of the whole. Sex, while it lies close to the well springs of motivation, is after all but one of the forces that move us. When we have placed it with other forces and when we have caught a vision of the whole we will see social hygiene as it should be.

The volume of venereal disease is an accurate measure of the failure of the preventive program. When recreation, education and repression fail, then comes disease. If we are right in our belief that recreation plentifully provided and wisely supervised can really strengthen character and inspire to higher levels of moral conduct; if our conclusion, which appears to be amply supported by records,

that repression of prostitution can really lower the number of contacts and therefore the rate of infection; and if we can demonstrate that education, both that consisting of pure information and that in which this is motivated by emotions that strengthen the operation of the conclusions secured through it, then we can truthfully say that the bare mechanics of treatment of disease are of slight importance.

While there is every reason to believe that the disease rate has been materially reduced we have no means of knowing the relative effect of the several influences that have been at work toward this end.

HEALTH DEPARTMENT AND VOLUNTEER GROUPS

The impetus given to venereal disease control by state health departments has lessened very appreciably since funds are no longer available from the federal government. The position of leadership is being challenged by organizations with

many interests. If our claim that the health department should guide this program be a true claim, the department must hasten to integrate into its present program the interest and support of many groups now too generally outside its consideration.

One of the greatest needs the health administrator has at the present time is a plan for intelligently interpreting to these willing, intelligent but comparatively untrained groups of citizens, the real truth about his program and his problem. We know more than twice as much as we use. We could use much more of what we know if we developed some really effective plan for interpreting it. Health information which, if used, could have lengthened the span of life many years, has lain in health department files accumulating only age and uselessness. Our job is to make it vital and interesting. In no field is this truer than in venereal disease control.

STANDARDIZATION OF THE WASSERMANN TEST*

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IN THE REPORT presented to this committee in 1924,¹ it was proposed that coöperative studies be undertaken of a number of subjects requiring investigation in connection with the standardization of the complement fixation test for syphilis. During 1925, work was

started on the first problem suggested in that program, the study of representative antigens used in this country and abroad.

As a first step, it seemed necessary to determine whether or not any of the antigens in use approached the requirements of a standard. A few antigens were selected, therefore, of the types recently found to give particularly accurate results, and arrangements were made to test them, parallel with those routinely employed in the following 7 laboratories:

* Abstract of the progress report of the Referee and the Sub-referee on the Standardization of the Wassermann Test presented to the Standard Methods Committee of the Laboratory Section of the American Public Health Association at the Fifty-fourth Annual Meeting at St. Louis, Mo., October 19, 1925. The complete report appeared in the *American Journal of Syphilis*, January, 1926.