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## THE "V.-D." PATIENT

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FROM time to time there have appeared various articles dealing, rather superficially it is feared, with the psychology, mentality, alcoholic habits, education on venereal diseases, economic status, race, occupation and what-not of the patient suffering from syphilis or gonorrhoea. Unfortunately most of these studies have been made where large groups of individuals could be conveniently collected, as in the armed service, or in the clinics, and have totally ignored the private patient. In other words the individuals studied have all been those living under an approximately similar environment, that is on those who lived more or less en masse, and who were largely deprived of the benefits of home life. So far as the author is aware, up to the time this is written, there has never been any carefully controlled study to show what may be the beneficial effects of home or religious training, of the exposure to social hygiene teaching in the broad sense, of the effects of liquor, or of the intelligence, character or sexual habits of the patient. We do know that the prevalence of these diseases is disproportionately high in certain races, in prostitutes, both public and private, and also in the younger age groups, and in those of poor economic status. Practically speaking that is all that we do know.

After many years of active practice, both private and in the dispensary, the author believes that patients suffering from venereal diseases can be divided into several great groups:

1. Private patients, who, of course, vary greatly in all of the particulars mentioned in the first sentence of this paper.
2. Dispensary or hospital patients.
3. Members of government services who live either abroad or in the United States under distorted social conditions. These persons are seen either as private or clinic patients.
4. Innocently infected persons.
5. Persons whose only sign of syphilis is a highly conflicting serology, and are apt to be false positives.

\*Editor's Note: Dr. Hazen is Chairman of the Advisory Committee on Public Education for the Prevention of Venereal Disease of the United States Public Health Service. He has served for many years in furthering social hygiene and in the prevention and cure of the venereal diseases.

Among private patients are seen: (a) members of high or low political, diplomatic, trained scientific services, or of the armed forces; (b) literary or scientific persons connected with university life; (c) members of all professions; (d) students, even those of high attainments; (e) business men; (f) "clerks," and the rank and file of business or government; (g) high grade prostitutes, both married and single; (h) the innocently infected ones, as the congenital syphilitics, those who have had extragenital chancres, not always so innocently acquired, and those who have been infected by their wives or husbands. The innocent infections are usually estimated at about fifteen per cent.

Since Surgeon General Parran has brought venereal diseases into the open there has been a marked change of attitude on the part of the patient, particularly the syphilitic, towards his disease. Some twenty or more years ago these patients frequently felt as though they had been branded with the mark of Cain, and their morale required the most careful bolstering. In addition they sadly lacked a sense of security. At least four of my patients, during this early period, committed suicide. In the last two decades no such tragedies have occurred, although there is often some dread as to the final outcome.

It should be remarked that before the "Parran Period" the vast majority of venereal disease patients attending the clinics accepted their infections more or less as a matter of course, and only an occasional one, especially one of a higher economic or intellectual type, was much disturbed. Probably a more careful study of these patients would have shown more mental disturbance than the author's remarks would indicate.

The question immediately arises as to the results of the various rapid treatment with sulfa drugs and penicillin upon the sexual habits of those treated. It is to be feared that the literature extolling the result obtained has been entirely too optimistic. Certainly there has been an appalling number of new infections with both syphilis and gonorrhoea. There is a tendency to regard gonorrhoea as less serious than a common cold. It would be interesting to compare the new infections with the education given at the rapid treatment centers, at which they were treated.

The attitude of the physician handling any of these patients is of the utmost importance. They must be treated as sick individuals, and not not forced to listen to a series of "smutty" stories, or promises, too often false. The physician must be firm and dignified, and take the responsibility both for treating the disease and the domestic or social complications that may ensue. Patients are usually very grateful to have some one help bear their burdens. The attempt must always be made to educate the patient as to the dangers of illicit sexual intercourse, and this is often extremely difficult once he is past the "bromo-seltzer" stage of repentance, when he is only too glad to promise anything. We must remember that the sex urge is a most powerful one or the human race would die out. Also



the emotions are always prone to dominate the intellect, very few of us are pure "thinking machines." The mass hysteria that invariably results from a war scare, an election, or a great mass tragedy is sufficient proof on this point. The number of infections that occur among medical students, physicians, trained nurses, and even the staff of social hygiene societies is thus explainable.

The author has spent hours in attempting to show a patient the value of self-respect, the dangers of illicit intercourse, and in suggesting possible ways of sublimating the sex urge into other channels only to have the patient return in a week or two in a badly frightened condition. This is true among all classes of the young, no matter how educated. This moralizing is, of course, no excuse for not continuing our attempts to educate, which may alleviate our mental anguish when we fail to accomplish the desired results. In the older private patients education seems much more effective.

Another grave duty of the physician is to trace "sources" and "contacts." This must be done with great tact. Contacts should be warned somewhat as follows: "You may have been exposed to a dangerous, contagious disease. For your own protection you should report to your own physician, or to the . . . . clinic."

Innocently infected persons are often very bitter against those whom they believe have infected them, and to some extent against the world at large. They sometimes become almost paranoid, believing that those with whom they come in contact recognize some trace of the disease in them. To properly reassure such individuals may require the services of a trained psychiatrist.

Persons, who, as the result of a more or less routine blood test, are found to have a positive reaction with some tests negative and other tests positive afford a real problem. Some venereal disease control officers, with little judgment, hound such unfortunates with a series of follow-up letters so that they are tried almost beyond the limits of human endurance, despite the fact that some conscientious physician is trying to solve the riddle by repeated serologic tests, other laboratory aids, and physical examinations. Such patients test the skill and adaptability of the practitioner to a very great degree.

To summarize briefly, venereal diseases are most frequently acquired by the young in whom the sex urge is strongest, and by the under-privileged, the victims of adverse economic conditions. Among private patients the diseases are found in all classes, apparently irrespective of economic status, character, education or religion. The method of approach of the physician to these patients is of the utmost importance. Education of persons past thirty is easier than in the younger groups.