

## **"Examining Tuskegee: The Infamous Syphilis Study and Its Legacy"**

**Susan M. Reverby, 2009, 396 pages, University of North Carolina Press, \$32.00**

**Review by Norman M. Goldfarb**

"Examining Tuskegee: The Infamous Syphilis Study and Its Legacy" is a spell-binding history and analysis of the Untreated Syphilis in the Male Negro study ("Tuskegee") and its subsequent interpretation and cultural impact. Based on extensive primary research, it presents eye-opening insights into what happened and why. It is probably not possible to truly understand Tuskegee without reading this book.

This book has been selected for  
[The First Clinical Research Bookshelf](#)  
Essential reading for clinical research professionals

What, for heaven's sake, was the U.S. Public Health Service (PHS) thinking when it started the Tuskegee study in 1932? To start with, the PHS was created in 1798 as the Marine Hospital Service and grew to become the nation's primary warrior against disease in an era when public health measures like sanitation and vaccination were far more important to public health than the alternatives: patent (i.e., quack) medications then in popular use. The first significant modern pharmaceutical, sulfonamide, did not emerge until 1932, and penicillin until 1943; neither were effective against syphilis.

Syphilis today is still a serious disease, but nothing compared to the 1930s, when the only, somewhat-effective, treatments employed toxic heavy metals like arsenic and mercury in expensive, lengthy, dangerous treatments. Some physicians even infected their patients with malaria, itself no walk in the park, to induce fevers to fight syphilis. As a sexually transmitted disease with horrible symptoms that could emerge decades after infection, syphilis was especially insidious and terrifying. In the 1930s, latent, or late-stage, syphilis was not curable, even with heavy metals. (Even attempting to treat a patient with latent syphilis could release toxins from the syphilis bacteria as they died, causing the unfortunate side effect of the patient's death, as well.) For the first 10 years or so after infection, latent syphilis is transmissible, so the PHS saw the largely incurable latent disease primarily as a public health problem, which was right up its alley.

How prevalent was syphilis in the rural South of the 1930s? The PHS found rates averaging about 20% in rural Southern African Americans, with the highest rate — 40% — in Macon County, Alabama, the location of Tuskegee. There was no question but that syphilis was the most serious public health hazard to that population.

In the 1930s, medical science saw differences in skin color as the visible manifestation of differences in physiology. Joseph Earle Moore, a prominent Johns Hopkins syphilologist, wrote that syphilis was "almost a different disease" in African Americans. As a result, since the objective was to understand syphilis in African Americans, the only option was to study it in African Americans.

Many white Americans of the 1930s (and still today) perceived African Americans as immoral, sexually dangerous, and a potential source of infection. The idea of catching an incurable, sexually transmissible, "African American" disease was the stuff of nightmares. (Think of HIV/AIDS, the "gay" disease, more recently.)

The PHS saw itself as the elite of the medical profession, accepting the highest possible calling, and demanding sacrifices from its staff, including long hours, low pay, postings to backwater locations, and sometimes even death from the diseases it was fighting. It thus

had a very high regard for its own moral compass and scientific judgments. Poor, uneducated, Southern rural African Americans infected with a horrible, sexually transmitted, immoral disease, were at the opposite end of the spectrum from the PHS. As a result, the PHS thought of Tuskegee not as exploitation, but as *noblesse oblige*.

The book includes 13 chapters:

- Introduction
- Historical Contingencies
- Planned, Plotted & Official
- Almost Undone
- What Makes It Stop?
- Testimony
- What Happened to the Men & Their Families
- Why & Wherefore
- Triage & “Powerful Sympathizing”
- The Best Care
- Bioethics, History & The Study as Gospel
- The Court of Imagination
- The Political Spectacle of Blame & Apology

The book is available in bookstores.

### **Reviewer**

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