

Syphilis Control in a State Prison

III. A Centralized Syphilis Control Program for the State Prisons of New York *

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IN previous communications^{1, 2} we have described the marked improvement occurring in the care of syphilitic inmates at Sing Sing Prison following the inauguration of a specific program. As a result of the reevaluation of the status of each individual with syphilis there occurred a huge reduction in the number of inmates under treatment and a more adequate type of therapy for those who required it. We made the observation that imprisonment for an extended period might be interpreted, paradoxically, as a beneficial event in the life of a syphilitic, as it enabled him to receive a complete diagnostic appraisal and adequate therapy for his disease under conditions more suitable than those encountered by him in civilian life. In proof of this it was shown that, whereas only 13.5 per cent of those with a knowledge of the disease for 5 years or more had received adequate therapy prior to admission, 85 per cent of those requiring antisyphilitic treatment at the time of admission had fully completed that therapy 2 years later. In addition, we have indicated that the placement of a large number of syphilitic individuals under supervision for prolonged periods offers an

unusual opportunity for the investigation of problems referable to the course of syphilis and its treatment.

Because of the methods of reception and transfer of inmates within the New York State penal system, the above program at Sing Sing Prison was not complete by itself. Sing Sing Prison is a "receiving" institution and admits about 70 per cent of the total number of prisoners entering the state penal system. A number of these inmates are transferred each month to other state institutions, namely Attica, Auburn, Clinton, Great Meadows, and Wallkill State Prisons. Attica Prison receives about 25 per cent of the total number of direct admissions, and Clinton Prison about 5 per cent. Auburn, Great Meadows, and Wallkill State Prisons are strictly "transfer" institutions and receive all of their inmates from other prisons. There are occasional transfers of inmates from one "transfer" prison to another for various reasons. Therefore, it is obvious that unless all the institutions operating within this system maintained the same standards, the benefits of a diagnostic appraisal and decision as to the need for therapy accorded to an individual with syphilis at one prison might be lost when the patient was transferred to another.

In view of the above, a centralized system was visualized whereby through

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the coöperation of the various state prisons the care and treatment of an individual with syphilis would be adequately determined upon his entrance into the state penal system and continued in effect despite transfers from one institution to another. Also, the favorable results obtained by the re-evaluation of the records at Sing Sing Prison suggested that a similar approach might be made to the problem of syphilis at other institutions of the New York State Department of Correction. By these procedures, not only would improved methods of diagnosis and treatment be extended to additional large groups of syphilitic inmates but the combination of their records with those of the Sing Sing Prison patients would form a huge reservoir of statistical data.

PRELIMINARY SURVEY

In November, 1941, a meeting was held with the chief physicians of the various state institutions to discuss the creation of a uniform syphilis control program for the New York State Department of Correction. In the following month a field survey of the several institutions was made to determine the extent of their facilities, their personnel, and their methods for the care of inmates with syphilis. In general the findings paralleled the situation existing at Sing Sing Prison prior to the latter's inauguration of its syphilis program. A summary of these findings follows:

1. Little attention was paid to an evaluation of the many factors relating to the disease in each inmate with syphilis.

2. Patients were treated in large groups under rule-of-thumb regimes. With one exception, treatment was given in interrupted courses with intervals as long as, or longer than, the course. The schedule differed at each institution.

3. Little attention was paid to previous therapy. Too much reliance was placed upon the results of the Wassermann reaction of the

blood in guiding treatment. In some institutions, patients were continued on therapy for 5 or 10 years as long as the serology was positive, whereas inadequately treated patients were taken off therapy because of a reversal of the serologic test.

4. Spinal fluid analyses were not obtained routinely on all inmates with syphilis, except in one institution.

5. Chest roentgenograms were not obtained on late cases of syphilis.

6. Methods for the periodic observation of patients with syphilis were inadequate.

7. No facilities were available for the administration of fever therapy for neurosyphilis.

8. The physicians-in-charge were eager to coöperate in a plan designed to provide effective and adequate treatment of their patients.

THE SYPHILIS CONTROL PROGRAM

With the field thus surveyed a Syphilis Control Program for the New York State Department of Correction was formulated and launched in January, 1942. The central focus was designated the Syphilis Control Office (S.C.O.), and was located at Sing Sing Prison because of the position of the latter as the chief reception depot and because of its adequate facilities for diagnostic procedures and for the administration of special therapeutic regimes.

The functioning of the Syphilis Control Office can be summarized as follows:

1. *Review of current cases*—Each prison physician sent to the S.C.O. a copy of the record of every syphilitic inmate in his institution. These records were complete in regard to history, physical examination, laboratory tests, and treatment. The charts were reviewed by the staff members of the S.C.O. and suggestions were made as to any further work-up or treatment which might be indicated. These suggestions were then forwarded to the prison physicians.

2. *Admission of new patients*—All inmates admitted to Sing Sing Prison are interviewed as to a history of syphilitic manifestations, positive serologic tests, or antiluetic therapy. All patients giving a positive history, or showing syphilitic manifestations, or upon whom positive serologic tests are obtained in the routine examinations, are admitted to the Sing Sing Prison Syphilis Clinic. Complete

history and physical examination are then performed. Attempts are made to confirm all positive histories of syphilitic manifestations and treatment by correspondence with the medical authorities who previously cared for the individuals. Laboratory work-up includes quantitative complement-fixation tests determined by the New York State Department of Health, Division of Laboratories, complete spinal fluid analyses, teleroentgenograms of the chest and electrocardiograms. The S.C.O. then makes a decision as to the future course of the individual. In general, there are 3 groups of patients: (a) those who are to receive no further antisyphilitic therapy; (b) those who are to receive routine therapy consisting of continuous, alternating courses of a trivalent arsenical and bismuth; and (c) those who are to receive special forms of treatment such as fever and intensive methods of arsenotherapy. The individuals of the first two groups are then eligible for transfer to other institutions, but members of the third group are eligible for transfer only after the completion of the special forms of treatment.

The physician in charge of each of the other "receiving" institutions carries out investigations similar to those of the Syphilis Clinic at Sing Sing Prison. He makes a decision as to each inmate's future course. A copy of the chart is then submitted to the S.C.O. for its appraisal.

3. *Transfer of patients*—When an inmate with syphilis is transferred from Sing Sing Prison to a coöperating institution, the S.C.O. forwards copies of his records. The prison physician is requested to continue the courses specified for each individual. The necessary follow-up examinations are indicated. It is requested that no changes be made in the regime prescribed by the S.C.O. or other admitting office before such is brought to the attention of, and is approved by, the S.C.O. and corrections made on its own records.

Upon the transfer of an inmate with syphilis from one coöperating institution to another, the transferring institution sends to the S.C.O. a notification of that fact together with its completed case records. The S.C.O. then forwards to the receiving prison a copy of these records including its suggestions as to the future course of the individual.

4. *Rôle of the coöperating physicians*—The functions of the prison physicians are as follows:

a. Performance of history and physical examination on admission and a repetition of the latter twice yearly.

b. Administration of routine treatment.

c. Performance of serologic tests (titered by New York State Department of Health, Division of Laboratories) twice yearly and of lumbar punctures and chest roentgenograms where indicated.

d. Keeping of adequate records in uniformity with all coöperating institutions.

5. *Parole or discharge of inmates*—When an inmate with syphilis is to be discharged by expiration of his sentence, the coöperating institution sends to the S.C.O. one complete clinical record including final suggestions as to the future needs of the individual. When the patient is released on parole, a copy is also sent to the parole officer. If further therapy or follow-up is indicated, the parole officer assigns the patient to an appropriate clinic and supplies that clinic with the record.

6. *Consultation service*—At least twice yearly, a staff member of the S.C.O. visits each of the coöperating institutions for the purpose of discussing problems and consulting about difficult cases. Visits may be made more frequently should the occasion arise.

7. *Handling of neurosyphilitic inmates*—The majority of patients with syphilis of the central nervous system are diagnosed on admission to Sing Sing Prison by clinical means or by spinal fluid analysis and are kept at that institution so that especially indicated forms of treatment may be administered. When such therapy has been completed, these patients may be transferred to other institutions.

When inmates with central nervous system syphilis are admitted directly to other institutions, or are first discovered at other prisons, arrangements are made to have these individuals transferred to Sing Sing Prison because of the therapeutic facilities there available. Upon the completion of therapy, the patient may be re-transferred to the original institution for follow-up.

8. *Establishment of the Central File*—The Syphilis Control Office established a Central File to serve as a collective reservoir for all information related to inmates with syphilis within the coöperating institutions. This file was begun with the records which were submitted to the S.C.O. for appraisal in the original review of current cases. Records of newly admitted patients are added when the diagnostic procedures are completed and the therapeutic regimes outlined. The charts are kept current by the addition of related correspondence, progress reports by the coöperating physicians, and the notations of the S.C.O. consultant at the time of his periodic visit to the institutions. When an inmate leaves an institution, the prison physician

sends to the S.C.O. a report which includes all information not previously recorded in the Central File and a statement relative to the future course of that individual. When an inmate is transferred from one cooperating institution to another, this fact is noted on the file of both prisons.

PROGRESS

In the six months which have elapsed since the inauguration of the program, considerable progress has been made. Five other institutions of the New York State Department of Correction have joined with Sing Sing Prison in establishing uniform methods for the care of inmates with syphilis under the supervision of the Syphilis Control Office.

The records of 942 patients from these 5 institutions have been brought up-to-date by the prison physicians and reviewed by the S.C.O. staff, as had previously been done with the records of inmates with syphilis at Sing Sing Prison. Seventy-five patients have been seen in consultation during a visit of an S.C.O. staff member to these institutions. Many inmates with late syphilis are having chest roentgenograms and spinal fluid analyses for the first time. The application of definite criteria for the determination of the adequacy of previous therapy has resulted in a reduction in the percentage of patients under treatment from 72.5 per cent to 19.3 per cent. Fifteen cases of active neurosyphilis were found which were previously undiscovered or were being unsuccessfully treated by routine methods over long periods. These inmates have been transferred to Sing Sing Prison for fever therapy.

The Central File now contains records of 1,502 current cases of syphilis under the supervision of the Syphilis Control Office of the New York State Department of Correction. This number includes 560 cases at Sing Sing Prison plus those of the 5 cooperating institutions. The records in this file

are kept up-to-date through notifications by the prison physicians as to changes in regime, transfer, or discharge of any patient.

DISCUSSION

The Syphilis Control Program has been launched primarily to permit the several large institutions of the New York State Department of Correction to cooperate in maintaining uniform standards in the treatment of the syphilitic inmates under their control, thereby insuring effective and sufficient treatment. The advantages of incarceration for an extended period within a single institution in allowing for the administration of adequate antiluetic therapy has previously been demonstrated.² The Syphilis Control Program brings the same advantages to all syphilitic inmates within the state penal system, including those who for various administrative reasons are subjected to one or more transfers. The syphilitic inmate now has the advantage of an initial complete diagnostic appraisal by physicians particularly interested in syphilis, and consultation by these physicians as need arises. The proper handling of the syphilitic during his period of incarceration results in an individual with much more confidence regarding his future and also precludes him from being added to the problem of syphilis and its complications among the general public when he is released.

The pooling of scientifically collected facts concerning these many syphilitics in the Central File should create a reservoir which later will bring forth much information and fill many gaps concerning current knowledge of the disease. As the average period of incarceration within a state prison is 2 years, and many serve sentences for 10 years or more, while others return because of violation of parole or new offenses, the chances appear unusually good for obtaining long term observations upon

these individuals. With an active case load of 1,500, and approximately 500 added yearly, the number of cases followed for long periods should be sufficient to allow us to draw conclusions of statistical significance. It is hoped that with the passage of years, answers can be found to such questions as the indications for therapy in latent syphilis, the differences in final outcome between untreated, inadequately treated, and adequately treated patients, the differences between adequate treatment early and late in the course of the disease, and finally an evaluation of the newer intensive methods of therapy.

SUMMARY

1. A centralized program for the care of syphilitic inmates in the various New York State penal institutions has been described.

2. By means of such a program, all

syphilitic inmates can be assured of adequate therapy during their periods of incarceration.

3. The establishment of a central file with records of 1,500 active cases, many of whom will be followed over long periods of time, may eventually yield a considerable amount of useful information regarding the course of syphilis.

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