

5-1-1982

## [Book Review of] *Bad Blood*, by James H. Jones

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### Recommended Citation

Diamond, Eugene F. (1982) "[Book Review of] *Bad Blood*, by James H. Jones," *The Linacre Quarterly*: Vol. 49 : No. 2 , Article 11.  
Available at: <https://epublications.marquette.edu/lnq/vol49/iss2/11>

may hold and defend a certain view with passionate intensity. But there is another task — a demanding ethical task — which involves contributing to a feasible social and political policy on these vital dilemmas. Anyone who has been seriously involved in such a task will admit how perplexing it can be, even to find a way of proceeding.

The author has faced up to this problem and suggests a "policy process." The mechanism he proposes calls for three basic features: 1) credibility and dignity to match the profundity of the subject; 2) a suitable gathering of expertise; and 3) appropriate public access and participation. On the basis of experience gained from earlier discussions, he proposes a more detailed program of consultation.

A valuable appendix contains the Report of the Ethics Advisory Board of the Department of Health, Education and Welfare. This gives a useful outline of a variety of positions on the ethical and legal issues.

For anyone with a serious interest in these vital matters, this book would be well worth acquiring.

— Brian V. Johnstone, C.S.S.R.  
The Catholic University of America

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## ***Bad Blood***

James H. Jones

*The Free Press, Macmillan, New York, 1981.*

In order to comprehend how the scandalous Tuskegee Syphilis Experiment could have been sustained for 40 long years, it is necessary to understand the mystique surrounding research in general in the American medical establishment. Research, of whatever quality, has been accepted as conferring a kind of intrinsic nobility upon those who pursued it. In the mid-20th century especially, research attained its zenith as a preferable choice to mere patient care. The National Institutes of Health galvanized a bloc of heavily endowed deans and department heads who were lavished with the exorbitant federal largesse of the 1950s and 1960s. The ideal dean was a Nobel laureate; the ideal department head was an M.D., Ph.D. who had never left his laboratory to condescend to attend a clinic. The economies of survival were inevitably intertwined with the ability to compete for federal research funds, and clinical journals were co-opted as places where the most pedestrian projects could be "recorded" to justify a grant. When voices were raised against vivisection-type experiments carried out on liveborn aborted infants, the protesters were characterized in a major medical journal as preachers of "Know-Nothingism."

The Tuskegee study involved 600 men from Macon County, Alabama, followed over a period from 1932 to 1972. Only men in the tertiary stage of syphilis were selected for the study since the purpose was to study the late complications, including the fatal complications of the disease. No real pretext of informed consent was ever attempted. The subjects were mostly poor and illiterate, and the U.S. Public Health Services offered various incentives including free medical care, free transportation, meals at the clinic and a guarantee of burial stipends to be paid to survivors. The latter inducement was a powerful one to impoverished Southern blacks whose constant preoccupation was proper burial. There is some evidence that the study was really portrayed as membership in a burial society.

The title of the book, *Bad Blood*, was the term used to subjects to describe their malady, but it is not clear that everyone understood the significance of a black vernacular term for syphilis. Macon County, Alabama, was chosen as the site for the study because of the incredible prevalence of syphilis. Thirty-five percent of black males in the county were infected with syphilis — mostly among the illiterate sharecropper and unskilled laborer population. Although there were some widespread racist notions about the uncontrollable sexual promiscuity of Southern blacks, it is evident that the motives of the early participants in the study were aimed at improving the control of syphilis in rural areas. The model for control was to be the success of urban clinics in the North.

The methods of therapy available in the early stages of the study were admittedly of dubious effectiveness. Neoarsphenamine given intravenously was the most effective treatment, but patient compliance, in this population which had no previous experience with the continuity of medical care, was not reliable. Crude methods of therapy such as mercury administered by inunction were often relied upon. When administered properly by prolonged skin massage, mercury was of dubious value. The methods settled upon, including the wearing of mercury-impregnated belts, were probably totally without therapeutic effect. In 1946, however, an effective and easily administered form of therapy became available with the widespread use of therapeutic dosages of penicillin. The continuation of the Tuskegee study in an era of effective treatment really defies understanding and remains the most culpable and incomprehensible aspect of the entire study protocol. The book builds the case against the study team in a thorough and detailed manner.

It cannot be claimed that the continuation of the study was an aberration attributable to incompetence since much of the planning was done at Johns Hopkins Medical School, and a succession of distinguished public health officers continued to review and participate in the study and to report on its progress to the Rosenwald Foundation which was its prominent private funding source. Objections to the continued withholding of treatment began in the early 1950s and reached their peak in 1969 with the convening of a blue-ribbon panel to evaluate the study. Moral and ethical objections raised by Dr. Gene Stollerman, then chairman of medicine at the University of Tennessee, were overridden by strict risk-benefit standards and the study went on for three more years with an untreated study group. By the end of the study there were only 120 known survivors with about 500 subjects presumed dead. In 1973, Federal Judge Frank Johnson awarded a \$10,000,000 compensatory settlement to all known survivors and heirs of non-survivors.

This well-written document illustrates again the necessary technique of defining the subjects of immoral experimentation out of existence. The black subjects of this experiment were regarded as subhuman just as were the Jews in the research at Dachau. In more recent years, the "fetus-ex-utero" became the "subhuman" pawn of the unethical perinatal investigators, and the "subhuman" retardates at Willowbrook became the lab animals for hepatitis vaccine. The indignation expressed over the Tuskegee study was not heard when ivory-tower scientists carried out highly questionable research on "back room" psychotics in Manteno or when the colleagues of Dr. Edelin used unborn children for illegal drug trials. It took 40 years for the sharecroppers of Macon County to attain their dignity. Hopefully, it will not be that long before a human life amendment restores protection to another class of human subjects who lost their sanctuary through federal regulations on fetal experimentation.

— Eugene F. Diamond, M.D.  
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