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## SYPHILIS IN THE HEADLINES

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The present activities of the National Anti-Syphilis Committee of the American Social Hygiene Association have certain aspects of particular interest and importance to the Catholic physician. This is so for several reasons. First, the traditional attitude of embarrassed reticence about venereal diseases is thought by many to be religious. Second, because here as in obstetrics and gynecology prophylactic measures in conflict with divine law are sometimes recommended. Third, because the Catholic physician can easily forget that he has an even greater obligation than his non-Catholic colleague in working for the attainment of the chief purpose of the "War Against Syphilis," since he has greater aids at his disposal for the encouragement of chastity, and he is bound by the law of charity.

## ATTITUDE TOWARD VENEREAL DISEASES

It is not necessary to describe to physicians the traditional attitude toward venereal diseases and the sufferers from them in our present culture. It is this attitude which has given occasion for the present campaign. This attitude, as all know, has caused many victims of the diseases to neglect or avoid proper treatment. It has led to the infection of many inno-

cent wives and husbands, as well as of infants, before, during and after birth. It springs from the fact that syphilis and gonorrhoea are commonly spread by extramarital sexual intercourse of which most people are ashamed, and rightly so. The attitude, however, represents an extreme, and like most extremes, is not entirely correct. The first step in the present campaign was to make syphilis and gonorrhoea mentionable on the press and on the radio. The success of this step was hailed with joy. It is of interest to observe that the unmentionability of the venereal diseases can be traced to Puritanism rather than to Catholicity. The Church, following St. Paul, forbids the "mention" of impurity of all kinds, that is to say, the approbation of it, but mentions it very emphatically with disapproval. She says nothing, however, which can be construed as forbidding the mention of disease. In fact, she prescribes what all know to be the most practical method of avoiding these particular diseases.

The Catholic physician should be the leader in the campaign to change the traditional attitude toward those suffering from venereal disease. Following the example of Christ, he should protect both the innocent and sinful victims from cruelty, harshness, and

useless reproach for past sins which may discourage recourse to treatment. He is obliged by his religion and by his profession, to practice the works of mercy. His obligation to instruct the ignorant, to counsel the doubtful, to comfort the sorrowful applies to the actual and potential victims of venereal disease in common with those of all other diseases. He should therefore take an active part in teaching the people the facts with regard to the infectious nature of these illnesses and the common manner of contracting them. He should teach them the importance of correct and adequate treatment by competent physicians in case the diseases are contracted. He should teach that syphilis and gonorrhoea could be eradicated by the universal practice of chastity both in and out of marriage. He should teach the obligation of justice in regard to marital fidelity, in regard to protecting husband or wife from infection by an adulterous spouse, in regard to prospective brides and grooms acquainting each other with existing infection and undergoing adequate treatment before marriage, and in regard to protecting children from infection.

There is always the danger of reacting to one extreme by turning to its opposite. The pendulum swings. We are witnessing this process in some of the activities of the present campaign. In the absence of any reference to the moral and supernatural obligation to chastity, the "new" frankness

in speaking about venereal disease can easily be interpreted as condonation of extra-marital intercourse. Knowledge alone does not completely deter people from exposing themselves to infection. In the confusion of false doctrines regarding human nature and society, youth today grows largely in an atmosphere discouraging to self-restraint, surrounded by sex-stimulating influences of stage, screen, press, and even psychology and sociology falsely so-called. In emphasizing the occurrence of syphilis and gonorrhoea "innocently" contracted, there is danger of imparting the mistaken impression that more than a small minority of cases are innocently contracted. To impart falsehood can only undermine the ultimate good of the campaign. It is the duty of the Catholic physician to keep the attitude toward disease and patient normal, to prevent exaggeration and to introduce the influence of true morals and true religion. Incidentally it is difficult to appreciate what advantage is to be gained by decorating, as has been done, the pages of newspapers and magazines with pictures of debutantes and matrons subjecting themselves to Wassermann tests.

#### SOME GENERAL PRINCIPLES GOVERNING OBLIGATIONS OF PHYSICIANS

Physicians are bound by certain obligations of divine law, some of which are duplicated in civil law. Catholic physicians who do not

fulfil these obligations, sin more seriously than those who do not have the guidance of the True Church.

They are bound in charity to give medical care to patients if no other is available to give it.

They are bound in justice to give adequate care to those whom they accept as patients. To enable themselves to do so they must keep themselves informed of progress in medical knowledge and skill.

They are bound to use no dangerous novel methods of treatment which are in an experimental stage of development without the consent of the patient.

They are bound to use only methods of treatment or prevention which are consistent with divine law, natural or revealed.

They are bound to respect the confidence of their patients and preserve secrecy regarding anything that would injure their reputation.

#### APPLICATION OF THESE PRINCIPLES IN THE ANTI-SYPHILIS CAMPAIGN

The application of these principles to the matter in hand is very simple. Courage and good will in acting according to them is sometimes lacking.

Catholic physicians should keep themselves informed about methods of recognizing, treating and preventing syphilis and gonorrhoea. They should use this knowledge to educate and care for the people under their care, at least to the

extent of referring patients to competent physicians if they themselves do not wish to treat them. They should avoid carelessness in treatment and should warn their patients about the necessity of long continued "checking up," especially in cases of syphilis. Patients contemplating matrimony should be instructed not to marry while the disease is communicable and to inform the prospective spouse of existing disease and danger. Married patients should be warned not to have intercourse while the disease is communicable. It is not morally right to use contraceptives to avoid communicating venereal disease. "The Catholic Church . . ." says Pius XI in his Encyclical on Christian Marriage, "raises her voice in token of her divine ambassadorship and through our mouth proclaims anew: any use whatsoever of matrimony exercised in such a way that the act is deliberately frustrated in its natural power to generate life is an offense against the law of God and of nature, and those who indulge in such are branded with the guilt of grave sin." Continence is necessary in the case of communicable syphilis or gonorrhoea, as it is in the case of typhoid or tuberculosis. While we campaign for the recognition of these diseases as diseases, let us not be led into regarding them as giving the patients more rights than other diseases give them. Patients in whom the generation of congenitally syphilitic children can be foreseen

should also be warned to practice continence until such likelihood is passed. I am not unaware of the difficulty of carrying out such instructions, but it is no greater than is to be expected in many other diseases and no less necessary.

In planning legislation for the control of syphilis and gonorrhoea, it should be kept in mind that education of both the profession and the laity cannot be accomplished by legislation alone. The reporting of these diseases by (the patient's) name in all cases, with the follow-up to be expected, is only too likely to result in the increased patronage of quacks, as well as injury to reputation. It seems hardly necessary to subject all candidates for matrimony to examination for venereal disease, although there is nothing morally wrong in such a procedure, and even less necessary to have Wassermann test parties for groups of young people.

In the use of propaganda to educate the public, the truth should not be distorted or exaggerated. Information regarding the infection and means of communication need not be accomplished by moving picture entertainments and press reports which stimulate the youthful sexual ap-

petite and leave the mind with phantasies which are attractive in spite of the disease picture. Above all, appreciation of the value and beauty of chastity, marital and extra-marital, should be restored. Sanctifying grace, personal honor, the welfare of family and nation, the love of friends, are more important than life and health and should not be sacrificed, even on the altar of Aesculapius.

#### CONCLUSION

The purpose of the "War Against Syphilis" is an excellent one. Every Catholic physician should do whatever lies in his power to help eradicate these diseases. In doing so, he not only can help it, but he can make a more valuable contribution to its success than any of his colleagues. He can strike boldly and accurately at the root of the problem. He can bring to it the ancient and almost forgotten weapons of grace and respect for chastity, still as powerful as ever. He can leaven it with the whole truth, which knows no fear and therefore does not fear to mention grace and chastity any more than to mention syphilis and gonorrhoea. If he brings to it the heritage of the Faith, he can keep it sane.

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