

THAT BRUTAL TUSKEGEE EXPERIMENT

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Like a proverbial "bad penny," the Tuskegee Study keeps turning up as subject material in syndicated news columns. The story was first publicized by *TIME Magazine* in August 1972, and since then, whenever the urge to take another swipe at American medicine becomes overpowering, it is replayed anew. Last month, Ernest B. Ferguson, writing out of Washington, was outraged that an ad hoc Congressional committee investigating the Tuskegee experiment was holding meetings in secret. The implication was that another cover-up was in progress.

Ferguson describes the study as one "in which several hundred black men were used as guinea pigs to determine (by autopsy) just what happens to the human body when syphilis is allowed to go untreated for years. He deplores the fact that penicillin was never given to the "suffering men" and that, by July 1972, only seventy-eight of the original four hundred were still living. (By this time, the youngest would have been 65, the oldest pushing 95). The experimenters "knowingly let several hundred innocent men suffer and die, even after medicine that might cure them was commonly available."

Sounds pretty gruesome, doesn't it? However, after thinking about the situation, we've decided that there were several factors operating in this particular study that were certain to elicit a knee jerk response in all writers of liberal persuasion. First, there was the obvious racist appeal (black men and genocide); then it involved underprivileged, rural poor. It happened in the Deep South (Alabama, home of George Wallace and Bull Connor); and finally, it was perpetrated by an agency of American medicine. Any one of these factors is guaranteed to stir emotions in the breast of any righteous liberal. To have all four in operation at once is almost too good to be true.

The slant of nearly all reporting on the Tuskegee affair intends to portray a group of sinister doctors (criminally equivalent to Nazi human experimenters) deliberately setting out, in curiosity alone, to conduct a nefarious experiment on ignorant and oppressed blacks. It is quite clear that Mr. Ferguson, like many of his fellow writers who delight in this story, has no idea at all about how the study began or about syphilis as a disease; nor did he take the trouble to read any of the "unsecret" study reports that were and are available in reputable medical journals.

We don't intend here to confuse Mr. Ferguson with facts since his mind seems already made up, but just to clear away some of the confusion, we'll try to outline what did occur and leave judgment to others.

The original study was patterned after and was essentially a repeat study of an

investigation carried out in Norway over a twenty-year span at the turn of the century. In Norway, treatment was withheld from 1,978 syphilitic patients between 1891 and 1910, with a follow-up report on this same group in 1929. (As an aside, there are no black Norwegians and, of course, it is a liberal axiom that Scandinavian medicine is the world's best.)

The Tuskegee Study was begun in 1932 by the U.S. Public Health Service as a project to investigate further the natural course of untreated syphilis.

Following a routine serologic survey of 1,782 Negro males over the age of 25 in Macon County, Alabama, a group of 399 seropositive, untreated Negro syphilitic men was found. All of these men were in the asymptomatic, latent phase of the disease and all of them, at the time, had had syphilis for three to nine years. None of these patients was prevented from obtaining treatment if he desired it, and, in fact, in the next report on the study (1944) a considerable number had been dropped because of having received anti-syphilitic treatment in the interval.

The standard treatment for syphilis between the years of 1932 and 1944 was the prolonged arsenical heavy metal routine; four or more courses of weekly intravenous arsenical injections alternating with intramuscular bismuth or mercury injections over a total of sixty or more continuous weeks. Anyone with past experience working in the venereal disease clinics of the 30s will attest to the fact that this was a rugged test of endurance. The arsenical reactions and dermatides, along with heavy-metal side effects and poisonings were so disagreeable and debilitating (and occasionally, fatal) that only a determined few of those starting treatment ever had the courage to finish. In addition, this arsenic metal routine was just the accepted treatment for *early* syphilis. The effectiveness of its use in *latent* syphilis as a preventive against *tertiary* syphilis—particularly when balanced against side effects—was highly controversial. The comment of one noted syphilologist in that era was, "If the patient has had syphilis for twenty-five years without clinical disease, he is to be congratulated, not treated."

The efficacy of penicillin therapy in the treatment of acute (primary and secondary) syphilis was established early. It became available for general use in the treatment of early syphilis first in 1948. Its use in the treatment of latent disease at that time (and for several years more) was completely unsettled. In fact, because of the limited supply of penicillin and the obvious need for it in acute cases, the SPHS [what is this? There is an organization using these initials that doesn't seem pertinent to the topic. Could it be Society for the Prevention of Human Suffering?] was not permitted to experiment with it in the treatment of late syphilis.

Although it has been shown by now that penicillin therapy given during the latent phase of syphilis may delay or avoid the complications of cardiovascular syphilis (the major cause of late morbidity and mortality), it is still controversial as to whether it has any significant effect on syphilis that has preexisted for twenty to twenty-five years.

In 1948, when penicillin became available, the "untreated" patients in the Tuskegee Study had already had syphilis for nineteen to twenty-five years. The fifth follow up paper in 1954 reported that of the 133 patients still under observation, an additional thirty-four had received treatment on their own and were excluded from the study.

The last published paper in 1964, evaluated the findings after thirty years in comparison to a control group. After thirty years, 59% of the syphilitic group was dead, 21% alive, and 20% lost to follow-up. The control (non-syphilitic) group showed 45% dead, 35% living, and 20% untraced. Among the ninety living syphilitics examined at that time, 96% had obtained treatment elsewhere for the disease.

In an unpublished report of the forty-year follow-up (1972), all but one of the syphilitic groups still living had had treatment.

The facts about the Tuskegee Study then are not at all sensational and show that it was a routine type of scientific study. While no treatment was forced on the patients in the study group, at no time was any patient denied the opportunity of receiving treatment and, as the periodic reviews revealed, more and more of the subjects did choose to be treated through other sources available in the area as the study progressed.

The study confirmed the findings of previous studies on untreated syphilitics and showed, actually, that the prognosis of patients having late, latent syphilis in the study group was "no better or worse than that of many hundreds of thousands of other syphilitic U.S. citizens of their generation bearing the diagnosis of late, latent syphilis."

Unfortunately, the "brutal" or the "infamous Tuskegee Study," as it is usually called, already bids to become ranked with "our disgraceful infant mortality rate" as a condemnatory convenience firmly established in the lexicon of liberalism; a permanent new weapon to use against "organized medicine." Like the favorite, chewed up, sponge rubber ball of a faithful retriever, it will be brought back, newly slobbered over, time and again and dropped at the public's feet.

Along with Mr. Ferguson, we see no need for secrecy in any investigation of the Tuskegee Study. Unlike Mr. Ferguson, however, we've never seen any reason for a committee, Congressional or otherwise, to investigate it in the first place.

