

Joseph Earle Moore, M.D., Johns Hopkins University Medical School, to Dr. Taliaferro Clark, Assistant Surgeon General, September 28, 1932

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Doctor Taliaferro Clark, Assistant Surgeon General
United States Public Health Service Washington, D.C.

Dear Doctor Clark:

I have given considerable thought to the problem which you raise of the investigation of the course of untreated syphilitic infection in the negroes of Macon County, Alabama. You state that there are in this county about 8000 negroes in a rural area far removed from medical care, and that Wassermann surveys have shown about half the adult population to be infected with syphilis. In order to study the effects of treated syphilitic infection with any accuracy, it would be necessary, it seems to me, to survey the entire adult male population of this county without reference to whether or not their blood Wassermanns were positive or negative. This inclusion of all males is essential, because of the fact that the spontaneous evolution of untreated syphilis may lead to the spontaneous production of a negative Wassermann reaction in a considerable proportion, perhaps twenty-five per cent, of cases. If you rely on a Wassermann survey only, you will miss this group entirely when, as a matter of fact, they may prove to be the most important group of this lot.

Second, the study should be limited to males since only males as compared with females can usually give a definite history of infection.

Third, it should be limited to males who can give a definite history of infection so that the duration of syphilitic infection can be dated with at least approximate accuracy.

Fourth, it should be limited to males over the age of 30 so as to obtain the clinical material composed of patients who have had syphilis for 10 years or longer.

I visualize the selection of this material somewhat as follows: It may be necessary to do a Wassermann survey on the entire population of the county, men, women and children. At the time this Wassermann survey is made, males over the age of 30 should be carefully questioned for a history of syphilitic infection. A history should be accepted as positive only if it includes a story of the lesions of secondary syphilis following at an appropriate interval after a genital sore. A mere history of a penile sore only would not be adequate, inasmuch as the average negro has had as many penile sores as rabbits have offspring. Furthermore, the patient should be able to date, at least with approximate accuracy, the onset of his syphilitic infection. And finally, there must be a definite history of the absence of anti-syphilitic treatment. Patients who have been preciously treated should be excluded from the detailed survey. I should imagine that in going over the entire 8000 population you might find perhaps two or three hundred males in whom such an

adequate history could be obtained. These patients should be selected for special study and the remainder completely disregarded.

In the patients selected for special study, a complete medical history should be taken and a complete physical examination carried out. The history should lay particular stress on the possible occurrence of bone or cardiovascular symptoms, since involvement of these two systems is specially common in the negro. Under the head of the symptoms of cardiovascular syphilis, each patient should be specifically questioned for the presence of dyspnea on exertion, paroxysmal dyspnea, nocturnal or otherwise, and substernal pain.

From the physical standpoint, particular emphasis should be laid by the examiner on the following features of the examination:

- The pupils
- The fundus of the eye
- Simple hearing tests for air and bone conduction (Watch and tuning fork).
- The reflexes
- Deep pain sense in the Achilles' tendons and testes
- Generalized enlargement of the lymph nodes
- Inspection of palpation of all accessible long bones and the skull
- Complete examination of the skin and mucous membranes of the stripped body for lesions or scars (note particularly the palms and soles)
- The presence or absence of retrosternal dullness
- The presence or absence of an accentuated tympanitic bell-- - like aortic second sound, especially in patients without hypertension or peripheral arteriosclerosis
- The presence or absence of visible or palpable pulsation in the episternal notch
- The presence or absence of cardiac murmurs, particularly in a systolic murmur in the aortic area or a diastolic murmur down the left sternal border.
- The blood pressure
- Palpation and percussion of the abdomen with particular reference to the size of the liver
- Inspection of the genitalia for scar and palpation of the scrotal contents

In addition to these physical investigations, which should be specifically noted, both in positive and negative form, the following laboratory tests should be carried out:

- Urine
- Blood Wassermann
- Spinal fluid
- Teleroentgenographic and fluoroscopic examination of the chest

It is understood that this very detailed study will be applicable only to a very small group of the inhabitants and that the remainder may be dismissed with a Wassermann survey and subsequent anti-syphilitic treatment when the Wassermann is found to be positive. It is also understood that where such outspoken lesions as tabes, paresis, aortic insufficiency, aortic, aneurysm etc., exist, it will not be necessary to provide the details of all of the physical findings suggested above. Positive or negative statements as to such a minute examination are intended to pick up particularly those patients with minor abnormalities in the central nervous system and those with syphilitic aortitis uncomplicated by aortic regurgitation or aneurysm.

I think that such a study as you have contemplated would be of immense value. It will be a necessary of course in a consideration of results to evaluate the special factors introduced by a selection of the material from negro males. Syphilis in the negro is in many respects almost a different disease from syphilis in the white. If I or any of the members of my staff can be of any further service to you with reference to this proposed investigation, I should be only too glad to have you call upon me, either for advice or for more concrete assistance.

Respectfully yours,

JEM:G

United States Public Health Service Division of Venereal Diseases, Record Group 90 (1918-- - 1936), Box 239, Folder 1, Macon County, National Archives.