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SOCIAL PROBLEMS RELATING TO NEUROSYPHILIS.

Margaret Eleanor Moffit.

August 1920.

# SOCIAL PROBLEMS RELATING TO NEUROSYPHILIS

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## SOCIAL PROBLEMS RELATING TO NEUROSYPHILIS.

In attempting to discuss more or less completely the possibilities of social service in any one of its many applications, it is necessary to limit one's self to one type of problem.

There are at least two points of attack in any such problem:-

1. The different types of social problem associated with one particular group of nervous or mental diseases.
2. One particular social problem associated with many types of nervous and mental disorders.

In this paper the subject will be treated from the first point of view, in an endeavor to point out some of the more important social problems that have been found in that group of cases in which syphilis was the etiological factor.

This paper will be based upon a study of sixty case records chosen at random from the Syphilis Clinic at the Psychopathic Department of the Boston State Hospital. Wherever possible the study of these case records was supplemented by House, Out Patient, and intensive social service records.

It is necessary first to define certain medical terms included under neurosyphilis, and also to show the social significance of the disease.

"By neurosyphilis is meant syphilitic involvement of the central nervous system." <sup>1</sup> It includes such entities as general paresis, tabes and cerebrospinal syphilis.

General paresis, Dr. W. A. White defines, as an organic disease of the brain of an inflammatory and degenerative nature, involving in the main the leptomeninges and the cortex and manifesting itself by certain physical symptoms and a progressive mental deterioration, upon which may be engrafted various other symptoms of mental disturbance. <sup>2</sup>

This disease is rated as ranking ninth in the causes of death among all diseases. The patient may live a period of two years, maybe five years but that is uncertain. Mental symptoms may develop without previous subjective symptoms suggestive of syphilis, ten or fifteen years after the patient has been infected. The early symptoms of this disease should be looked upon carefully because critical social problems are very apt to arise. A character change in the adult may be the first symptom noted. The patient's judgment usually begins to fail, he may make bad investments, begin drinking, or become irritable. Very often the family situation may

1. Solomon, M. H. "Social Work and Neurosyphilis" p. 93
2. White, W. A. "Outlines of Psychiatry" p. 132

not be one of harmony because the family do not understand the patient's condition.

After the disease has been recognized two courses of action are evident, either commit the patient or allow him to remain in the community.

If the patient is to remain in the community, the problem of caring for him at once arises, and this is where the social worker can be of real service in helping the patient to make adjustments.

In juvenile general paresis all of the usual signs of paresis, both clinical and anatomical are found. <sup>1</sup> White says that this disease usually occurs in children, one or both of whose parents have had syphilis. <sup>2</sup> The disease usually comes to notice at about twelve or fourteen years of age. The child is dull in school, a progressive mental decay takes place, usually of the simple dementing type. The child finally loses all of his school knowledge and the dementia becomes profound. There is also stumbling, and clumsiness in walking, and these motor symptoms steadily progress. Commitment is often necessary.

Tabes, (locomotor ataxia), DR. A. R. Diefendorf differentiates <sup>3</sup> from paresis by the fact that the disease process is not progressive. The grade of deterioration in tabes remains at a standstill, and further more attention and memory is not disturbed to the degree that it is in paresis. Dr. Emil Kraepelin says that there is undoubtedly

1. White, W. A. "Outline of Psychiatry" p. 143

2. Ibid, p. 147

3. Diefendorf, A. R. "Clinical Psychiatry" p. 333

a very marked kinship between these two diseases, especially in their relation to syphilis as a cause, and also in respect to the inefficacy of anti-luetic treatment.<sup>1</sup> Often rather early mild mental symptoms appear. The patient will have an increased sense of fatigue, he will be unsteady on his feet and he will have difficulty in walking in darkness. He may have remissions from this disease.<sup>2</sup> Early stages of tabes can often be benefited or kept from getting worse by the proper treatment, whereas for paresis very little can be done, once the disease passes its earliest stages.

"Cerebrospinal syphilis--attacks localized areas of the coverings of the brain or the supportive tissues surrounding the blood vessels, and often gives more symptoms of the physical than mental type, such as paralysis of special muscle groups, blindness, deafness, etc."<sup>3</sup>

Two groups of cases fall under this disease, according to Diefendorf.<sup>4</sup>

1. Simple syphilitic dementia.
2. Syphilitic pseudoparesis.

The gradation between these two types in many cases is so imperceptible that some authors do not attempt to differentiate.

1. Kraepelin, E. "Clinical Psychiatry" p. 167
2. Diefendorf, A. R. "Clinical Psychiatry" p. 332
3. Orton, Samuel T. "Relation of Syphilis to Mental Disease." p. 10
4. Diefendorf, A. R. "Clinical Psychiatry" p.p. 326,327



Defective memory and judgment usually appear first in simple syphilitic dementia. There is also some absent mindedness and lack of insight into these defects. In syphilitic pseudoparesis the mental symptoms are more pronounced.

Dr. Joseph Collins writing in his paper on "Syphilitic Scars of the Spirit" for the Journal of the American Medical Association says that the minor mental and emotional changes attending this disease, although not properly recorded, often succeed in thwarting the victims career, reducing him from a man of promise to a man of lower level barely able to support himself and unable to make any contribution to the welfare, interest or support of others.<sup>1</sup> He says that although the patient may regain his health, that he is left with a scar of his mind and his emotions which permanently cripples him to a certain degree. Thus his career turns from that of success to failure. Dr. Collins further emphasizes the need of proper medical treatment in the early stage to prevent the possible changes that may occur in any case of syphilis.

Another group of patients studied representing social problems related to neurosyphilis are those who are syphilitic but without definite involvement of the central nervous system. Dr. Collin's paper suggests that the involvement of the central nervous

1. Collins, J. "Syphilitic Scars of the Spirit" p. 1218

system may be more apparent than is generally thought.

The final group whose social problems are to be studied in this paper are the children of syphilitics who bear the burden of syphilis from infancy. Dr. and Mrs. Solomon writing on "The Family of the Neurosyphilitic" say "Many congenital syphilitics are afflicted only with lessened vitality, anemia, delayed development, irritability, nervousness, neurotic manifestations and the like. Others are apparently healthy, well endowed children, but during the pubescent and adolescent periods the presence of the disease first makes its appearance, frequently as interstitial keratitis, leading to partial or total blindness or deafness; or there may appear symptoms of syphilis of the central nervous system, known as juvenile paresis, juvenile tabes, etc., running through the whole gamut of the conditions produced by acquired syphilis. Many more conditions resulting from congenital syphilis might be added as well as the suspicion that many cases of neurasthenia, hysteria and dementia praecox may be of like cause; but enough has been said to indicate the ravages of the disease."

1. Collins, J. "Syphilitic Scars of the Spirit."

2. Solomon, H. C. & M. H. "The Family of the Neurosyphilitic" p.2

The number of cases classified by diagnosis are as follows:-

	Male	Female	Number
General paresis	14	4	18
Neurosyphilis (no distinction as to type being made)	9	1	10
Syphilis (without definite central nervous system involvement)	0	10	10
Congenital syphilis	3	6	9
Tabes	4	1	5
Cerebrospinal syphilis	5	2	7
Juvenile general paresis	0	1	1
Total	35	25	60

Classification according to age and sex:

	Over 16	Under 16	Total
Male	33	3	36
Female	<u>18</u>	<u>6</u>	<u>24</u>
	51	9	60

Classification according to civil state:

	Married	Single	Total
Males	28	8	36
Females	<u>15</u>	<u>9</u>	<u>24</u>
	43	17	60

The above tables show that the social worker has three

definite groups to deal with:-

1. Married adult.
2. Unmarried adult.
3. Minor.

When a patient is known to be syphilitic it is the duty of the follow-up worker to make every effort to arrange for the family, and any others that may have become infected to have blood tests. In this respect, the married group is not as difficult to deal with as the unmarried group because it is usually possible to get into their immediate zone and bring those individuals that might have become infected to the hospital for a routine Wassermann examination, whereas, on the otherhand, it is often impossible to get in touch with those that may play an important role in the life of the unmarried patient.

Out of the sixty known cases, the follow-up worker was successful in getting in touch with eighty of the patient's associates, and arranging for them to come to the hospital for a Wassermann examination. This is given as a routine measure at the Psychopathic Department to as many families of their syphilitic patients as possible. Twenty-one had positive Wassermann reactions and fifty had negative reactions. For some reason or other after coming to the hospital for their examination, nine were not tested by the doctor.

The sixty patients in this study were first known to the hospital in various ways:-

Brought in by		
Syphilis follow-up worker		20
Referred by		
Police		11
Other hospitals		9
Self		6
Private physicians		5
Social agencies		2
Professor		1
Court		1
Reason for coming undiscovered		5

On admission it was learned that eight of the patients had been formerly in State institutions. In the following table these patients are classified according to sex and diagnosis:-

	General paresis	Cerebrospinal syphilis	Neurosyphilis	Total
Males	3	1	1	5
Females	<u>3</u>	<u>0</u>	<u>0</u>	<u>3</u>
	6	1	1	8

The longest time of commitment of any of these patients was two years and the shortest time was two months. The average length of time each patient spent out of the community was one year and two months/

The particular acts which lead to their commitment were as follows:-

1. Suicidal attempt	2
2. Irresponsibility plus drunkenness	2
3. Excitability	2
4. Attempt to kill wife	1
5. Successive arrests plus drunkenness	1

The following table shows the methods of transmission of syphilis to these patients. The sources divide themselves into the following classification:-

	Total
Prostitution	25
Conjugal relations	14
Heredity	7
Innocently acquired, outside of conjugal relations	6
Source undiscovered	8
	<hr/> 60

The occupations of the patients varied. They were as follows:-

Housewife	11
School	9
Clerk	7
Laborer	7
Domestic	2
Life guard	2
Machinist	2
Advertising agent	1
Barber	1
Book binder	1
Chauffeur	1
Checker	1
Conductor	1
Cutter	1
Doorman	1
Draftsman	1
Engineer	1
Errand girl	1
Janitor	1
Painter	1
Provision business	1
Printer	1
Soldier	1
Steamfitter	1
Tailor	1
Upholsterer	1
Waiter	1
	<hr/>
Total	60

deFursac and Rosanoff in their "Manual of Psychiatry," say that all occupations do not equally predispose to syphilitic infection but that unfortunately extensive statistics are not available. They also state that it is a well known fact that army and navy officers, traveling salesmen, and railroad employees furnish a comparatively high proportion of cases of general paresis, while the opposite is true of Catholic priests.

The wage earning power of these patients was investigated in order to determine whether their earning capacity had increased, remained the same or decreased since they had been first known to the hospital. The effects on income were as follows:-

Decrease	20
No change	16
No income	
unemployed	10
under working age	9
Increase	5
Total	<u>60</u>

In the majority of cases the income has decidedly decreased or the patient is unemployed, and that usually means that there is an economic problem at home. One reason for the decrease in wages is that the patient must take time off from his work to come to the clinic for treatment and sometimes his wages are deducted because of this. Also some employers are unwilling to employ a patient who must have a certain amount of time off. If the patient is badly in need of em-

ployment he may take work from such an employer and discontinue his treatments. There the problem of getting over to that employer the fact that to have maximum prosperity he must look after the health of his employees presents itself.

The main reason for the decrease is, of course, due to the fact that the patient because of his disease, becomes less efficient on the job, is given work of a less responsible nature, and is paid accordingly.

These patients have been under treatment for different lengths of time. The longest time being six years, five months; and the shortest length of time, four months. The average time for each individual in the group under treatment was two years and two months. Some of these patients who have been under treatment a certain period of time and who are improving, have vacations from treatment of several months, whereas others have to report twice weekly, and it is one of the duties of the syphilis follow-up worker to make an investigation if the patient fails to report at the proper time.

Out of the sixty cases, fifty-five of the patients reacted to social treatment, and only five were averse to it. Forty-seven of these patients were living with their families, i.e. with spouse, children, or mother, father. Thirty-three of these families came to the hospital for blood tests and where social treatment was necessary, were co-operative. Often the follow-up worker was forced to make re-



peated visits in order to gain the confidence of the patient or the family, before she finally got over to them the urgent need of coming in to be examined, and afterwards if their blood test was found to be positive, the necessity for their having and continuing treatment.

In twenty-three of the cases the follow-up worker discovered serious social problems that needed investigation or immediate action, and these she referred to the social service department for intensive social case work.

However, all of the cases received some social treatment. In the twenty-three cases where serious social difficulties were discovered, a complete social investigation was made, and thorough treatment prescribed. On the remaining thirty-seven cases only a small amount of social service was done by the follow-up worker, in the shape of getting the patient's family in for blood tests and treatment wherever necessary.

The twenty-three cases needing special case work were referred by the physician in charge or the follow-up worker for the following reasons:-

Employment adjustment	9
History (from outside sources to aid in making diagnosis)	5
Advice	4
Arrangements for commitment	2
Supervision	2
Arrangements to get patient in for treatment	1
Total	<u>23</u>

In an analysis of all of the cases the outstanding social symptoms were found to fall into the following classification:-

Social Symptoms	Found in number of cases
Working wife	15
Industrial decline	10
Unemployment	10
Charitable aid	10
Dependence or relatives	7
Family dissension	7
Broken home	6
Broken home (partially)	4
Prostitution	3
Children put to work too early	3
No social problem	4

From the above tables it has been shown that a few of the problems are that the social worker must take into consideration when dealing with the neurosyphilitic.

These problems fall naturally into the three groups of Individual, Family, and Community problems, and may be studied from these three points of view.

First, the individual patient as a problem is to be considered. After the diagnosis of neurosyphilis is made one of two things inevitably happens to the patient. Either he will be committed to a hospital or if his condition permits he will be sent back into the community. If the patient is committed, the family and not the patient will probably be the object for social treatment. That point, however, will be discussed later in this paper.

If a return to life in the community seems desirable, the first important step is to see that the patient returns for treatment, if that is in accordance with the doctor's orders. Follow-up work and close supervision are necessary in the majority of cases to prevent the patient from backsliding into his former condition. The great need for treatment must be impressed upon him by the social worker, not only the fact that he will need treatment when first leaving the hospital but also the fact that the treatments must continue regularly over a long period of time if good results are to be obtained. Frequently the neurosyphilitic patients do not have the intelligence to co-operate voluntarily, and if success is to be attained, a great deal of persuasion by the social worker as to the value of treatment is necessary. The social worker, thus, becomes an invaluable aid to the doctor in following up the individual patients. Some patients who might have needed hospital care until their death are able as a result of treatment to return to the community and become again economically fit. The following is a case showing the results brought about by medical treatment plus intensive social work.

Case I: A man of 45 was brought to the hospital by the police following a period when he was found wandering in the street in a dazed manner. He was intoxicated, out of work, and in debt to the amount of one hundred dollars. He was diagnosed general paresis and urged to have treatment. As he had no money with which to pay for his treatment the case was referred to the social service who promptly raised the money through an appeal in a city paper. A job was also secured for the

*with the result that*

patient whereby he could have time off for treatment, making this up with overtime night work. It was explained to the patient that he must report regularly and stop drinking if the treatment was to prove effective. He reported regularly at first, giving up liquor to a certain degree, not, however, becoming totally abstinent. Later he became very lax in reporting and it was only by the constant persuasion and persistent efforts of the social worker in treating the case over a period of several years that he was made to continue again regularly with the treatment. Six years have now elapsed since he was first admitted to the hospital. At present he is working steadily, making a highly respectable wage. He has paid up all of his back debts and for sometime even before the prohibition regime he has been practically abstinent. Socially, the problems caused by the patient's illness were his unemployment, debts, and drunkenness but all of these have been alleviated and the patient instead of having to remain in a hospital until his death has become again economically fit.

The above case is not an average case, however. Few cases respond as well to both the medical and social treatment. The medical care, in this case, could not have been continued successfully without the constant interest of the social worker. Even the patient realized this, and in his last letter to the hospital he wrote showing his appreciation to the social worker for her "determined persistence" in making him keep on with the treatment.

Many times the patient leaves the hospital facing unemployment and work of a suitable character, allowing time off for treatment must be secured for him. In this study ten out of the group faced unemployment on discharge from the hospital. To get just the right type of work with time off for treatment is not always easy for the patient and he very often becomes discouraged. Even work of the simplest kind if the patient can be persuaded upon to take it will tend to keep up his

morale and make him a self respecting member of society.

In the cases studied efforts have been made to retrade the patient when his condition is found to hinder his former work, rather than allow him to be idle. These attempts, however, have not been on the whole successful, as the patient is usually very unhappy in the feeling that he is not worth anything if he is too badly handicapped to work at his old job. The following is a case in point.

Case II: A widower, 33 years old, tailor by trade became paralyzed in his left side and was forced to leave a wage of fifty dollars per week and come to the hospital. He was diagnosed neurosyphilis. After his paralysis, he lost his ambition and his morale was at low ebb. The doctor referred the case to social service for employment adjustment advising light work. Jobs of various kinds were secured for him, he was taught a certain process in a shoe factory, how to run an elevator, etc. He was apathetic and indifferent to them all, becoming more and more discouraged. Finally the doctor decided that the patient could return to his old trade as the paralysis was probably checked. This delighted him and he returned to the tailor shop. Although he was only able to make two dollars per day, he was much happier at his old trade earning less, than at a new one whereby he could earn a larger wage. Treatment in this case consisted of very close and intensive supervision for six months. In March of last year, social service closed the case to the syphilis follow-up worker because the patient continued to report regularly to the hospital for treatment and there was no need for more intensive social treatment.

Very often the patient is unable to hold as good a job as formerly, and not understanding his condition is anxious to go beyond his ability. In such cases as this the social worker must use great tact in attempting to curb the patient's ambition. For instance:-

Case III: A single man, 34 years of age, residing with his family and attending medical school came to the hospital because he found the work was "too confining", and thought that it was making him "nervous." He was diagnosed general paresis. The doctor discouraged

the patient's idea of returning to medical school and referred him to social service for suitable employment. It was suggested that the patient should not be too anxious to earn a good salary and should not undertake work involving too much responsibility for other people. The social worker made many efforts to find suitable employment for the patient, but either there were no vacancies or the patient and the employer could not come to terms. Finally a bookkeeping job was found, that after much persuasion, the patient agreed to take with the understanding that he could leave at any time that he could find a more suitable opening. The patient liked the work but was not satisfied with the pay. Although he was very ambitious, he was unable to do even the simplest steps successfully and finally the employer appealed to social service to discharge him. Social service gave the patient every chance. They tested him out at work as responsible as they dared give it, and proved to his family and even to him that he was not equal to it. The doctor then advised that the patient remain at home and continue treatment because by so doing he thought that the patient would stay well longer.

The above case is less of a problem than some because the patient had a family to fall back upon. Although the same social symptoms of unemployment, industrial decline and dependence on relatives remain, social service has shown in this case that even with social treatment it is impossible to eradicate them. A social worker without psychiatric insight might have kept on with this patient as an employment case indefinitely, but a psychiatric worker, in close connection with a doctor should know about how long this patient can go on in the community and should be able to turn him over to the doctor at the crucial moment.

The problem of the patient wanting to marry or remarry often comes to the attention. A neurosyphilitic patient at his best is not apt to make a satisfactory member of a family due to the fact

that sooner or later he may become mentally incapacitated. In such a case the future spouse should be supplied with all the facts by the doctor, and then she can judge for herself whether or not she wants to marry. In some cases the results of such a marriage are more fortunate.

Case IV: A woman with two children, aged 10 and 8 years, was left a widow at 35, when her husband died in a State institution of general paresis. She, herself, was luetic. She had no resources and was forced to place her children out so that she could go to work. A relative helped her pay the board of one child. Patient worked for two years in a doctor's office and reported regularly for treatment. In August 1919 she came to the social worker and said that she wanted to marry, that her future spouse knew her history, and as they did not care for more children they thought it would be all right. She was referred to the doctor and as her blood had been negative for some time he gave his consent to her marriage, advising her, however, not to discontinue treatment. She now has her children with her, has stopped working, and the family life is very happy.

The congenital syphilitic child is another problem that the social worker will meet. Early treatment is advised by doctors because, if it is started early, much may be accomplished in aiding to make the individual a dependable citizen, when he reaches adult life. This may lessen the overcrowding of our public institutions.

It must be remembered, when dealing with the neurosyphilitic patient, especially those in the tabetic and general parietic groups, that remissions are apt to occur frequently. White says that the patient may be well enough to leave the hospital and remain away for weeks or even months, but the fact that remissions may occur should never be forgotten in making a plan for the life of each patient.

In the twenty-three intensive cases studied, twelve cases presented distinct family problems.

When dealing with the family of a neurosyphilitic there are two important points to keep in mind. <sup>1</sup> first, that "the family of a neurosyphilitic is the family of a syphilitic," and second that syphilis is a communicable disease. Therefore, the first problem for the social worker after the patient is diagnosed as neurosyphilitic, is to arrange for all the members of his family to come to the hospital for a routine Wassermann examination. The question is often asked whether or not the families refuse to come in. Out of the forty-seven patients who had families, thirty-three entire families responded to the social worker's request that they come to the hospital, and were co-operative where treatment was considered necessary. At times the social worker finds difficulty in making the family understand the need for treatment after it has been recommended. One woman wrote, "Although my blood may not be perfect, I feel well, and do not believe in testing for something that is not bothering me." Later she wrote, "My husband and I have taken up Christian Science and are now entirely cured."

Here the problem arises as to whether or not it is advisable to tell the family why they are being tested. It is thought by some that the telling of the family is likely to result in a broken home. Dr. and Mrs. Solomon in their paper on "The Family of the Neurosyphilitic"

1. Solomon, H.C. & M.H. "The Family of the Neurosyphilitic" p.7



say that in three years experience with the families of syphilitics and in dealing with more than two hundred and fifty families they have not broken up a single family nor brought undue happiness to any.<sup>1</sup> This shows that there is not such a grave danger in breaking up the family when it is learned that one of its members is syphilitic as is often supposed.

Serious social problems are apt to ensue in a neurosyphilitic family when one member of the household is committed. If the father is committed, the home may be broken up and the children placed out or adopted; if the mother is committed the same problems will occur.

Too frequently the children must be placed out, but if possible the ideal way is to keep the home together. An exception is the following case of the wage earning member of the family being committed, leaving a neurosyphilitic wife of low mental age with unmanageable children. The only possible way to treat the case in order to prevent disastrous results in society was to break up the home.

Case V: An Irish woman 29 years of age, was left destitute with seven children ranging in age from 13 to 1 year of age, when her husband, a general paretic, was committed to a State institution. The case was referred to social service for supervision by the doctor in charge. Three of the children upon examination proved to be congenital syphilitics and treatment was recommended. The other three had negative Wassermann reports. A blood test was not taken upon the youngest child. Aid was organized through the Overseers of the Poor but it was inadequate. The children were unmanageable and stayed out late at night. Suggestions on the part of social service to place them out were met with great disapproval. Finally, the mother became so discouraged over the im-

1. Solomon, H.C. & M.H., "The Family of the Neurosyphilitic" p. 10

possibility of trying to make both ends meet, and so nearly distracted by her inability to control her children, who were causing her an endless source of trouble, that she consented to place them out until such time when she could earn enough to give them a more desirable home. Three of the children were placed in a feeble-minded institution, one boy had already been sent to a school for truancy, two were sent to a church home and the baby to an infant asylum. When the responsibility of the children was removed from the patient, she seemed to improve. At present she is reporting regularly for treatment and working in a factory earning \$3.00 per day. She is saving her money and hopes before long that her family may be reunited.

Another family problem arising where the wage earning member of the family is neurosyphilitic is that of the working wife. This is a very frequent problem. In the sixty cases studied there were fifteen married females who were working to help support their families. If on the other hand the patient's commitment is deferred and he is allowed to go back into the community he may go back to his old job, be able to support his family, have an understanding employer who will let him have time off for treatment and everything will be ideal. However, in a great many cases this does not follow. An entire rearrangement of the patient's life is usually necessary and often the wife or older children must work to keep the family united.

Case VI: This is a case of a general paretic man, age 45, returned to the community from the hospital unfit for work. The family, consisting of a wife and eleven year old daughter were without resources and in debt. The wife who was a hard working intelligent woman immediately began looking for employment. Through social service she located some day work and supplemented this with night nursing whenever she had the opportunity. She had a positive blood test, and it was

necessary for her also to have treatment and this took time from her work. It was a hard struggle to make both ends meet. She would not allow her child to have a blood test because she thought that the child might tell her playmates and this might cause gossip in the neighborhood. No amount of persuasion by the social worker could change her attitude. After about six months her husband was able to return to his old job, and received the same pay. She, however, had become so interested in her work by this time that she still continued working, not so much for financial reasons as for her own personal happiness.

What has been the attitude of the family when one of its members who has previously been committed, has a remission from his disease and is allowed to return home? Is he treated as an outcast so that social adjustment is necessary? In the study made three females and five males had been previously committed, and only in one case was there any family discord after the patient returned to his home. In that particular case the married life of the patient had never been happy even before commitment. In the seven other cases the family accepted the patient and were most co-operative in aiding him in adjusting himself in the community again. In the case of two females, the life with their families was much happier after commitment than before. Previous to commitment, one patient had been alcoholic, the other a clandestine prostitute. Life in an institution remedied both of these situations.

Often it is necessary when there are congenital syphilitics in the family to place them in feeble-minded schools,--Six per cent. of children in feeble-minded schools are congenital syphilitics,-- in deaf, dumb, or blind institutions, as the case may be. Usually

the family are unco-operative in any steps that may lead to a separation from their children and the social worker must use the right technique in making them see that it is the wisest course to follow.

In dealing with the family and the various problems that arise, the social worker must keep in mind that family prophylaxis is the important thing. If the family needs adjustment because one of its members is taken out of society or is left in the community in a completely or partially disabled state the social worker can help make conditions easier for the family by encouragement, friendly advice, and efforts to aid in and plan for readjustments.

Neurosyphilis presents a tremendous problem for the community.

Ten per cent. of all cases of insanity( to say nothing<sup>1</sup> of many physical conditions) are caused by syphilis. According to Dr. F. E. Williams, 10% of the patients who enter the Massachusetts State hospitals are suffering from syphilitic insanity. Fifteen per cent. of the patients at the Boston Psychopathic Hospital, 12.7% of the patients in the New York State hospitals, and 12% of the patients in Ohio are victims of this serious mental disease. The significance of these per cents. is apparent when it is remembered that the Massachusetts State hospitals admit over 3,000 new patients each year, Ohio over 3,000 and New York over 6,000.<sup>2</sup>

1. Orton, Samuel T. "The Relation of Syphilis to Mental Disease"
2. Williams, F.E., "Relation of Alcohol and Syphilis to Mental Diseases" pp. 1275-6

To care for these neurosyphilitic patients in insane hospitals means that the community must bear a heavy tax. The feeble-minded schools, deaf, dumb and blind institutions admit each year large numbers of congenital syphilitic children. Heavy taxes must also be levied to cover the expenses of these schools.

Frequently neurosyphilitics go back into the community and because of their disease are unable to make an adequate living. If their families are not able to care for them, they become dependent upon charity, public or private.

Society suffers a great economic loss each year because of syphilis. For instance an economic study of one hundred men who died at the Boston State Hospital of syphilitic mental disease undertaken by Williams, showed the following results. ~~The cases were~~ chosen at random. An estimation of the loss of life, based on insurance tables, race factors, etc. showed that the shortening of life ranged from 8 to 38 years. The one hundred men thus lost a total of 2,259 years. The earning power of only ten of these men was definitely known before commitment, and the financial loss created by their premature death was estimated at \$212,248. The entire number of years these one hundred men spent in the hospital was a little over 126 years, or an average of a little over one year apiece. For their care the State expended \$39,312.00.<sup>1</sup>

1. Williams, F.E. "Preaching Health"—American Journal of Public Health 1917, V. 1, 1233.

Because of this disease family life is broken up partially or entirely. Children who should be in school preparing for their life in the community are taken from the school-room at an early age, turned out on the community and forced to work to support themselves. They must either do this or become a public charge.

Prostitution is a community problem, closely related to neurosyphilis. The economic loss from prostitution is closely intermingled with the lessening of the earning capacity of the men.

From the above examples it can be seen what an enormous loss society suffers each year, all due to the ravages of syphilitic mental disease.

Dr. J. F. Stokes writes of other great damage done to society through these diseases of the central nervous system. He says the importance of paresis and tabes in persons who carry heavy responsibilities is great because they may commit grave errors of judgment. Men of high ability, who carry great responsibility may in their collapse bring down with them great industrial and financial structures dependent upon the integrity of their judgment.<sup>1</sup> The extent of such damage to the welfare of society is unknown. Now and then some investigations have touched upon the surface of it, but it will

1. Stokes, G. H. "The Third Great Plague" p. 50

remain for the future to point out the great significance of this.

As has been pointed out, serious social maladjustments arise almost inevitably in connection with neurosyphilis. These social difficulties often manifest themselves, even before the disease, itself, is recognized and continue for a long time in the wake of it. The doctor is the important factor in all cases of neurosyphilis but his work must be supplemented. Is this not an unlimited field for the social worker? It has happened not infrequently in instances where the medical prognosis was pronounced grave that with careful social supervision and treatment, satisfactory results were obtained. Medical treatment for these patients can not be emphasized too strongly. The doctor does not have time to follow up these patients and here again is a place for the social worker. Emphasis also should be placed upon family prophylaxis, for it should never be forgotten that the "family of the neurosyphilitic<sup>1</sup> is the family of the syphilitic" and should be treated as such. And, too, if medical and social treatment are instituted early, many of these critical social situations may be averted.

Here, as elsewhere, work towards prevention holds the most promising outlook for the future. Since syphilis is the main factor in all cases of neurosyphilis the attack should be made there.

1. Solomon, H.C. & M.H. "The Family of the Neurosyphilitic" p.7

Enlightenment is the only hope for victory over this social disease. The public must be made to understand the real character of this disease, and what it is that is rapidly helping to fill our institutions to overflowing. They must be awakened to the need and then a systematic fight must be waged.

Proper education is of the greatest value in preventing syphilis. Modern movements tend toward the idea of general sex education for the young with a view to controlling physical conditions. Also the implanting at an early age of wholesome ideas and higher ideals would prove efficacious.



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