

NAVMED P-5097
NAVPERS 15223

AMERICA'S GROWING THREAT!

V. D.
America's Growing
Threat!

by

LINDSAY R. CURTIS, M.D.

Illustrated by

LEN BOROZINSKI

Prepared in cooperation with
Joseph A. Lehner, Health Educator,
Ogden Air Material Area,
Hill Air Force Base,
Ogden, Utah

Copyright
Lindsay R. Curtis, M.D.
1965

All rights reserved
Secure written permission to reproduce

Produced for government use under copy-
right license contract NOd-9895. Additional
copies may be reproduced for government
use without further permission.

INTRODUCTION

Not a few hunters have had the experience of shooting their game, only to find that it has fallen but not succumbed. While the hunter nonchalantly gloats over his triumph, the wounded animal recovers sufficiently to charge and perhaps even kill his would-be-conqueror.

VENEREAL DISEASE, the plague of centuries fell under the newly developed weapon, penicillin. In 1955 it was thought to be only a short matter of time until SYPHILIS and GONORRHEA would be completely extinct. Only 6,251 cases of SYPHILIS were reported that year. Yet a bare seven years later saw a 400% increase in the cases REPORTED, but this represented only 20% of the ACTUAL cases.

GONORRHEA has also sported a spectacular comeback — over ONE MILLION persons caught the disease last year in the United States.

It is hoped that the information and cartoons in this booklet will prove to be entertaining and informative . . . but also perhaps shocking enough to make everyone aware of this rising menace to our health.

VENEREAL DISEASE is truly a growing threat to our health, but it is a CONTROLLABLE, ERADICABLE plague. A start must be made somewhere. This somewhere seems logically in the realm of education of the public. To this task the booklet is enthusiastically dedicated.

The Author

INTRODUCTION

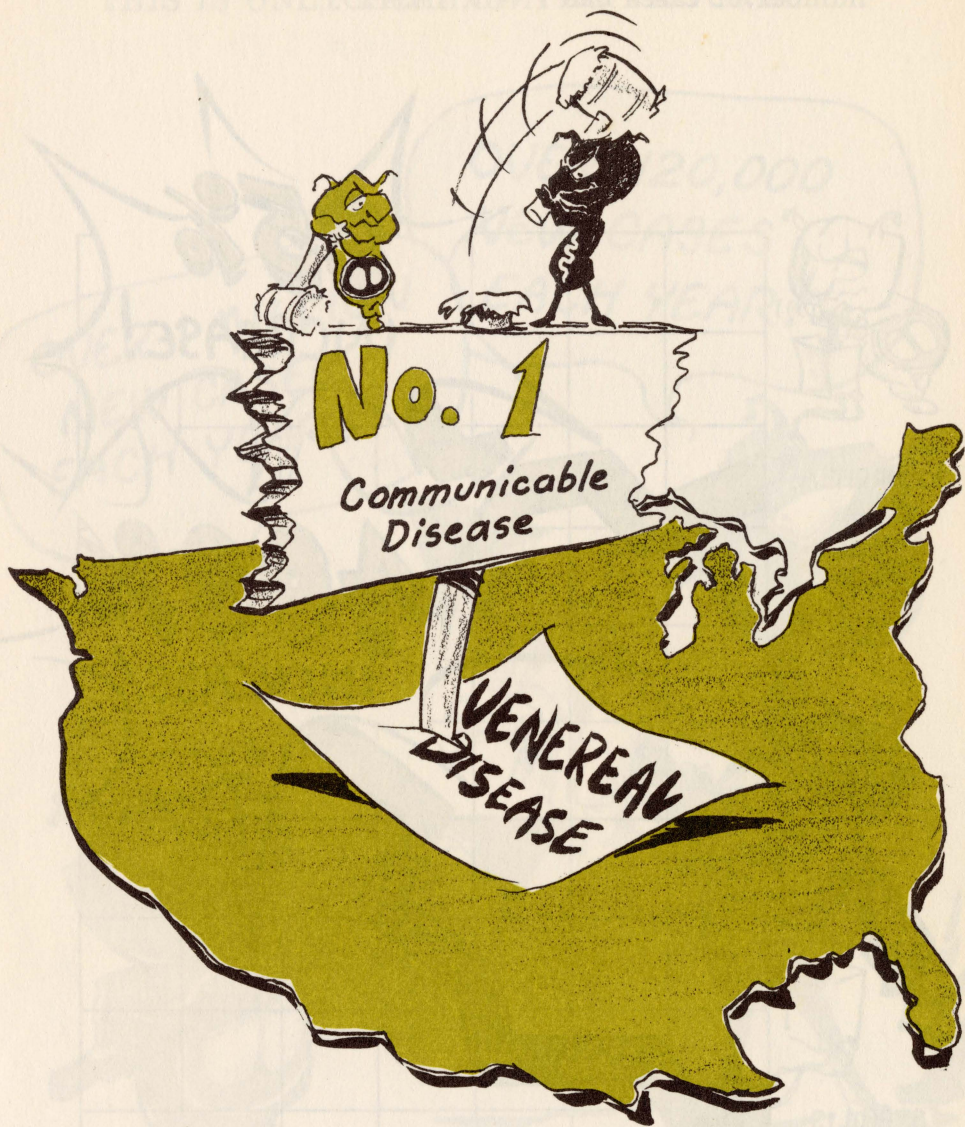
Not a few hunters have had the experience of shooting their game, only to find that it has fallen but not succumbed. While the hunter nonchalantly ghosts over his triumph, the wounded animal re- covers sufficiently to charge and perhaps even kill his would-be-conqueror.

VENEREAL DISEASE, the plague of cen- turies fell under the newly-developed weapon, pen- cillin. In 1955 it was thought to be only a short matter of time until SYPHILIS and GONORRHEA would be completely extinct. Only 6,251 cases of SYPHILIS were reported last year, but a fair even- years later saw a 400% increase in the cases RE- PORTED, but this represented only 20% of the ACTUAL cases.

GONORRHEA has also sported a spectacular comeback — over ONE MILLION persons caught the disease last year in the United States. It is hoped that the information and cartoons in this booklet will prove to be entertaining and in- formative . . . but also perhaps shocking enough to make everyone aware of this rising menace to our health.

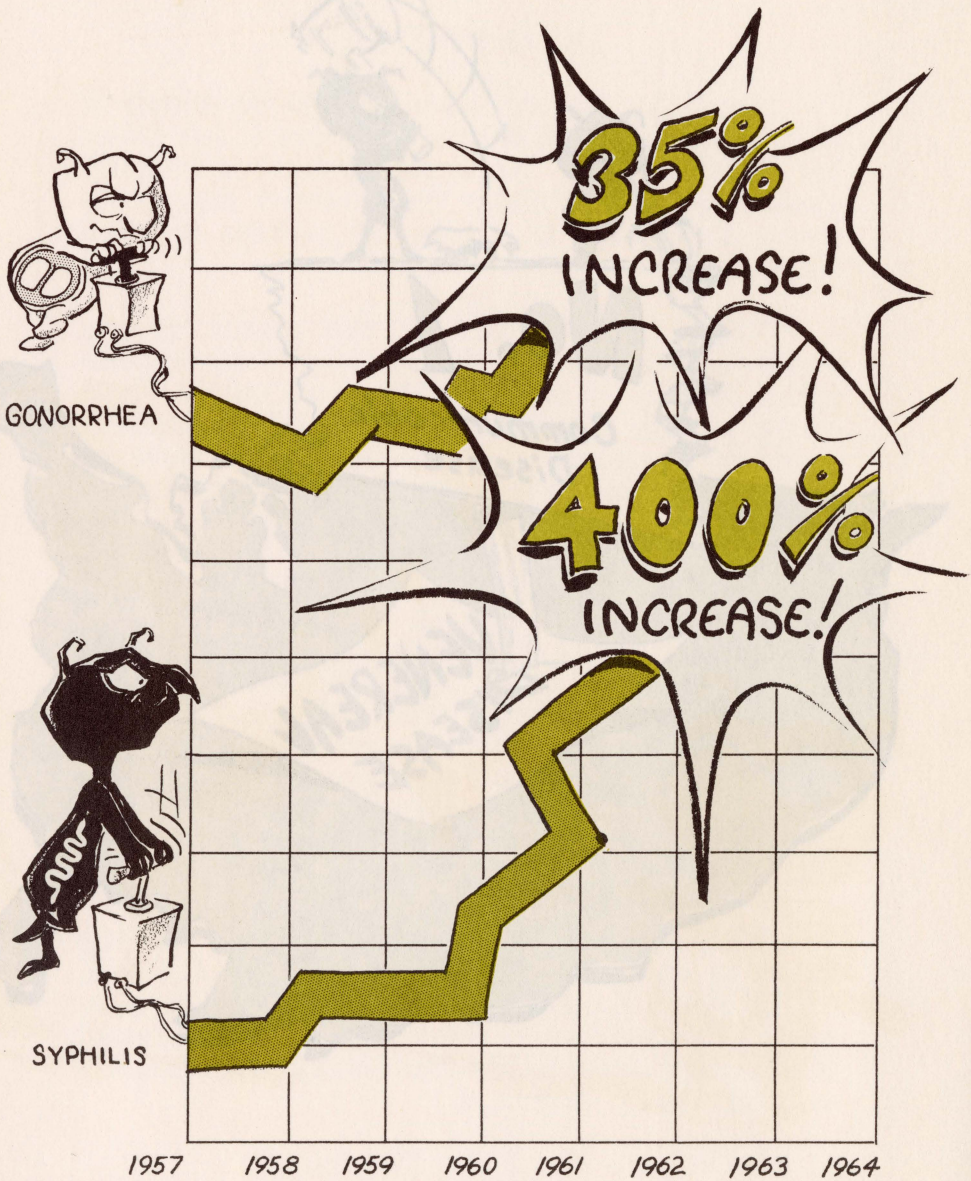
VENEREAL DISEASE is truly a growing threat to our health, but it is a CONTROLLABLE, ERADICABLE plague. A start must be made some- where. This somewhere seems logically in the realm of education of the public. To this task the booklet is enthusiastically dedicated.

The Author



VENEREAL DISEASE (V.D.) has become America's **NUMBER ONE** infectious (catching) disease problem. Yet V.D. is one of the most **TREATABLE** of all diseases. With modern day treatment it **COULD BE COMPLETELY WIPED OUT.**

For the **SEVENTH STRAIGHT YEAR** the number of cases has **INCREASED**.



SYPHILIS

1957—6,251 Cases Reported
1964—22,733 Cases Reported

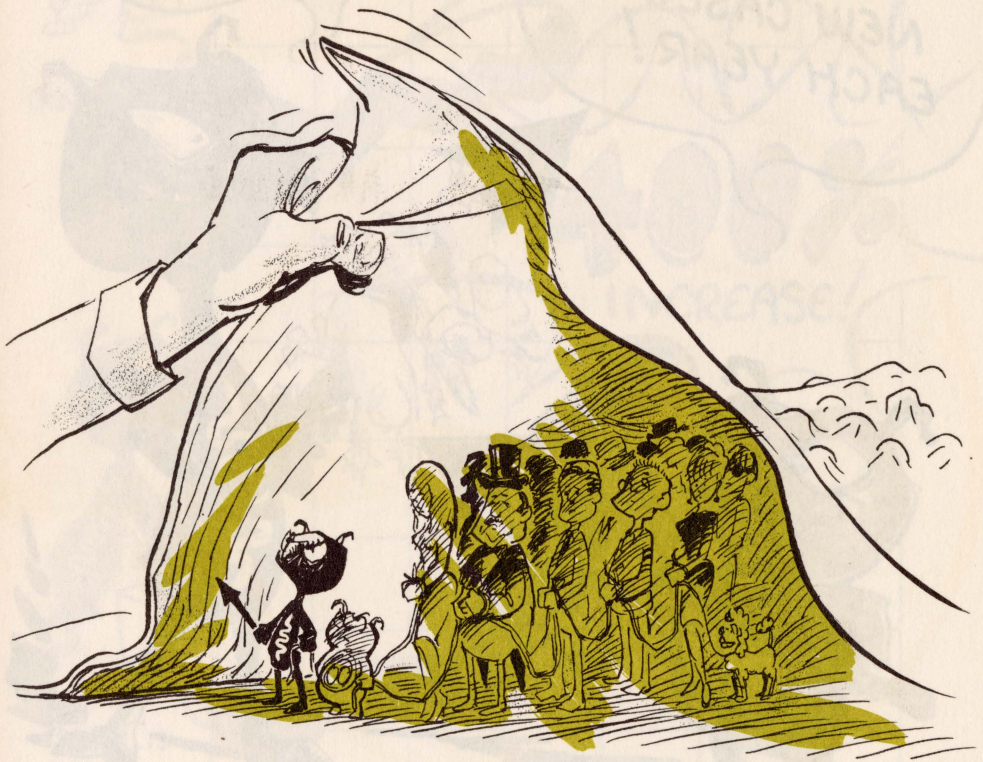
400% INCREASE

GONORRHEA

1957—216,476 Cases Reported
1964—290,603 Cases Reported

35% INCREASE

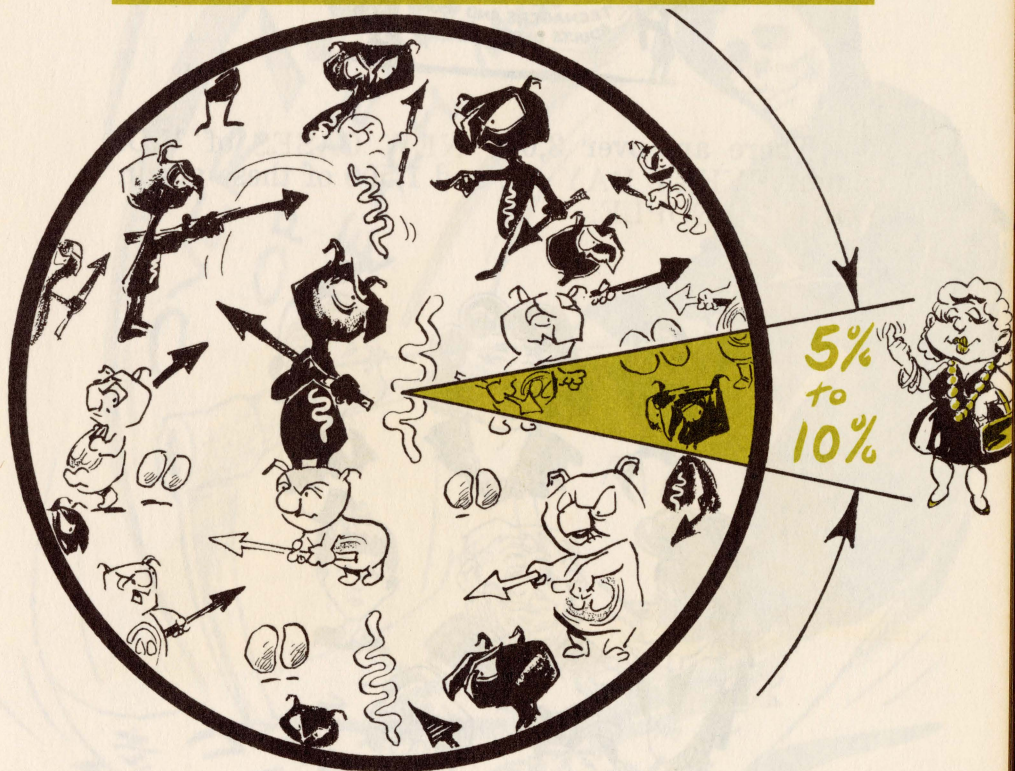
AND THIS IS ONLY THE BEGINNING:



Each case of V.D. that is **UNCOVERED** involves an average of **FOUR** other people as **CON-** who can also **CATCH** and **PASS** on V.D.

BUT ISN'T V.D. SPREAD
ONLY BY PROSTITUTES?

NO. Only 5 to 10% of the new cases of SYPHILIS and GONORRHEA are spread by prostitutes.



THEN WHO IS SPREADING V.D. TO WHOM?



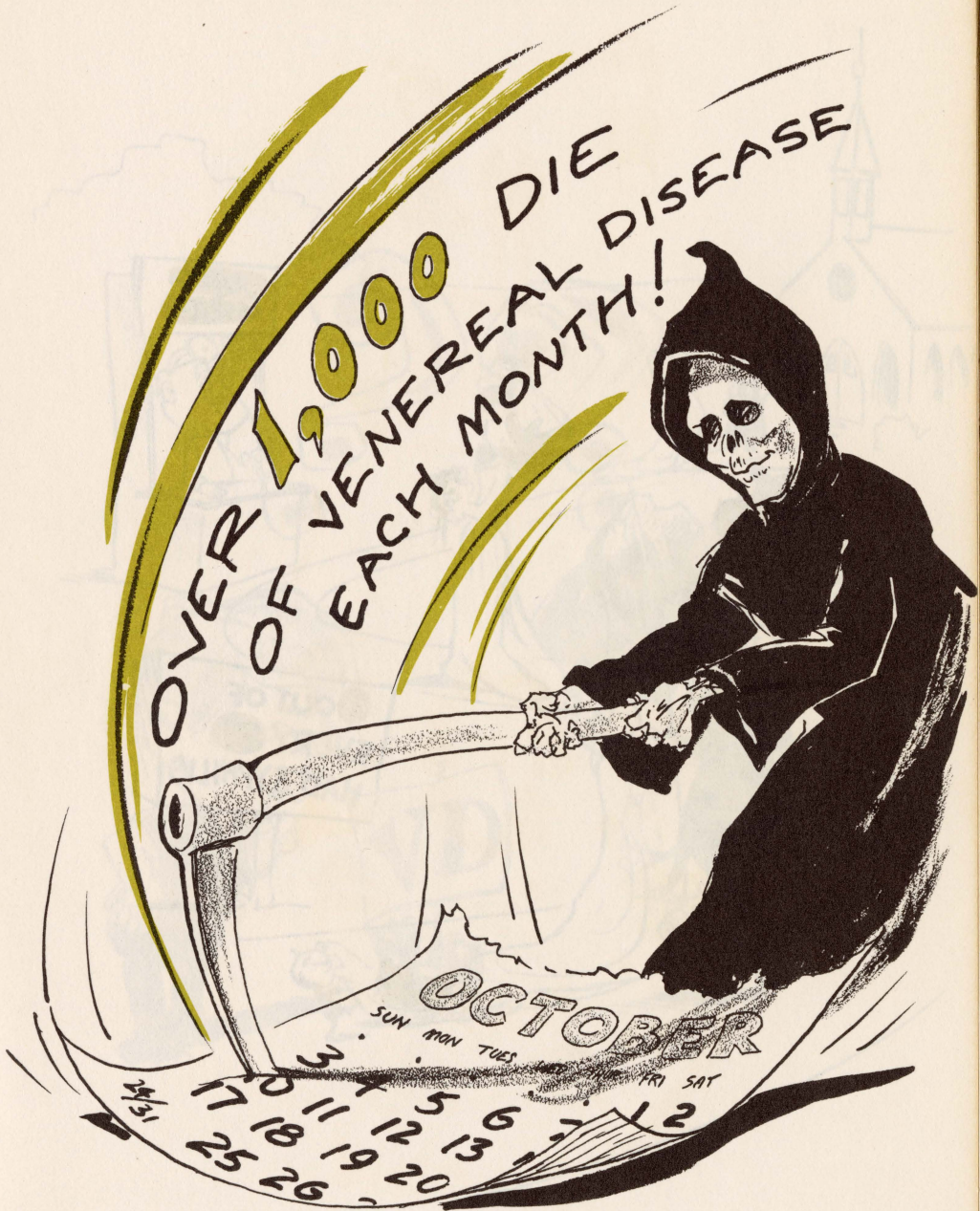
There are over 3,000 **NEW CASES** of V.D. caught **EVERY DAY** . . . and 1,500 of these are in **YOUNG PEOPLE**.



The V.D. **RATE** in young people age 20-24 is almost five **TIMES** the rate of **ALL** age groups.

The next highest rate is in **TEENAGERS**, and this is **TWICE** the rate of **ALL** age groups.

IS VENEREAL DISEASE EVER FATAL?



Definitely, yes! Over 1,000 Americans die each MONTH of V.D. Many others become **BLIND, DEAF, INSANE, STERILE**, or otherwise **INCAPACITATED**.

DO PRE-MARITAL BLOOD TESTS FIND CASES OF V.D.?



YES! In 1964, pre-marital tests in 27 states uncovered 12,250 cases of syphilis. One out of every 81 marriage applicants *had* syphilis. These persons are immediately treated to prevent the spread of V.D. to their partner.

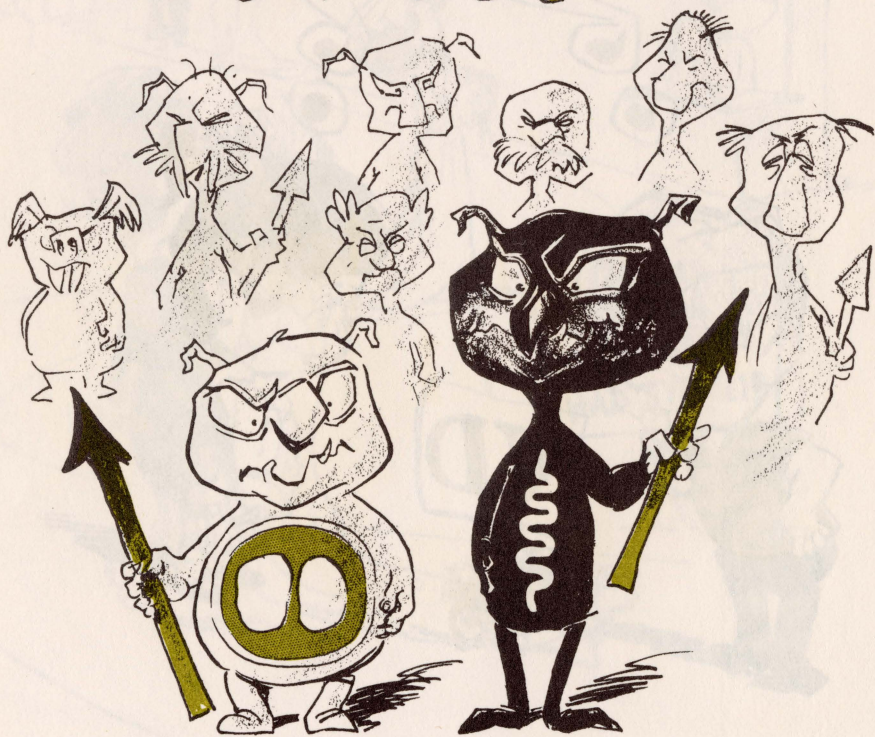
WHAT IS V.D., ANYWAY?



V.D. is a disease which is spread by germs passed on during **SEXUAL** or **HOMOSEXUAL** contact.

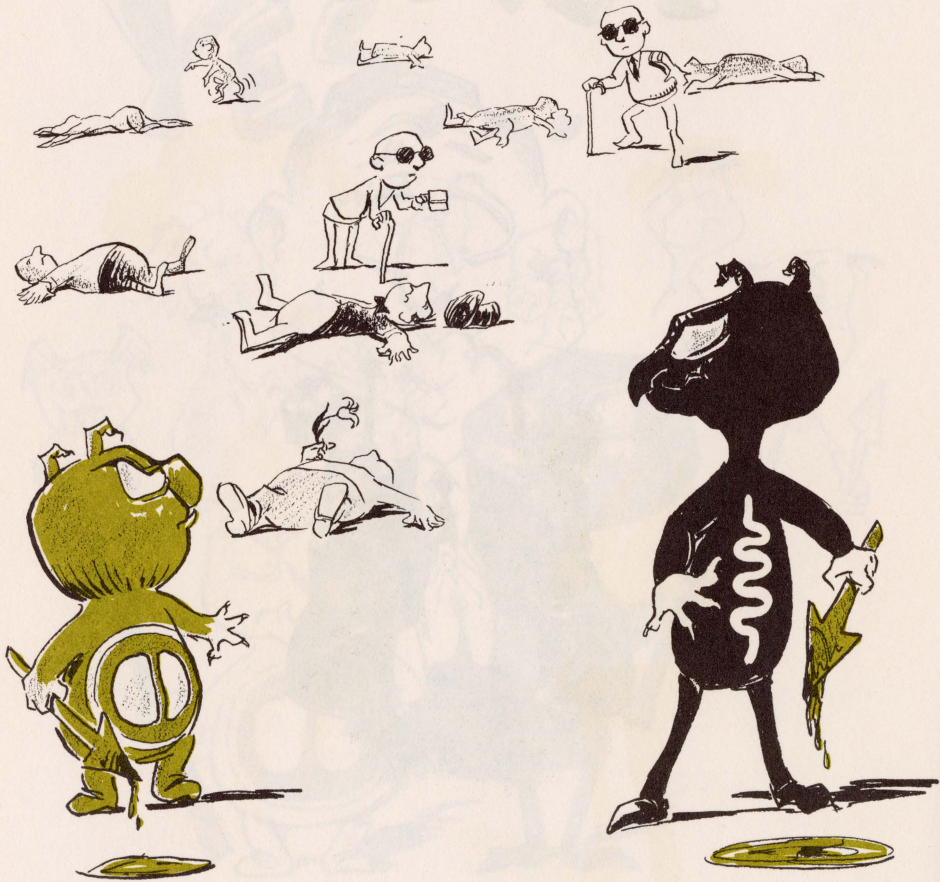
ARE THERE OTHER V.D. BESIDES
SYPHILIS AND GONORRHEA?

YES...



Yes. But the others are very rare and are not a great problem.

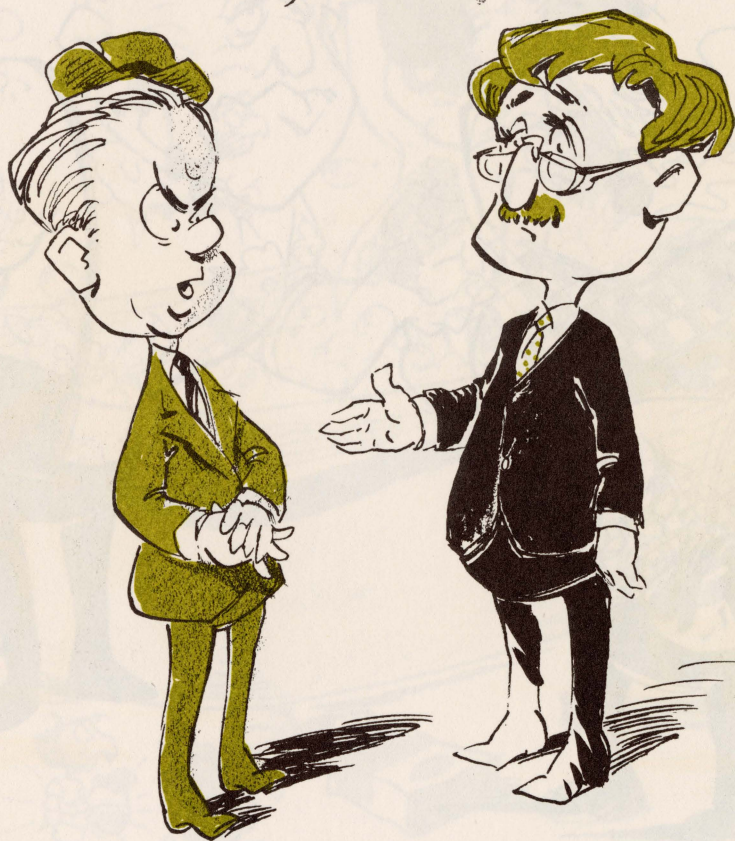
HOW ARE SYPHILIS AND GONORRHEA SIMILAR?



1. Both are caught by millions of people.
2. Both are spread through sexual contact.
3. Both are caught from people who have the disease.
4. Both are **DANGEROUS**.

CAN A PERSON GET V.D. FROM
SHAKING HANDS, FROM TOILET
SEATS, OR DOORKNOBS?

HOW DO I KNOW
YOU DON'T HAVE 'VD'...?!



Almost never. Other than rare instances of kissing, V. D. is spread only by **sexual CONTACT**.

IS THERE DANGER OF SPREADING V.D.
THROUGH HOMOSEXUAL PRACTICES?



Yes. This is a growing problem and a dangerous
source of infection.

WON'T ORDINARY CLEANLINESS
PREVENT V.D.?



Regardless of showers or soap, sexual contact with V.D. can cause V.D. The only sure way to avoid it is to avoid pre-marital or extra-marital sexual contact.

DO MANY PEOPLE HAVE V.D.
AND NOT KNOW IT?



... OVER 1 MILLION IN THE U.S.
HAVE VD BUT DO NOT KNOW IT.

Yes. Authorities estimate there are over **ONE MILLION** people in the United States who have V.D. who do not know it. About half of these people are infectious and are spreading the disease unknowingly because they are not **AWARE** that they have it.

IS V.D. LIMITED TO THE
LOWER ECONOMIC GROUPS?



NO. It has become more common in higher income, better educated, urban, suburban and even rural groups. **V.D. HAS MOVED UP IN SOCIETY.**

MORE ABOUT SYPHILIS ...



ABOUT SYPHILIS: WHAT IS THE CAUSE OF IT?
DURING SEXUAL CONTACT



Syphilis is a very serious infectious disease. It is very **"CATCHING"**, but only if a person is exposed by sexual contact.

WHAT IS THE CAUSE OF SYPHILIS
DURING SEXUAL CONTACT?



A long cork-screw type germ called a **spirochete** (“spy-ro-keet”) is passed from the infected person to others.



SYPHILIS DESERVES AN "OSCAR"
as medicine's greatest "imitator". Although it has certain characteristics, it may masquerade as almost any other condition you can mention.

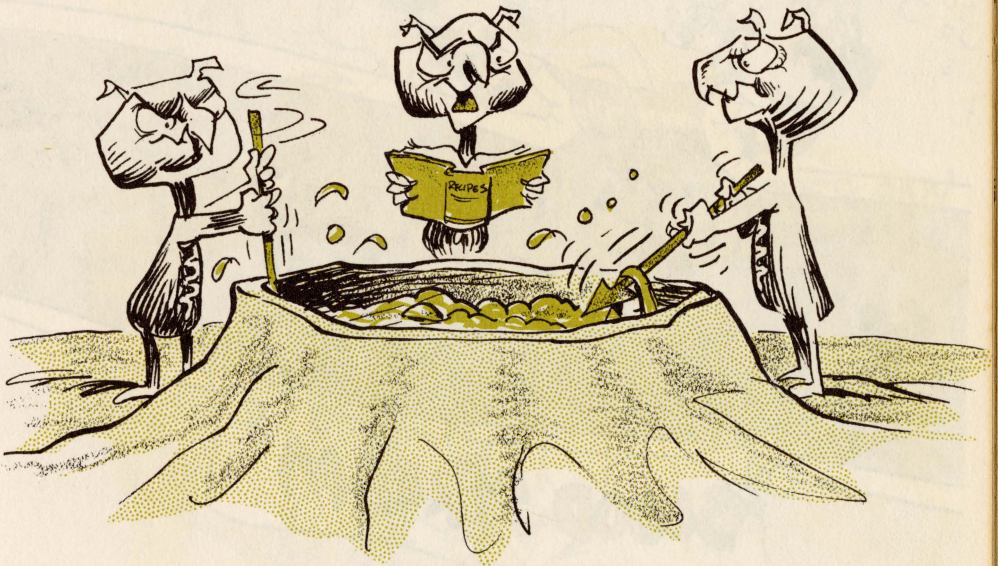
WHAT IS THE FIRST SIGN OF SYPHILIS?



A painless sore called a **CHANCRE** (Shank'-er) usually appears at the exposed area, usually on or around the sex organs. It is from this sore that other people are usually infected.

HOW LONG DOES IT TAKE A CHANCRE
TO APPEAR AFTER INFECTION?

KEEP MIXING ... IT'LL
BE 21 TO 90 DAYS 'FORE
IT'S READY...



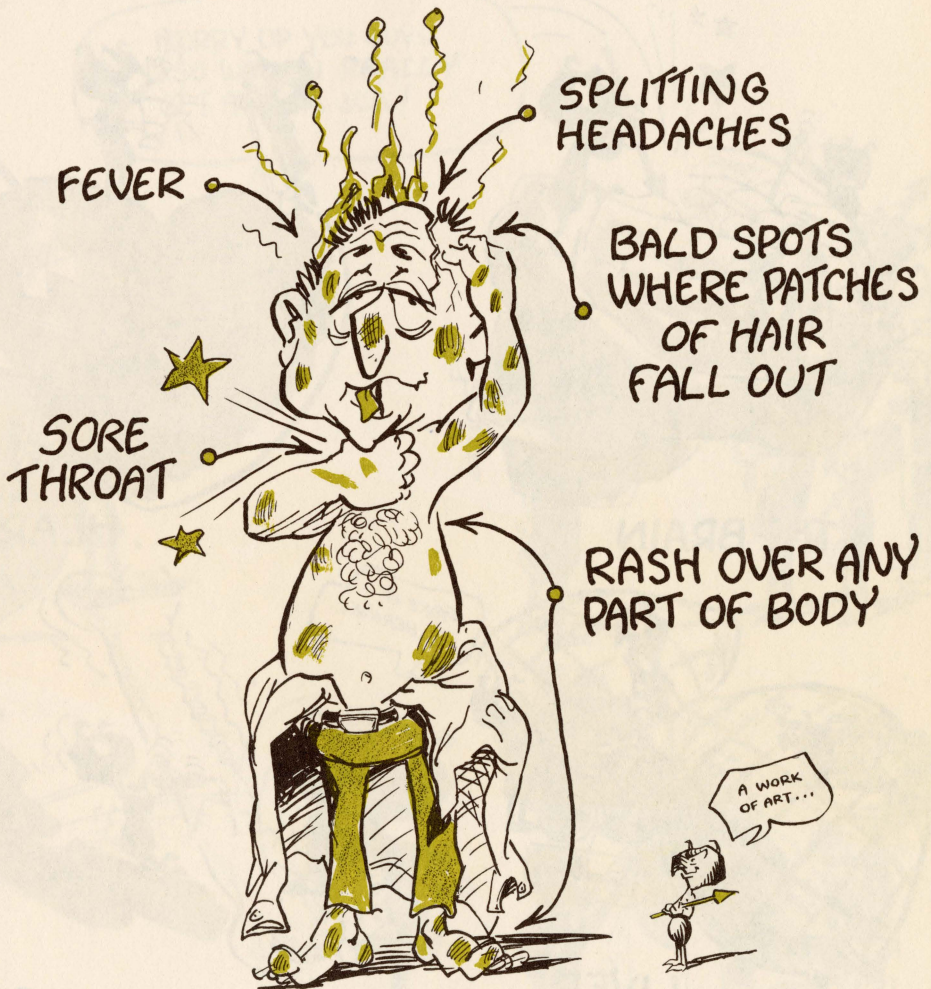
About 21 to 90 days after exposure, the sore usually appears.

DOES THIS SORE HAVE TO BE TREATED
TO GET RID OF IT?



Whether the chancre is treated or not *it will disappear* in about three weeks. However, this **DOES NOT MEAN** that the disease is **CURED**. The germs have merely gone underground, having burrowed into the blood stream where they multiply and are quickly spread throughout the entire body.

WHAT OTHER SIGNS APPEAR
AFTER THE CHANCRE GOES AWAY?



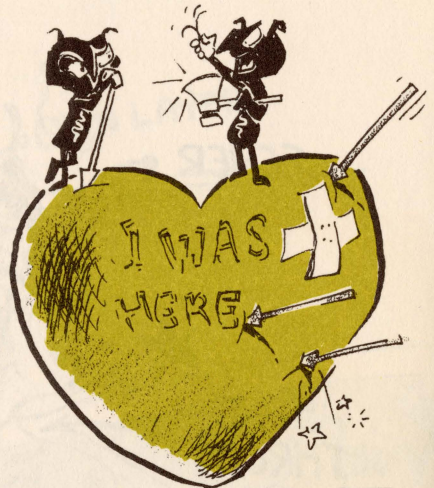
He or she develops what is called “**SECONDARY SYPHILIS**” or the second stage of the disease. This may consist of:

- a. A rash over any part of the body
- b. Bald spots where patches of hair fall out
- c. Fever
- d. Sore throat
- e. Splitting headaches
- f. Some other less common symptoms

WHAT ORGANS DOES SYPHILIS ATTACK?



...THE BRAIN



... HEART



...LIVER

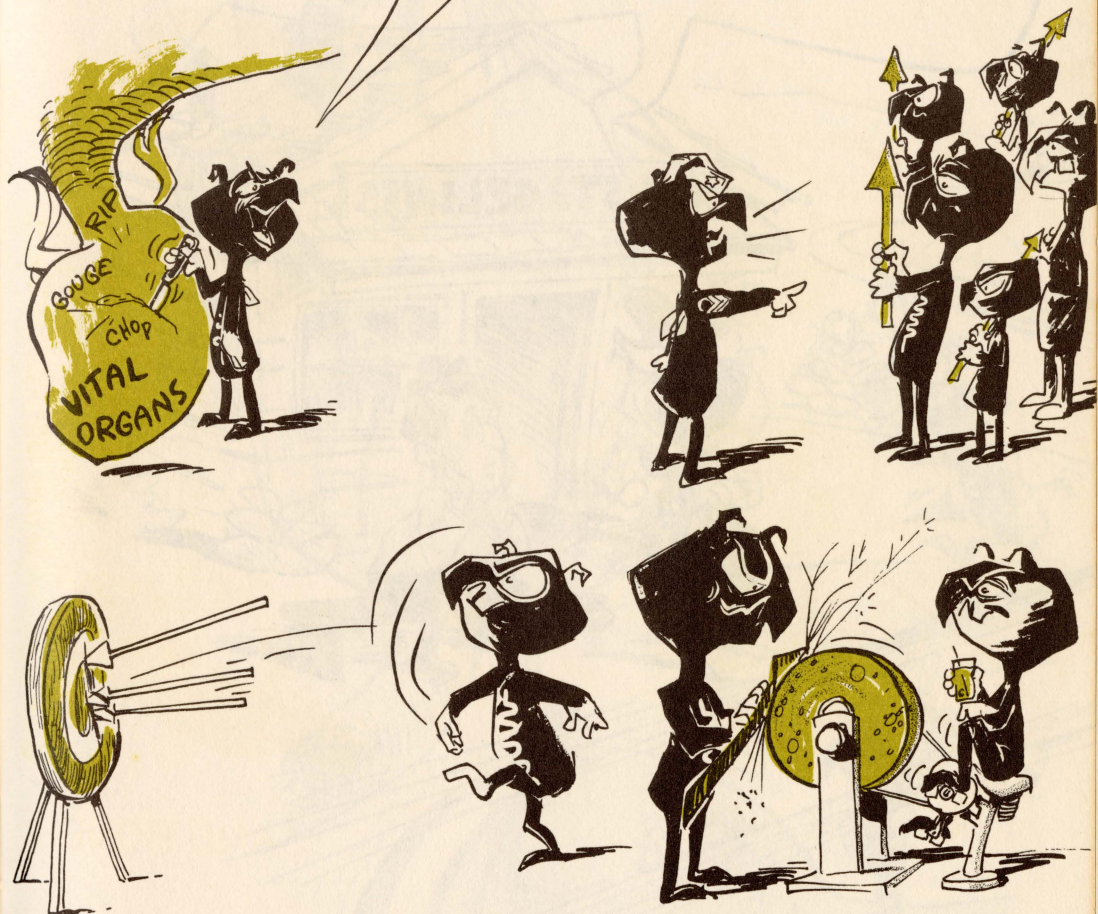


... AND BONES

It can attack any organ or tissue in the body, but specializes in the **brain, heart, liver, and bones**. The best way to detect syphilis is by means of a blood test or a special microscopic examination (dark-field) of the scrapings from an open sore.

DOES SECONDARY SYPHILIS REQUIRE TREATMENT?

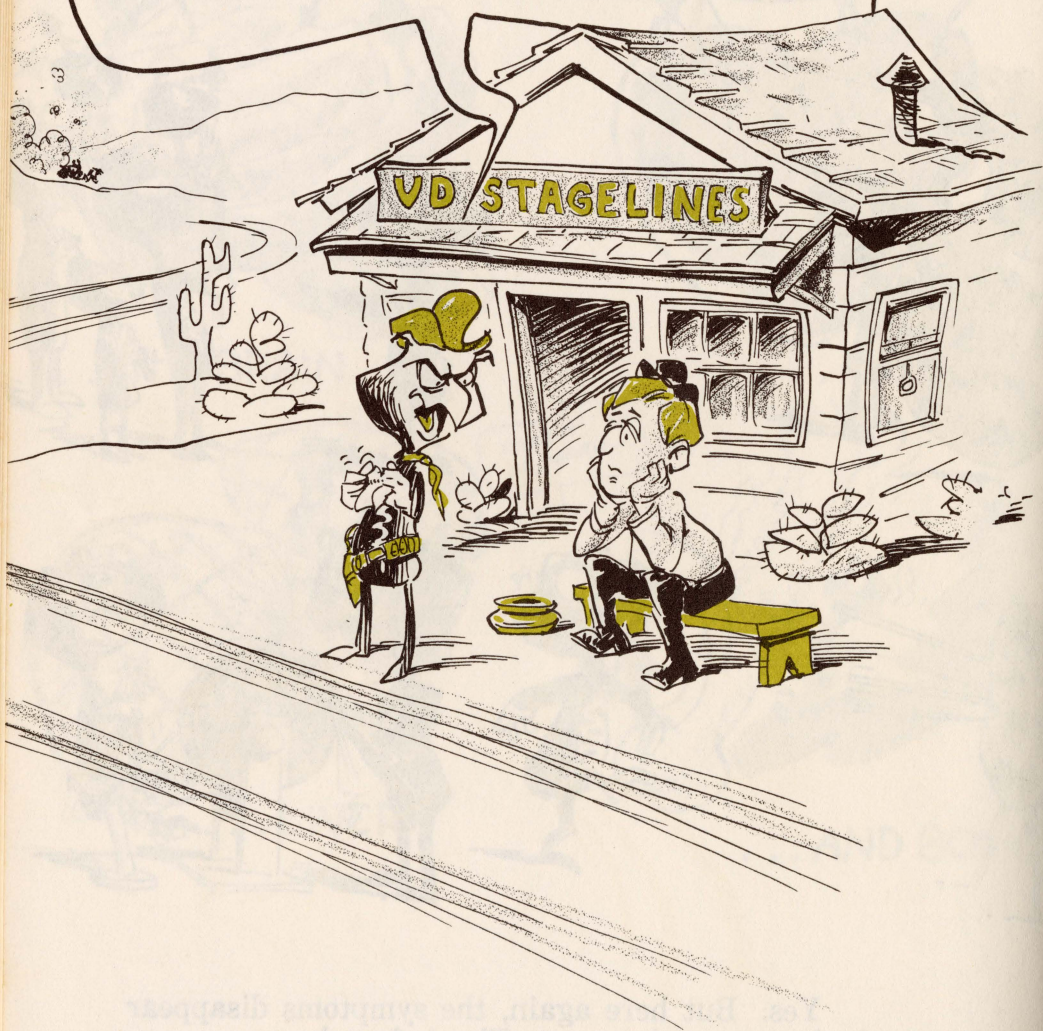
HURRY UP YOU GUYS,
SO WE CAN **REALLY**
GET AT THIS JOB!



Yes. But here again, the symptoms disappear whether treated or not. The infected person *may think* he is cured, when actually **THE GERMS MERELY WITHDRAW TEMPORARILY TO RE-GROUP, ORGANIZE THEMSELVES AND MULTIPLY.** Meanwhile they continue their sneaky, insidious destruction of vital organs.

HOW LONG MAY THE INFECTED PERSON
REMAIN FREE OF SYMPTOMS BEFORE THE
"THIRD STAGE" OF THE DISEASE APPEARS?

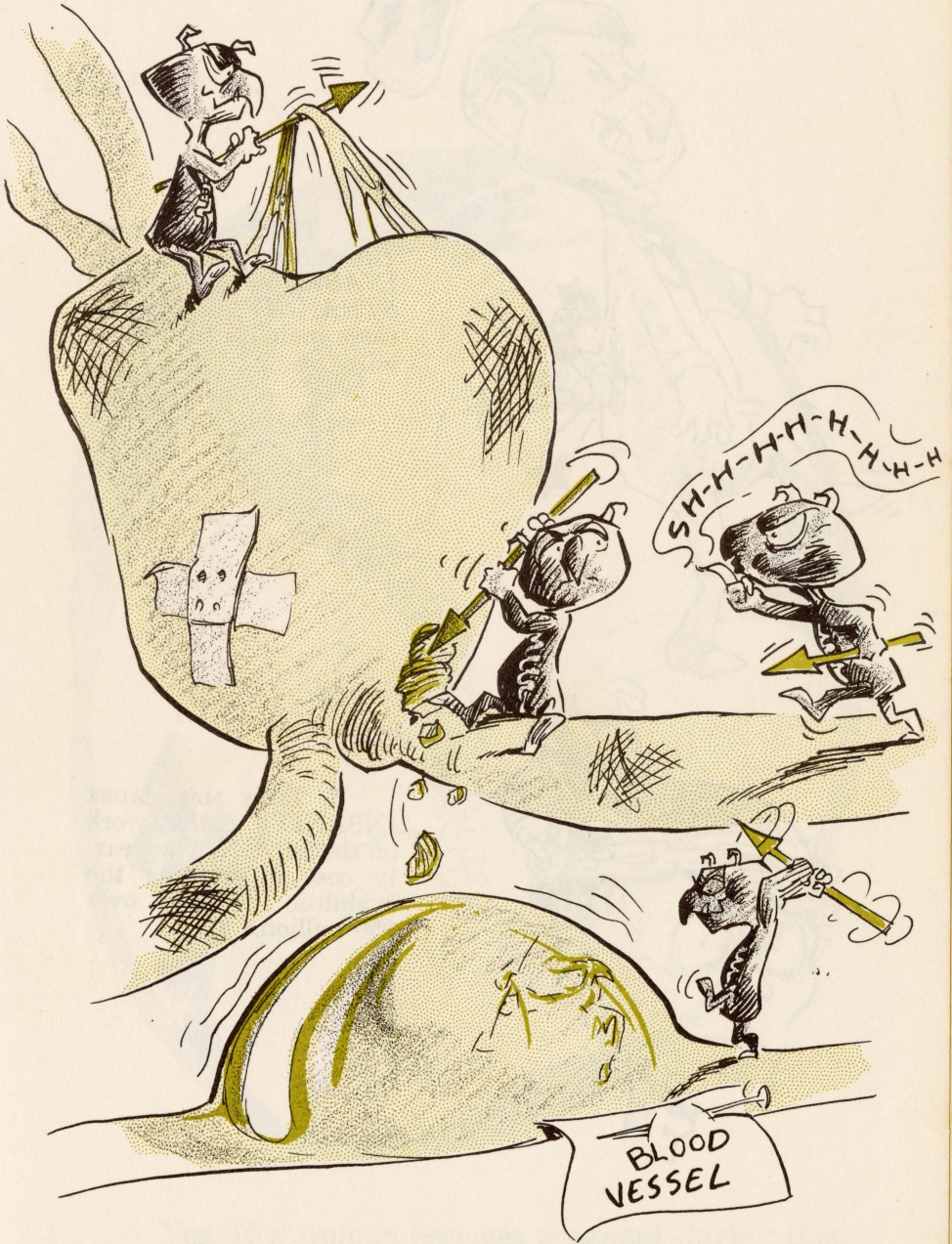
...3RD STAGE ISN'T TOO RELIABLE ...
BUT IT'LL BE HERE - **THAT'S FER SURE!**



He or she may develop tertiary (third stage) symptoms right away or may go as long as 10 to 25 years before anything shows up.

WHAT ARE THE SYMPTOMS OF "THIRD STAGE" SYPHILIS?

In the third stage of syphilis, the spirochetes **QUIETLY WORK** on the **VITAL ORGANS** of the body.



1. They may cause the walls of major blood vessels to lose their strength so that they "blow out" like an old inner tube.

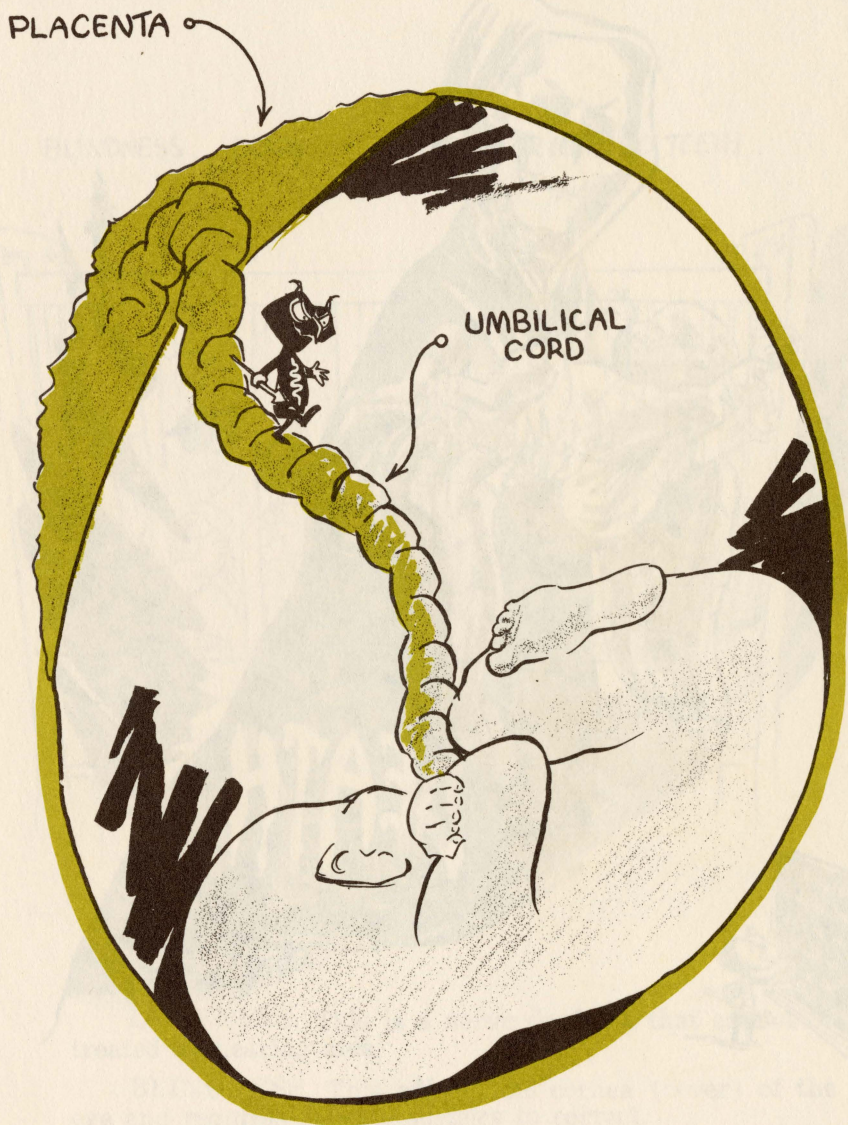


2. THEY MAY ATTACK THE SPINAL CORD causing *INABILITY TO WALK STRAIGHT*, or in some cases inability to walk at all.



3. THEY MAY CAUSE *INSANITY* as they work on the *BRAIN*. The yearly cost of treating the syphilitic insane is over \$50 million.

DURING THIS "ASYMPTOMATIC (NO SYMPTOMS) STAGE," CAN AN INFECTED PERSON INFECT OTHERS?



Yes. If a woman becomes pregnant during this time, the unborn child may become infected by contact with the mother's blood stream through the placenta (afterbirth).

WHAT IF A MOTHER HAS SYPHILIS DURING
PREGNANCY AND IS NOT TREATED?



The mother may lose her baby by early or late
miscarriage.

Her baby may be born prematurely and die.

Her baby may be born with defects such as:
PEGGED TEETH or notched teeth.

BLINDNESS . . . DEAFNESS . . . PEGGED OR NOTCHED TEETH



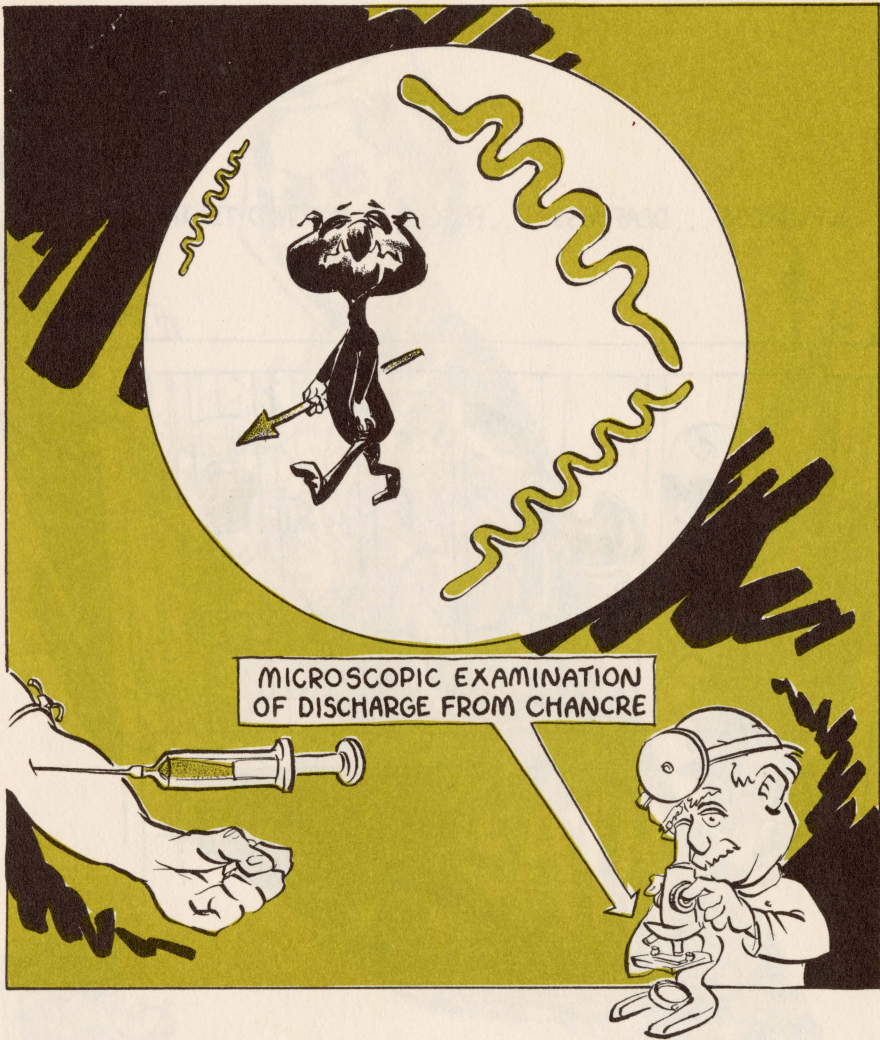
DEAFNESS. This is a nerve deafness that cannot be treated by hearing aids.

BLINDNESS. This affects the cornea (cover) of the eye and requires delicate surgery to correct.

MANY OTHER DISEASES that involve any organ in the body.

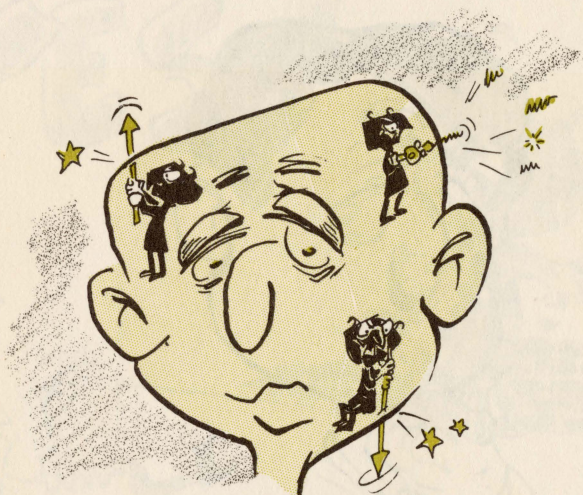
Her baby may be born with active **INFECTIOUS SYPHILIS** with a pus-filled discharge from its nose. The baby is then capable of infecting others.

HOW CAN A PERSON KNOW
IF HE HAS SYPHILIS?



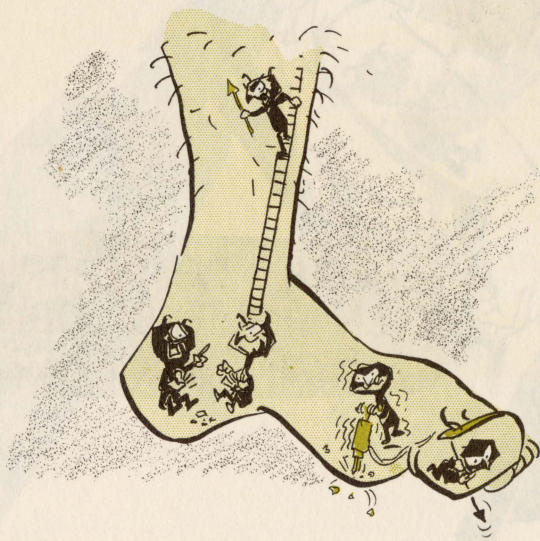
Very early after exposure, the spirochetes (germs causing the disease) burrow into the blood stream. A **BLOOD TEST** will often show evidence of the disease. However, microscopic examination of the discharge from the chancre (sore) which is formed on or around the sex organs will also disclose the long, cork-screw-like germs.

HOW SOON DOES A PERSON DEVELOP
SYPHILIS AFTER CONTACT OR EXPOSURE?



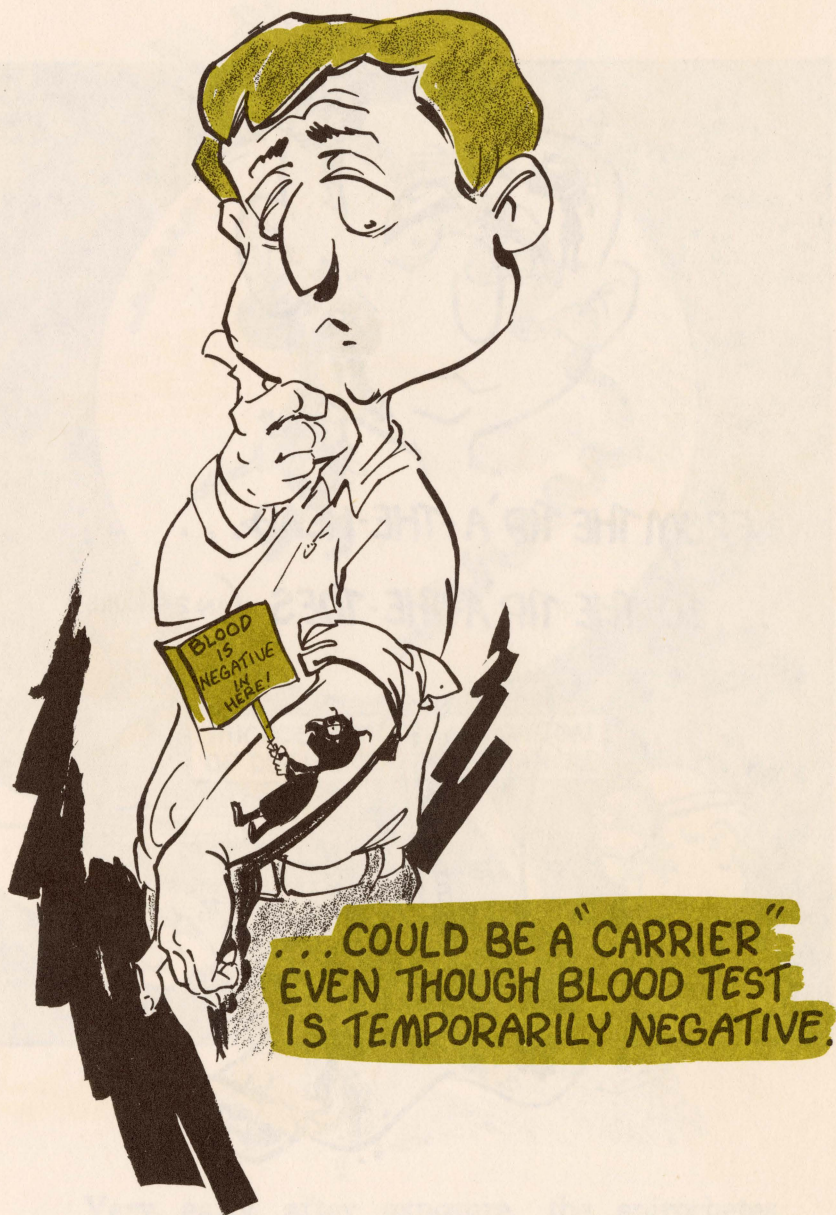
FROM THE TIP 'A-THE-HEAD . . .

. . . TO THE TIP 'A-THE-TOES (IN 24 HOURS)



He may be infected immediately. Within 24 hours the disease may have spread throughout his entire body. The disease may develop with or without any outward signs, such as a sore or rash.

WHAT SHOULD A PERSON DO WHO HAS BEEN EXPOSED TO INFECTIOUS SYPHILIS?



He should consult his Doctor or Public Health Clinic **IMMEDIATELY**. They will perform the necessary tests and **PROBABLY** will treat him regardless of the tests, since he can be a **CARRIER** even though his blood test is temporarily negative.

HOW MANY *UNTREATED* CASES OF SYPHILIS ARE THERE AT THE PRESENT TIME?



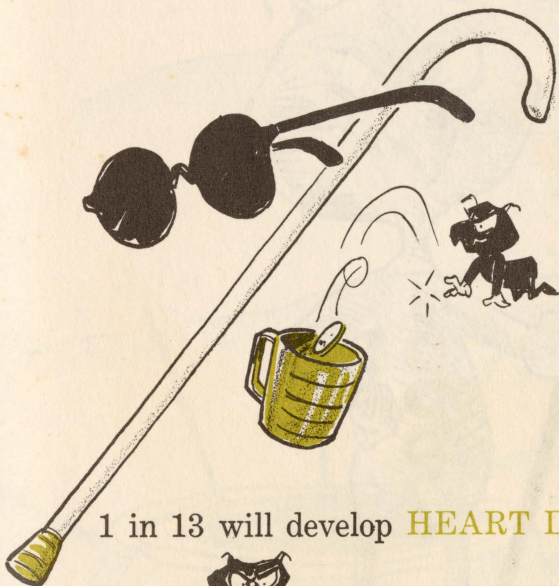
About **ONE MILLION** people in the United States have **SYPHILIS** and **NEED** treatment who are not getting it. Some of these are **INFECTIOUS**, some are not. Untreated, these carriers can spread the disease to millions of others.

WHAT WILL HAPPEN TO THE CASES OF SYPHILIS THAT ARE NOT TREATED?

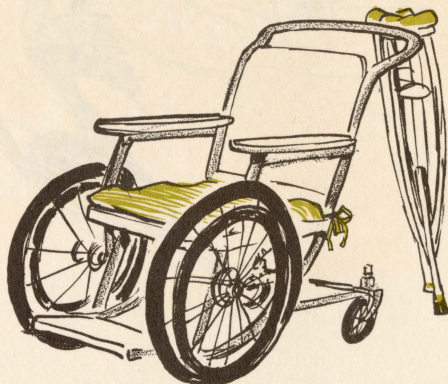
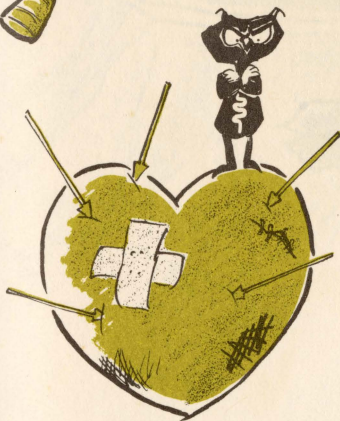
About 25% of them will develop severe **LATE SYMPTOMS**:

1 in 200 will go **BLIND**

1 in 44 will become **INSANE**

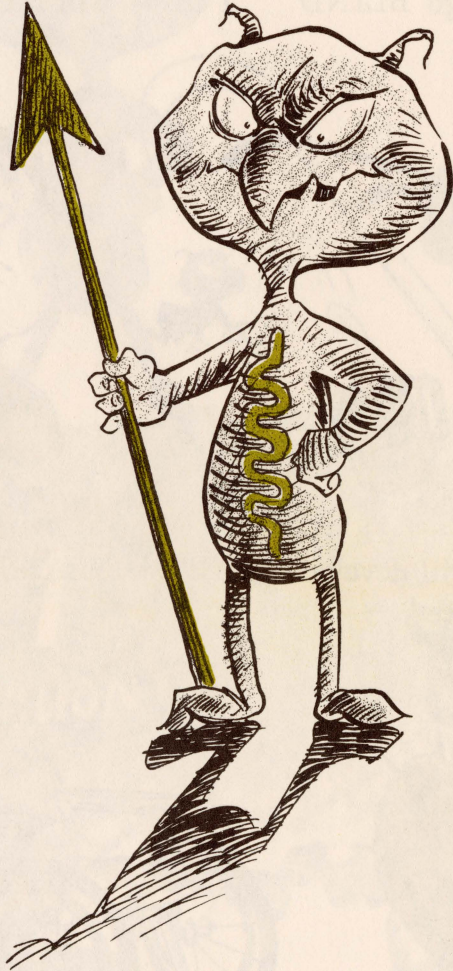


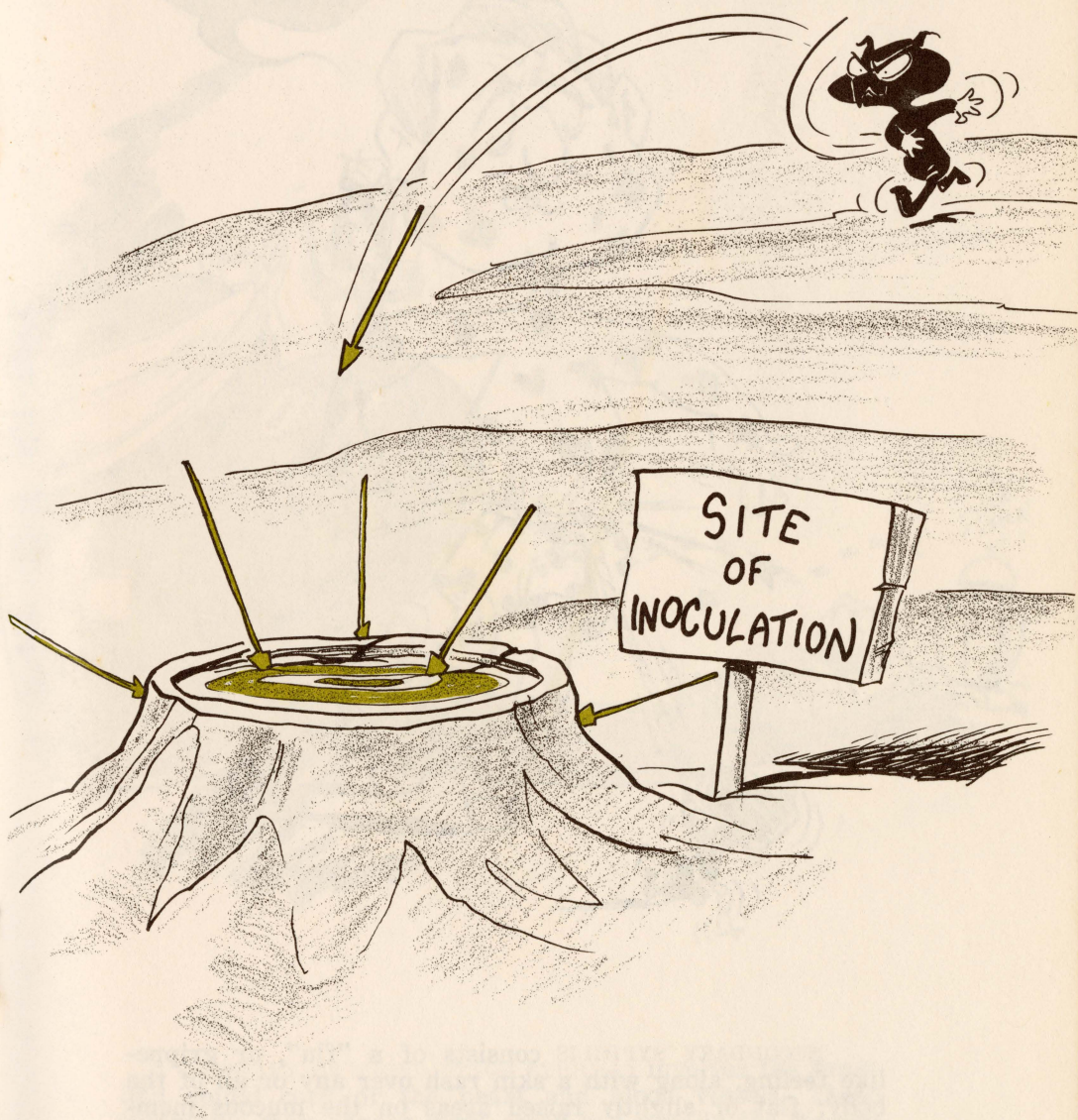
1 in 13 will develop **HEART DISEASE**



1 in 25 will become **CRIPPLED** or **INCAPACITATED**.

IN GENERAL:





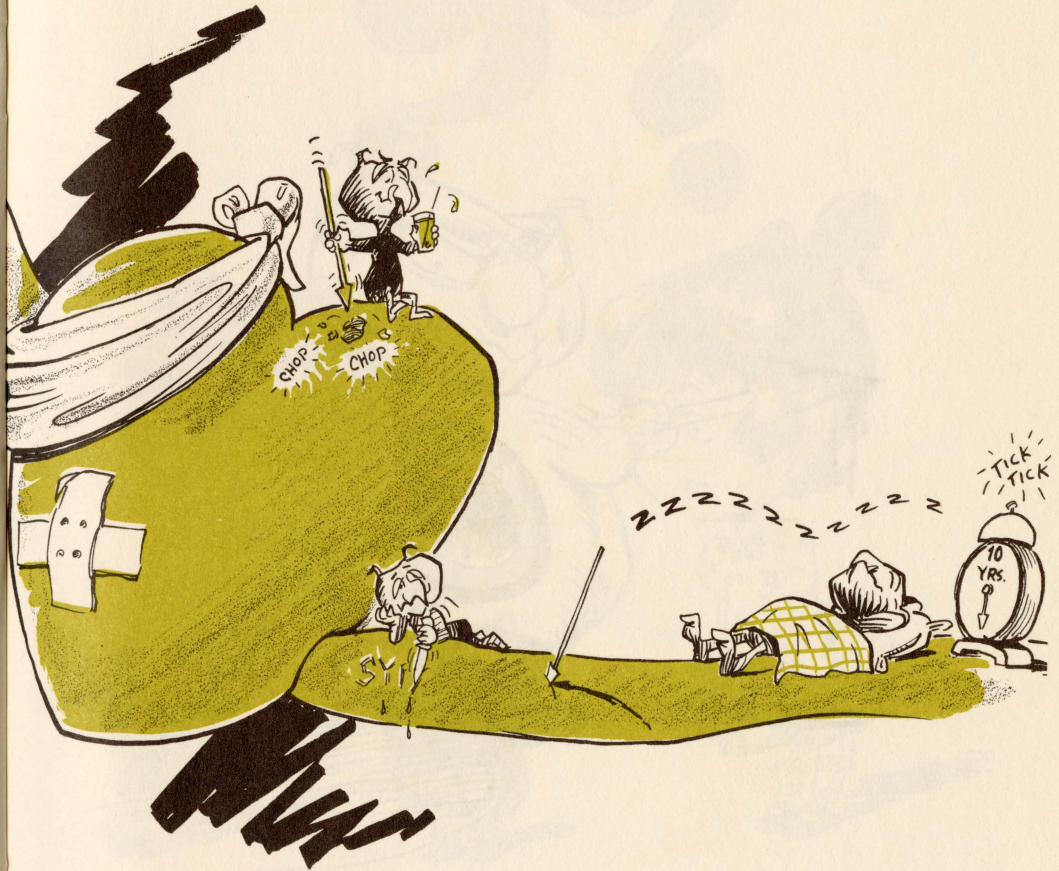
PRIMARY SYPHILIS consists of a sore or chancre at the site of inoculation. This is usually on or about the genitals or sex organs. It appears in 10-90 days or rarely not at all. It disappears with or without treatment but the disease **REMAINS** if untreated.



SECONDARY SYPHILIS consists of a "flu", or grippe-like feeling, along with a skin rash over any or all of the body; flat or slightly raised areas on the mucous membranes of the sex organs; general swelling of the lymph glands; sore throat, fever, and occasionally bald spots over scalp.

These symptoms appear in 2 to 6 weeks but also disappear with or without treatment. The disease **REMAINS** if untreated.

WHAT IS THE TREATMENT FOR
MORE ABOUT GONORRHEA...



TERTIARY OR THIRD STAGE SYPHILIS involves the brain and spinal cord or the heart and blood vessels. These symptoms may appear right away but usually the disease lies dormant (quiet) for 10 to 15 years, then suddenly turns up again as very serious destructive changes in the brain, spinal cord, heart, or blood vessels. Treatment is still necessary in this stage but the damage is severe, incapacitating and often fatal. People who die of syphilis, die of *third stage* syphilis.

MORE ABOUT GONORRHEA . . .



290,603 cases of Gonorrhea were *reported* in 1964. But it is conservatively estimated that there are over **ONE MILLION** new cases every year. Gonorrhea is about 10 times as common as syphilis.

WHAT IS GONORRHEA?



It is a dangerous, very contagious (catching), sometimes extremely painful inflammation of the mucous membranes lining the inside of the sex organs.

WHAT IS THE CAUSE OF GONORRHEA?



During sexual contact a germ called the **gonococcus** is passed from the infected person to the other. Although it is often called by other names such as “clap”, “dose”, or “strain”, it is *not* caused by heavy lifting.

IS THIS THE ONLY WAY GONORRHEA
IS ACQUIRED?



Almost without exception it is caused by sexual contact. Although some would like to blame dirty toilet seats, etc., this is very unlikely.

HOW LONG DOES IT TAKE GONORRHEA
TO DEVELOP AFTER EXPOSURE?



About one to eight days.

HOW DOES A PERSON KNOW
HE OR SHE HAS GONORRHEA?



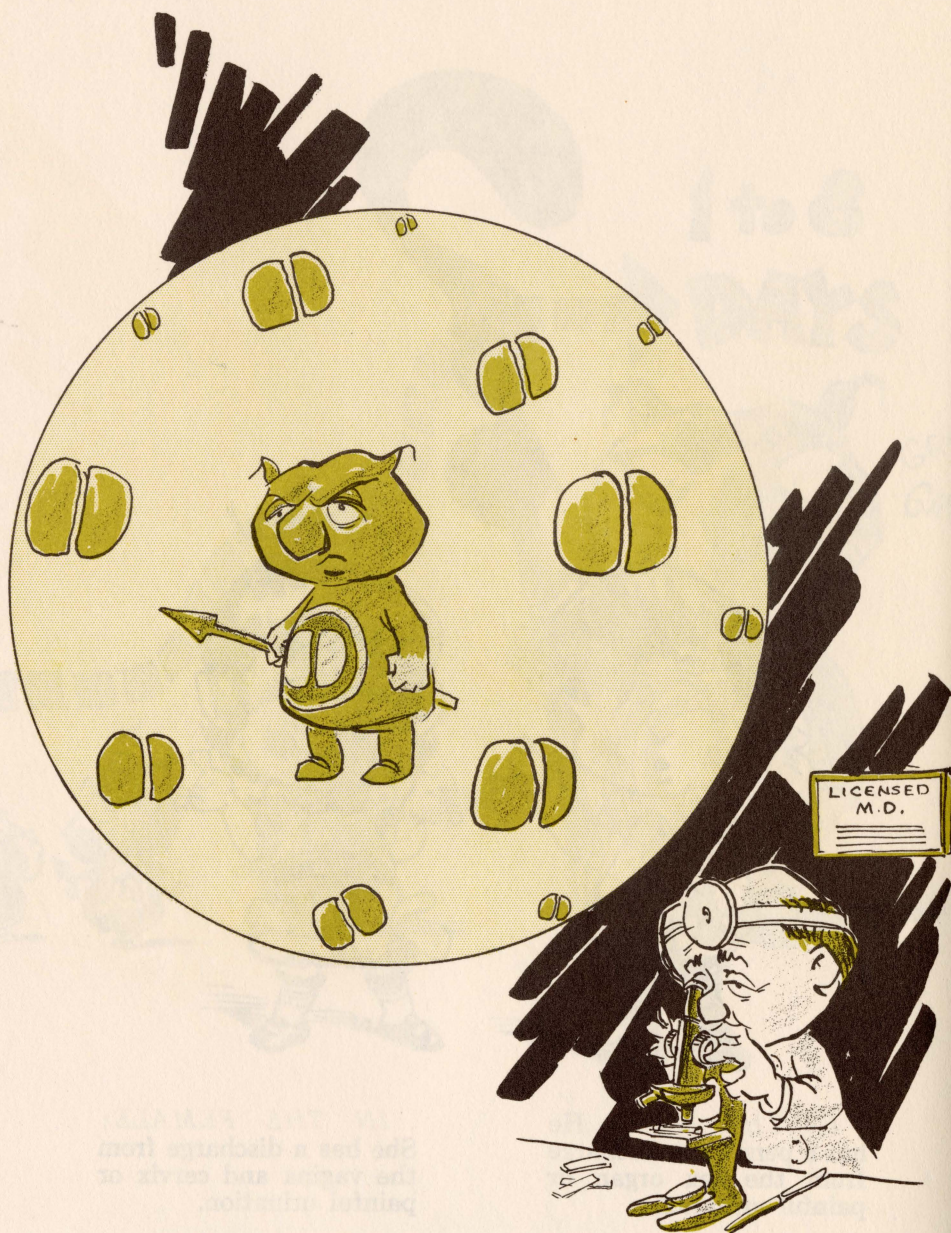
IN THE MALE: He has a persistent discharge from the sex organ or painful urination.



IN THE FEMALE: She has a discharge from the vagina and cervix or painful urination.

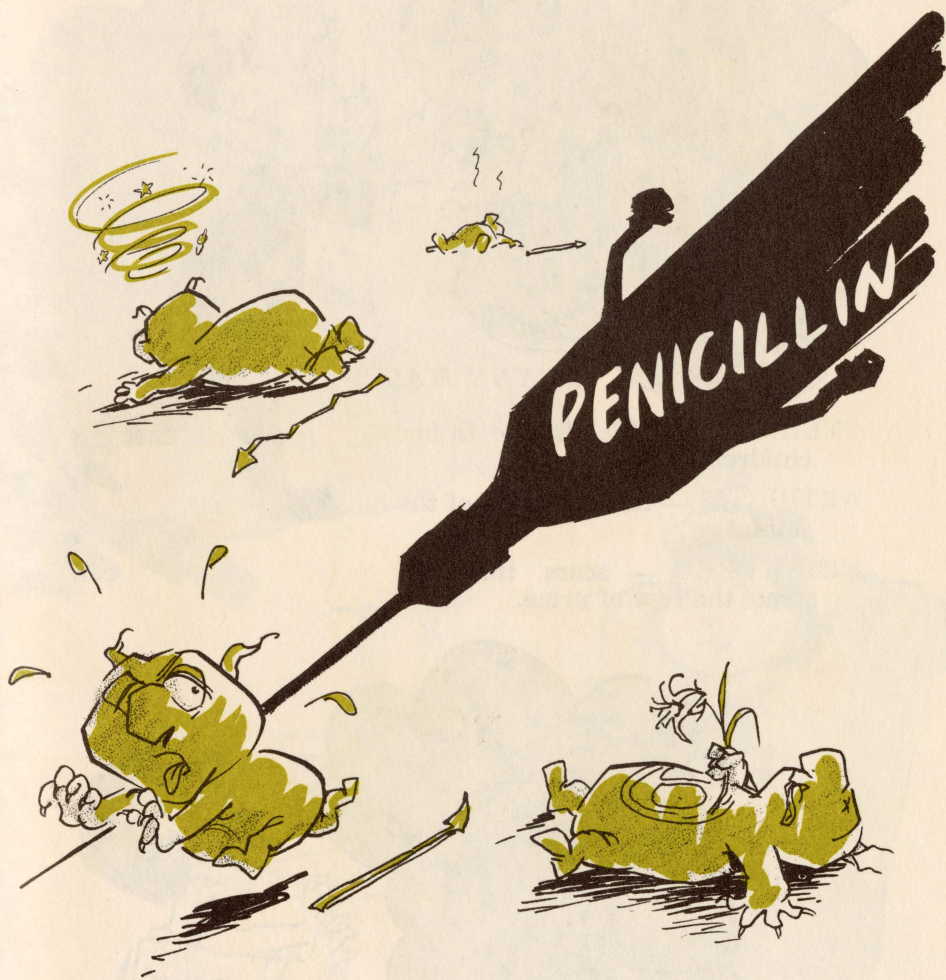
In both sexes this discharge is an early sign. The infection soon spreads to the rest of the body where it causes other problems.

HOW IS GONORRHEA DIAGNOSED?



By examination under a microscope, of the discharge from the sex organs. This *must* be done by or under the supervision of a **licensed physician**.

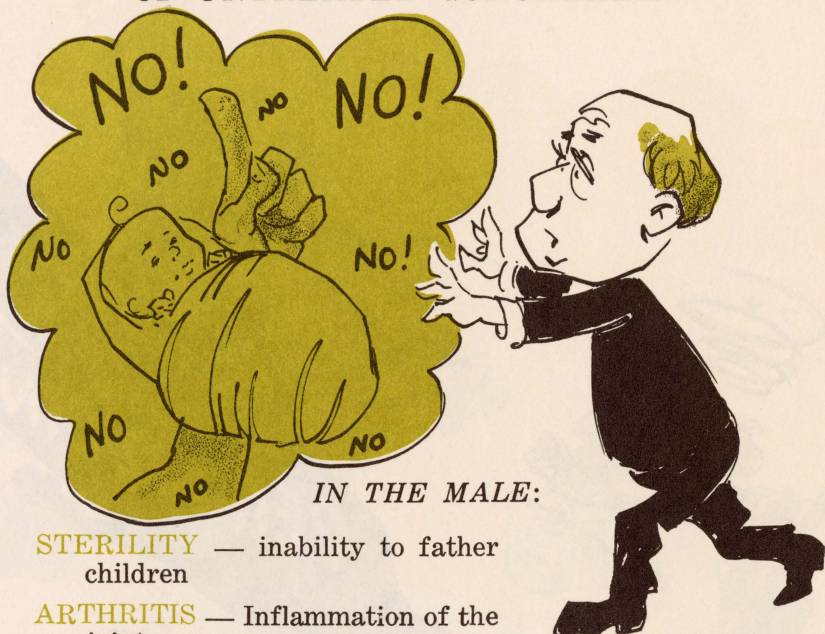
HOW DIFFICULT IS GONORRHEA TO TREAT?



It is relatively easy to treat. The cure is almost 100%.

Unfortunately, there is *increasing evidence* that the germ which causes gonorrhea is becoming more and more *resistant* to penicillin, especially in females.

WHAT ARE THE COMPLICATIONS OF UNTREATED GONORRHEA?

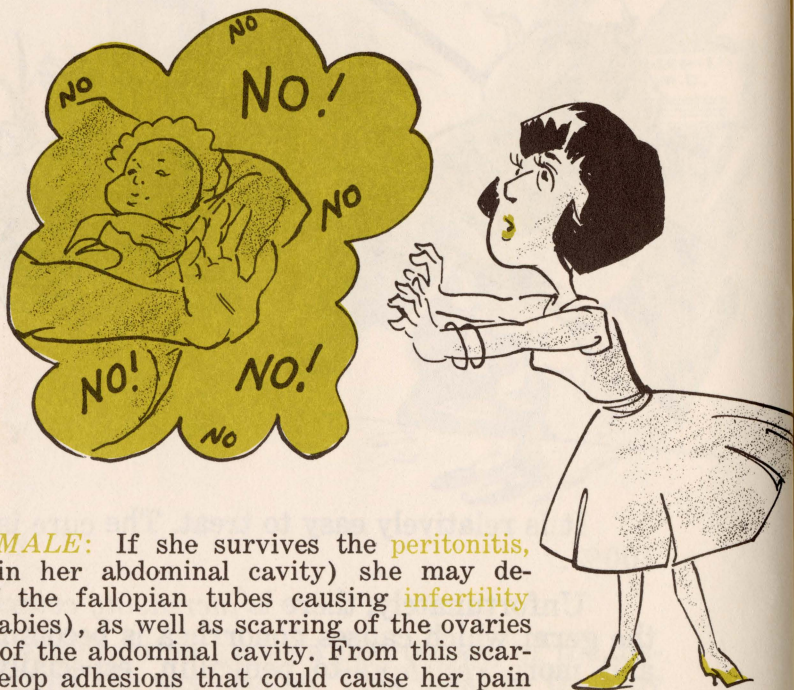


IN THE MALE:

STERILITY — inability to father children

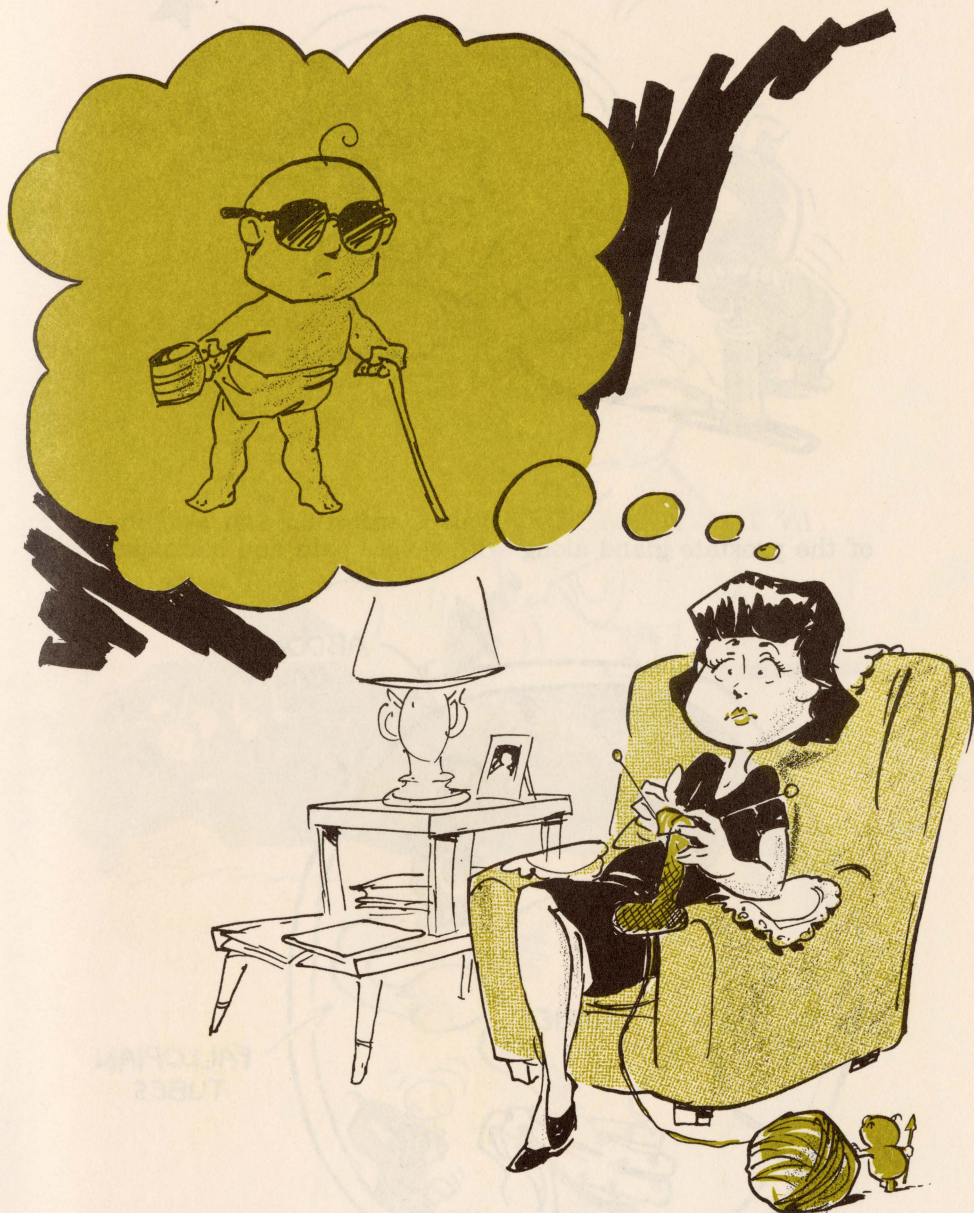
ARTHRITIS — Inflammation of the joints

STRICTURES — scars that obstruct the flow of urine.



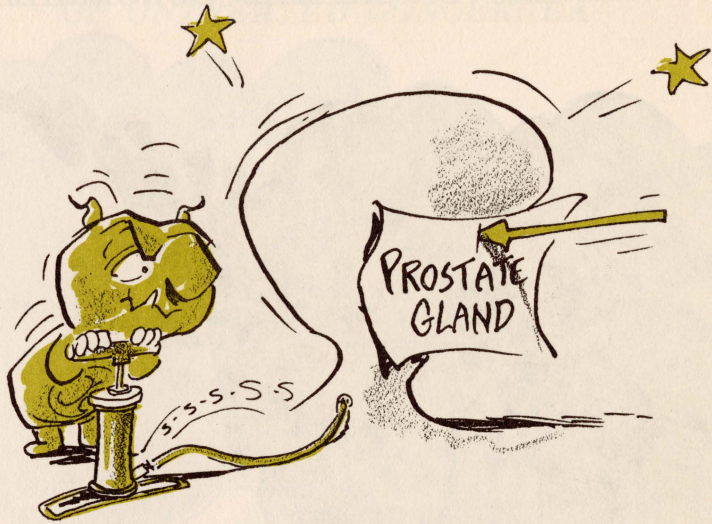
IN THE FEMALE: If she survives the **peritonitis**, (acute infection in her abdominal cavity) she may develop scarring of the fallopian tubes causing **infertility** (unable to have babies), as well as scarring of the ovaries and of the lining of the abdominal cavity. From this scarring she may develop adhesions that could cause her pain and discomfort for the rest of her life.

WHAT IS THE DANGER TO THE **BABY** IF A **MOTHER** HAS UNTREATED GONORRHEA?

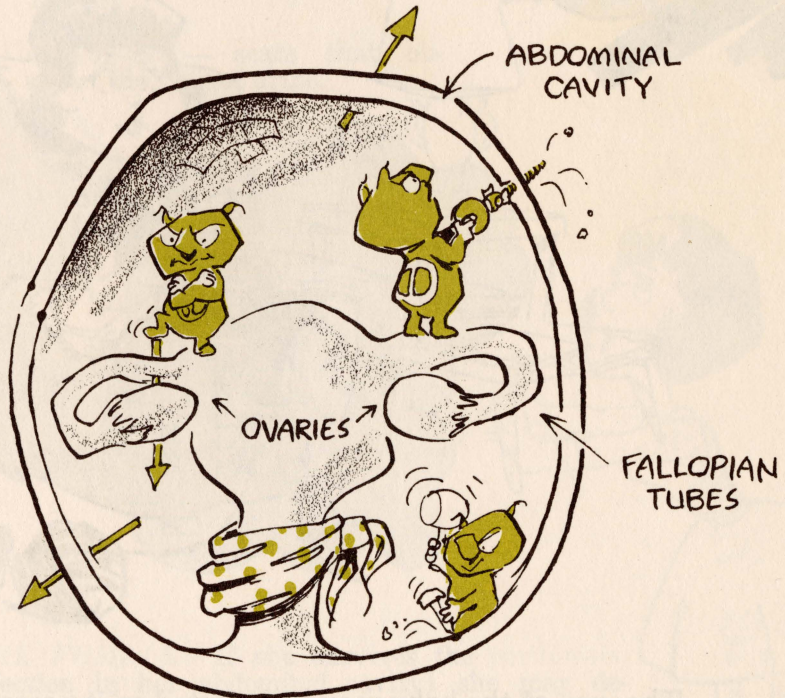


The **eyes** of the baby may be infected as it passes through the birth canal and this may cause blindness. The mother may also infect the baby in ordinary handling if she has **UNTREATED** Gonorrhoea.

WHAT ARE LATER SIGNS OF GONORRHEA?



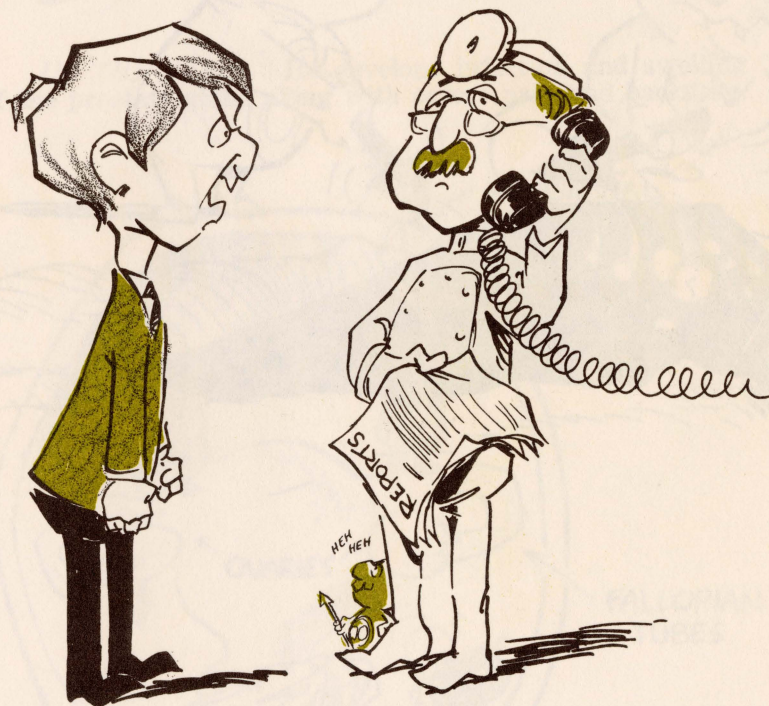
IN THE MALE: He develops infection and swelling of the prostate gland along with severe pain and backache.



IN THE FEMALE: She develops infection of her fallopian tubes and ovaries along with fever, pain and eventually peritonitis (infection of the entire abdominal cavity.)

WHY MUST A **PHYSICIAN** REPORT
A CASE OF **VENEREAL DISEASE**
TO THE PUBLIC HEALTH SERVICE?

WHY 'YA GOTTA
BLAB IT...?



Because an average of 10 persons or "**contacts**" are usually involved in each case. These people *must* be contacted and treated to *prevent* further spread of the disease.

CAN YOU GATHER VICTIMS TOGETHER AND
SET UP A DORMANTER BEATING TALKER BUT
OF BEING IN THE BARRACKS WITH
SOMEONE WHO HAS THE DISEASE



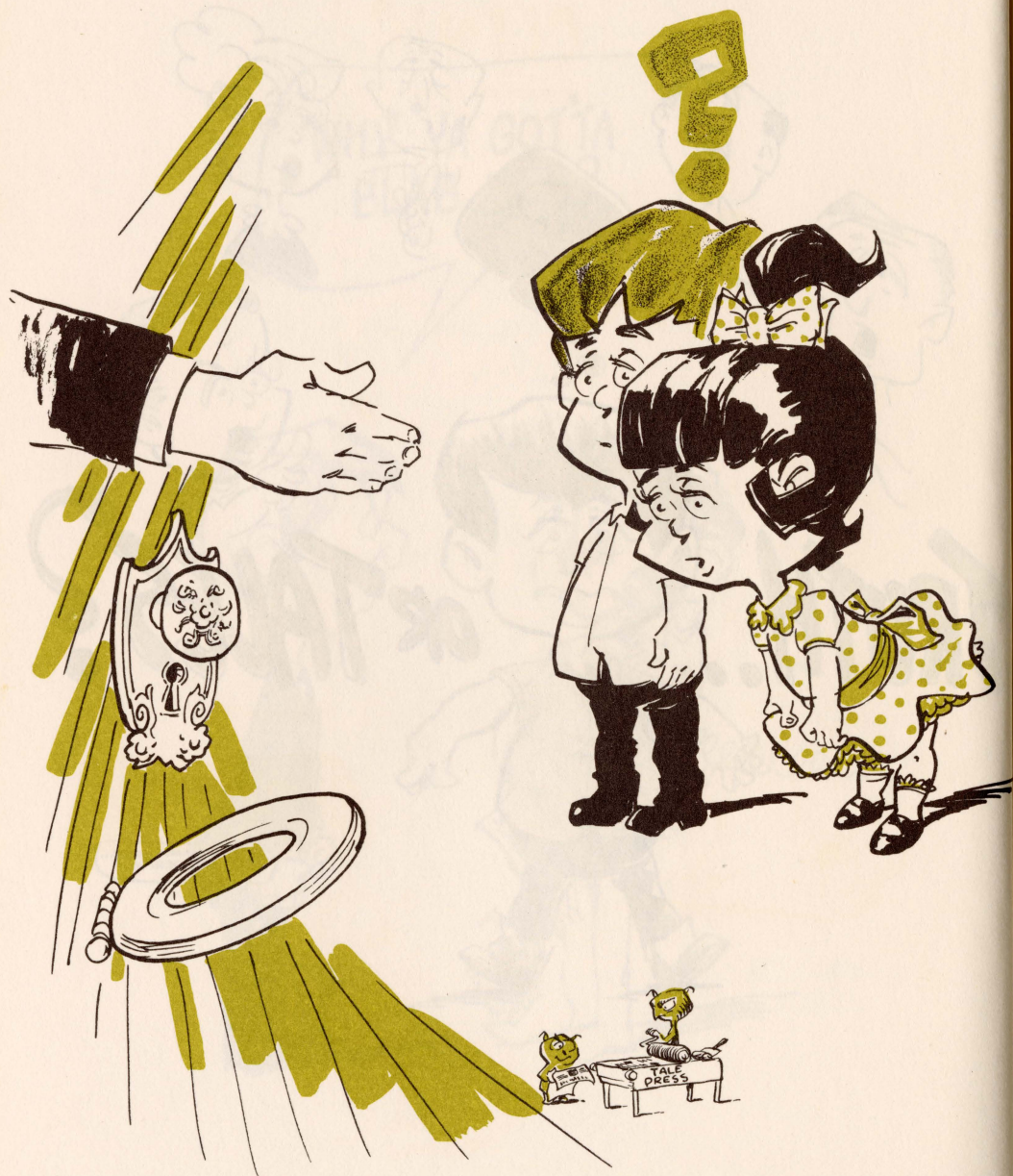
TRUTH... OR TALES?



WE'RE SO MISUNDERSTOOD...
ISN'T IT WONDERFUL!



CAN YOU CATCH V.D. FROM TOILET SEATS, DOORKNOBS, SHAKING HANDS OR BEING IN THE SAME ROOM WITH SOMEONE WHO HAS THE DISEASE?



NO. For the most part V.D. is caught only through sexual contact.

CAN YOU CATCH V.D. **AGAIN** AFTER
YOU HAVE CURED IT BY **TREATMENT**,
OR DO YOU BECOME **IMMUNE**?



There is **NO** immunity developed. Yes, you can have V.D. as often as exposed. There is no "vaccination" against V.D.

GONORRHEA IS OFTEN CALLED "STRAIN"
DOES THIS MEAN THAT IT IS CAUSED
BY LIFTING OR STRAINING?



NO. Lifting and straining have nothing to do with the development of the disease.

CAN YOU TELL BY LOOKING AT
A PERSON IF HE HAS V.D.?



NO. ONLY medical examination and laboratory tests can detect **V.D.**

IS V.D. INHERITED?



Either syphilis or gonorrhoea in a mother may be passed on to an unborn or newborn child by the mother, but **IT IS DEFINITELY NOT INHERITED.**

CAN'T YOU CURE YOURSELF OF V.D.
LIKE IT SAYS IN SOME MAGAZINES?

NO...



NO. These are **QUACK CURES**. Only a licensed physician is qualified to treat V.D. Anyone who suspects that he has V.D. should *immediately* see their medical officer.

HOW DIFFICULT IS IT TO CURE
SYPHILIS AND GONORRHEA?

AN OUNCE OF PREVENTION IS WORTH
A POUND OF CURE... A STITCH IN TIME
SAVES NINE... ETC... ETC...

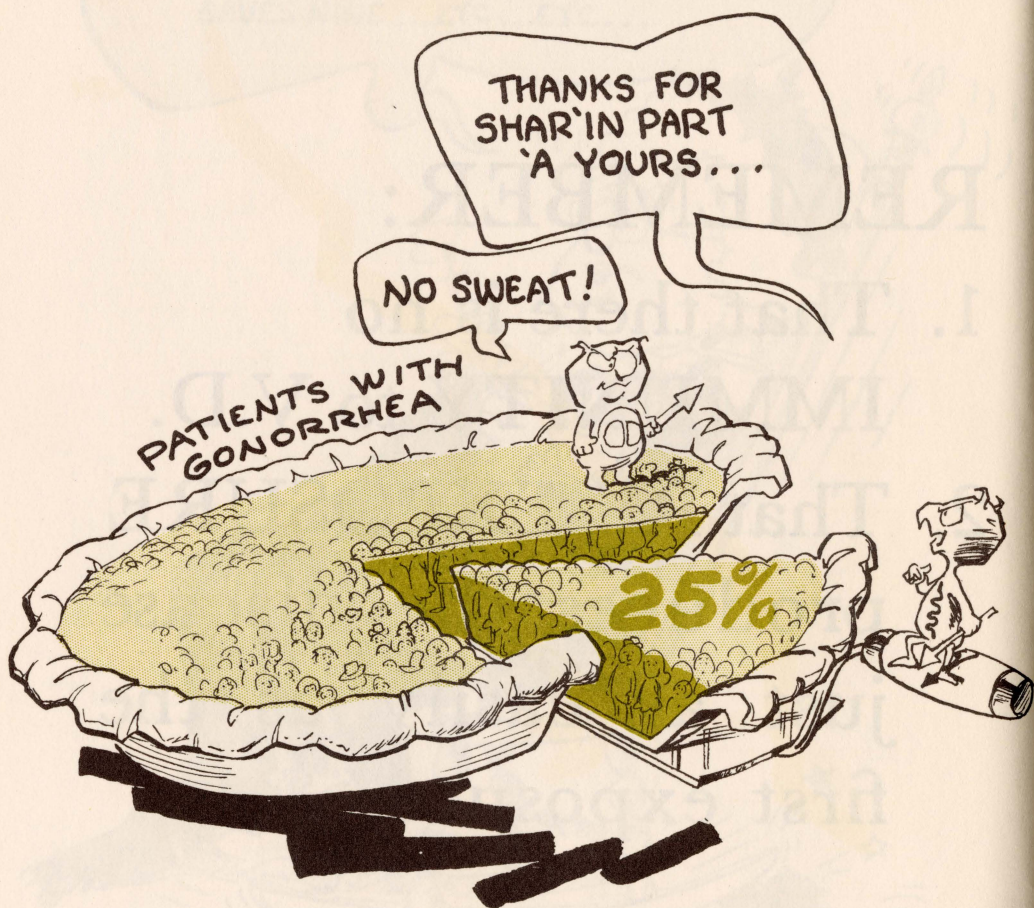


When treated **EARLY**, 95% of cases of **GONORRHEA** can be cured with a *single shot of penicillin*. A second shot within about 48 hours usually cures the remainder of cases. This points out the importance of *early* medical treatment.

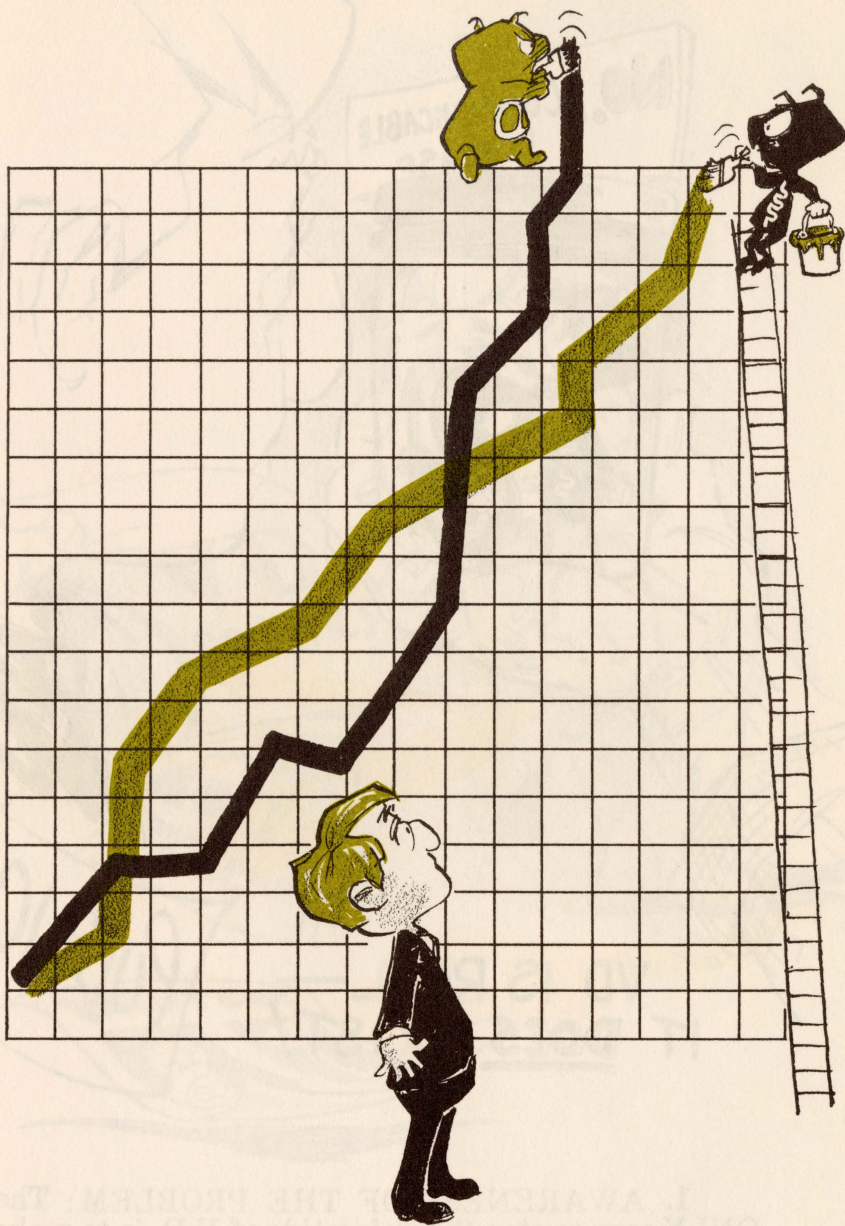
REMEMBER:

1. That there is no
IMMUNITY to V.D.
2. That **RE-EXPOSURE**
produces the disease
just as easily as the
first exposure.

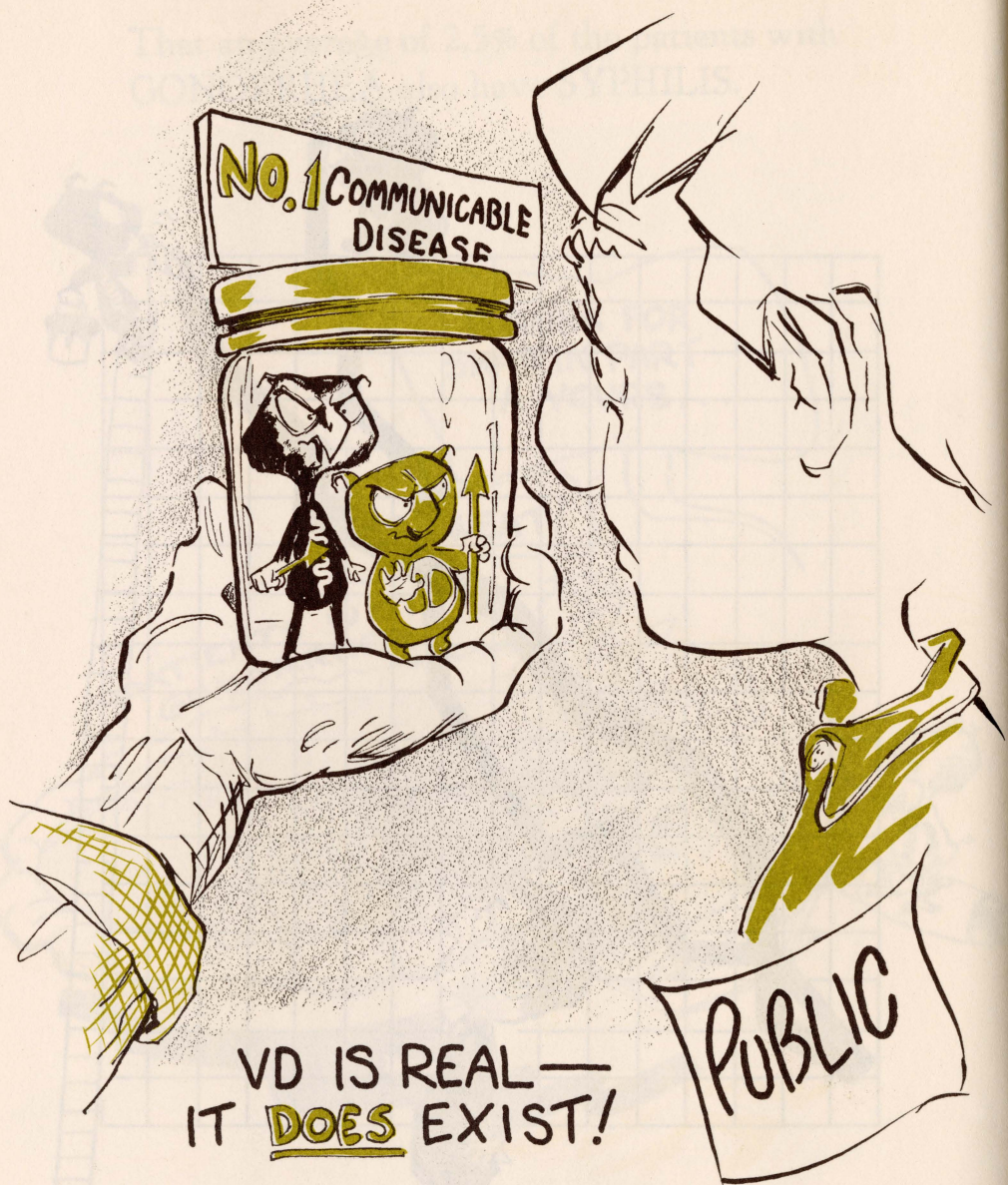
That an average of 2.5% of the patients with GONORRHEA also have SYPHILIS.



Two to five injections of penicillin are recommended for treatment of SYPHILIS in the early stages. Somewhat more is given for late or latent syphilis. (NO "ONE-SHOT" TREATMENT)



WHAT CAN BE DONE TO HALT THE RISE
IN V.D. AND TO *WIPE IT OUT?*



VD IS REAL —
IT DOES EXIST!

1. **AWARENESS OF THE PROBLEM:** The ONLY way to stop the rising tide of V.D. is to make people **AWARE** of its existence, and of what it can DO TO THEM. It is estimated that **OVER ONE MILLION** persons DO NOT KNOW that they have **SYPHILIS** or **GONORRHEA**!

Many others DO NOT KNOW that they have been **EXPOSED** to V.D.

PHYSICIANS should know the scope of the V.D. problem and **THEIR** responsibility in preventing its spread.



PEOPLE should be educated to **SEEK MEDICAL AID** and a **LABORATORY TEST** if they have been *exposed*, or have **ANY REASON** to suspect the disease.

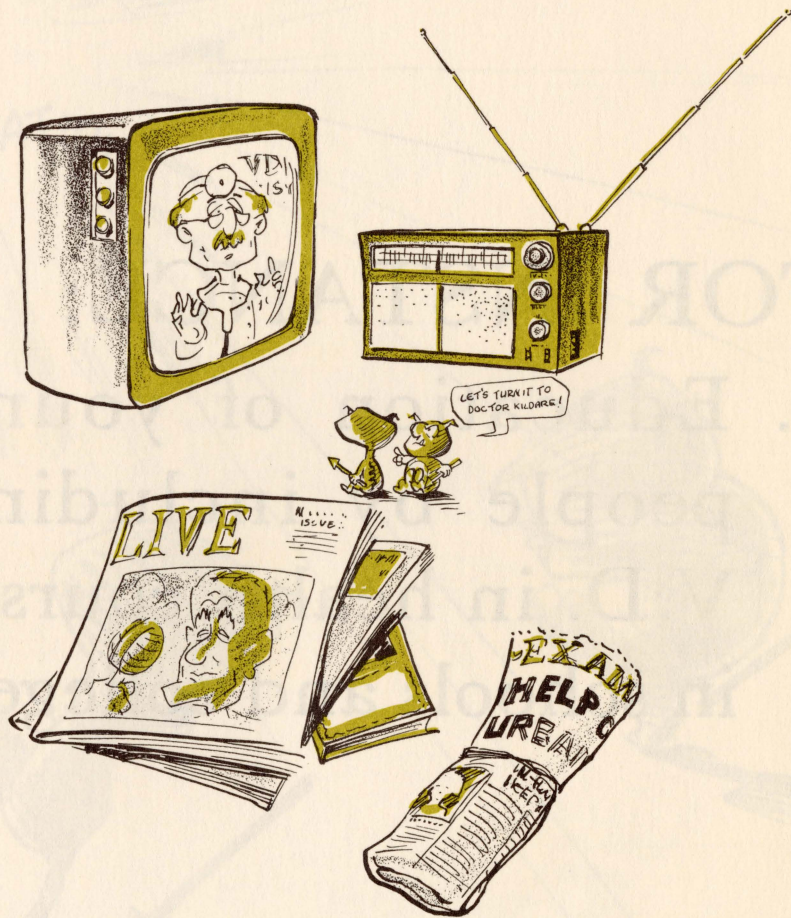


EDUCATION

2. **EDUCATION**: WHEREVER educational programs have been undertaken, the rate of V.D. has **FALLEN** rapidly.

FOR INSTANCE:

1. Education of young people by including V.D. in health courses in schools and colleges.



2. Education of the public **THROUGH MASS MEDIA** by programs sponsored by civic, religious and professional groups.

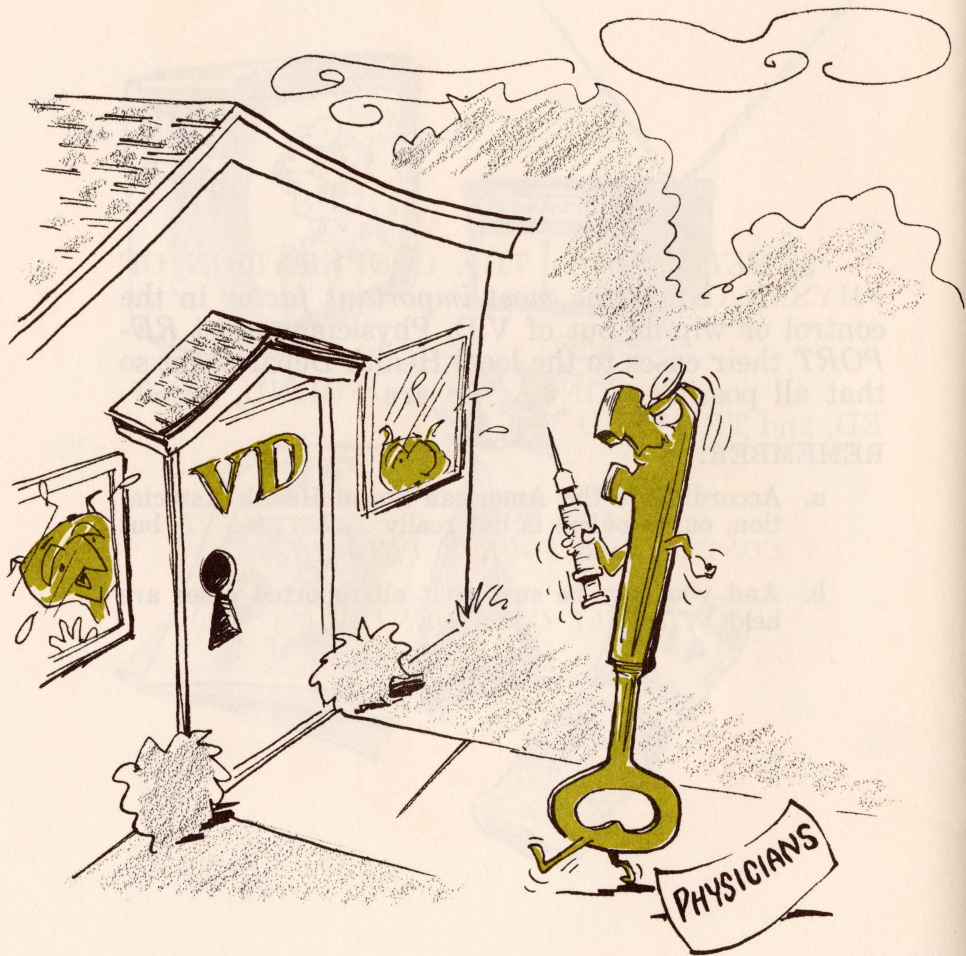
FOR INSTANCE:

3. **REPORTING: THE COOPERATION OF PHYSICIANS** is the *most important factor* in the control or wiping out of V.D. Physicians must **REPORT** their cases to the local Health Department so that all possible **CONTACTS** are **FOUND, TESTED, and TREATED.**

REMEMBER:

- a. According to the American Social Health Association, our *problem* is not really **TREATMENT**, but **CONTACT** and **SOURCE FINDING.**
- b. And you may be sure that all reported cases are held **STRICTLY CONFIDENTIAL!**

THE CONTROL AND ERADICATION OF V.D.
PRIVATE PHYSICIANS ARE THE KEY TO
THE PROGRESSIVE FIGHT AGAINST V.D.
FOR TO WIN A V.D. BATTLE YOU MUST



PRIVATE PHYSICIANS ARE THE KEY TO
THE CONTROL AND ERADICATION OF V.D.!

FOR INSTANCE:



ONE reported case turned up a chain of **600 CONTACTS** who were found, investigated and treated.

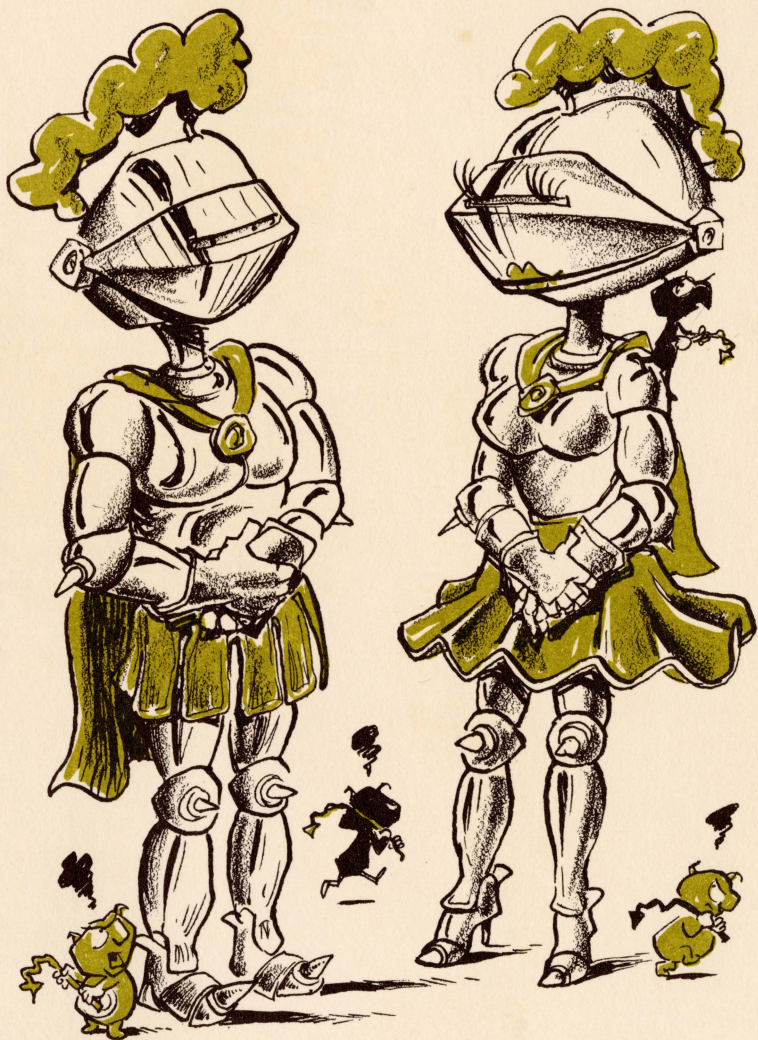


Another young girl, who was **INFECTED**, led Public Health Investigators through a **CHAIN OF CONTACTS** totalling **141 PERSONS** who had been **EXPOSED**. Their average **AGE** was 18 years.

AT THIS RATE, just
imagine HOW MANY
PEOPLE are being EX-
POSED by the estimated
120,000 NEW cases of
SYPHILIS and the
1,000,000 NEW cases of
GONORRHEA in the
United States EACH
YEAR.



LABORATORY REPORTS: Establish a law in ALL STATES making it mandatory that Public, Private and Hospital Laboratories and Blood Banks report all positive V.D. tests to Public Health Authorities. Such reporting would help verify that the disease actually exists. Then, through interviewing, re-interviewing and cluster interviewing of ALL PERSONS having INFECTIOUS V.D., this menace can be **WIPED OUT!**



BUT . . . THE ONLY *SURE* PREVENTIVE
AGAINST V.D. IS TO AVOID EXPOSURE



It was a delicate...
...THE ONLY TRUE PRESERVATIVE
...AGAINST THE TOXIC EFFECTS
...OF THE...
...OF THE...

