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A research study of the prevalence of venereal disease among senior high-school boys and the attitude of the community toward venereal instruction

Ralph S. Richardson
Indiana State University

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A RESEARCH STUDY OF THE PREVALENCE OF VENEREAL
DISEASE AMONG SENIOR HIGH-SCHOOL BOYS
AND THE ATTITUDE OF THE COMMUNITY
TOWARD VENEREAL INSTRUCTION

by
Ralph S. Richardson

Contributions of the Graduate School
Indiana State Teachers College
Number 405

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of the Requirements for the
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The thesis of Ralph S. Richardson,
Contribution of the Graduate School, Indiana State Teachers
College, Number 405, under the title A Research Study of
the Prevalence of Venereal Disease Among Senior High-School
Boys and the Attitude of the Community toward Venereal
Instruction

is hereby approved as counting toward the completion of the
Master's degree in the amount of 8 hour's credit.

Committee on thesis:

E. E. Ramsey

A. R. Strum

J. R. Shannon, Chairman

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CHAPTER I

INTRODUCTION

I. TRADITIONAL ATTITUDE

Common observation shows us that anything pertaining to sex or to the dread plague of venereal disease is taboo. Lack of reasoning and a puritanic religious psychosis, that God had sent these diseases to compensate for the breaking of his commandment, has led us to stand aloof, content in our own ignorance that "God's in His heaven, All's well with the world."

II. NECESSITY FOR CHANGE

Living in a great industrial transition, where the home is becoming less effective and the influence of state and commercial institutions is becoming increasingly stronger, it is time we are facing flaws in our social machine, analyzing, and giving our strongest attention to that which is causing the most harm.

One hundred thousand deaths annually can be traced to venereal diseases according to reliable sources;¹ but even today, with a great federal campaign to bring venereal knowledge before our people, the automobile with its mere forty thousand deaths per year, holds the headlines.

¹Thomas H. Beck, "Are We a Nation of Prudes," Colliers, Feb. 6, 1937, p. 66.

There is only one way to correct the evil, and that is by a willing press striving to build up favorable attitudes, to put venereal knowledge in the open, and then to throw open the doors of the public schools and other institutions to teach it out of existence.

The study which follows is a questionnaire study, very brief for so large a subject, but an honest attempt to delve into one of the oldest, most closely guarded of society's subtle secrets--the scourge, venereal diseases.

III. OTHER STUDIES

This study has not required broad reading in similar subjects as have many research reports. The writer has not been able to find literature bearing directly on this topic. Therefore, a bibliography has been omitted as a part of this thesis.

IV. GENERAL PROCEDURE

The Questionnaires. The questionnaires were compiled with three principal motives: (1) to determine the knowledge of the high-school boy concerning venereal diseases, (2) to find out the sexual habits of the high-school student and the graduate--to see if there is actually a felt need for such instruction, and (3) to test the entire community obtaining its reaction--to judge if venereal information is as

distasteful as ordinary gossip would have us to believe.

Six sets of questionnaires² were prepared: (1) to the parent, (2) to the junior and senior high-school boy, (3) to the high-school graduate, (4) to the principal of the high school, (5) to the physician, and (6) to the churchman.

The purpose of the questionnaire to the high-school boy was to determine his knowledge concerning venereal diseases and to learn of his sexual habits. The purpose of the questionnaire to the high-school graduate was to obtain the correlation between the sex life of the high-school boy and the high-school graduate and to obtain the attitude of the individual toward such instruction. The remaining four questionnaires directed to parent, principal, physician, and churchman, were to determine attitudes on this supposedly unwelcome topic.

Method of Presentation. Starke County, Indiana, the author's home county, was selected for the project. This county has six rural high schools, Grovertown, Hamlet, Knox, Center Township, North Judson, and San Pierre. The largest enrollment of junior and senior boys was thirty-four and the smallest was sixteen.

The questionnaires received from the high-school boy, the graduate, the principal, and the parent, came from rural areas. The questionnaires from the physicians and the

²See appendix.

clergymen, however, came from both urban and rural areas, although the clientele of urban doctor and the city churchman would contain many rural folk. This sampling of questionnaires represented a typical rural study.

The first problem was to pave a way for such a study, as it was not welcome by every educator. This was not because of a disbelief in the subject but on account of the fact that principals and superintendents are not secure in their positions. An interview with the principals and superintendents of each school unit, in which the plan was thoroughly explained, proved successful in five of the six schools; but in no school did the principal wish to present the questionnaire to the high-school boys. One school refused to have anything to do with the study. To compensate for this loss, two neighboring schools, Tefft and Wheatfield, in Jasper County, were selected.

The questionnaire to the parent with a self-addressed envelope and a pamphlet from the State Board of Health³ were placed in a sealed envelope. One was given to every junior and senior boy. These were given out in a group meeting by the principal of the school, who told the boys the nature of the study and asked for their cooperation by delivering the letters to their parents. Fifty-six were returned out of a total of 158, with no unsatisfactory comments on the part of the parents to the local school men. Private investigation showed that some of the questionnaires were not returned

³See Appendix.

because of a total ignorance on the part of the parents on this topic and the negligence of the boys to take the questionnaires home. This, to a certain extent, accounts for the low return of only thirty-five per cent of these questionnaires.

Collecting the data from the high-school boy represented a more difficult problem. Arrangements were made for the author to visit each of the seven schools, to interview the boys in small groups of from eight to ten in a private classroom. A short introductory talk was given to each group showing the purpose of the questionnaire work, the need for truthful answers, and the utter foolishness on the part of any individual who might think we were prying into private affairs. A strong effort was made to emphasize that it was high-school boys, as a group, that were concerned and not any one individual.

The students were asked to move around the room to convenient places where no one could see their papers. A questionnaire and envelope were given each boy. The questionnaire filled out, folded, placed in the sealed envelope, after being collected was given a thorough mixing on the teacher's desk.

It could be easily detected that the boys would have liked to bombard the writer with questions, but as a safeguard to the local schoolmen, the utmost precautions were taken not to permit this. A pamphlet from the State Board

of Health⁴ was given to each boy to clear up any question which may have resulted from the questionnaire.

One hundred seventy-one questionnaires were collected by this method.

Experience had shown that few questionnaires would be returned from the graduates, if sent by mail, because of the personal nature of several questions. These questionnaires were obtained by a ballot box method at two alumni banquets in two of the seven schools. A special room was prepared with table, pencils, questionnaires, and a locked ballot box. At the business meeting of the alumni, the chairman explained the nature and purpose of the questionnaire work and asked for the co-operation of the graduates. Gratifying results were obtained, considering the fact that the evening was a social affair. Seventy-nine questionnaires were filled out and placed in the ballot box.

The questionnaires to the high school principals were sent by mail with self-addressed envelope. One hundred principals, selected at random from the State Directory, received questionnaires. There were seventy-eight, or seventy-eight per cent, returned, which in itself indicates a strong interest in the topic of venereal diseases.

One hundred questionnaires were sent to physicians selected from local telephone directories and from the

⁴See Appendix.

directories of the cities of LaFayette and LaPorte. Fifty-two, or fifty-two per cent, were returned.

One hundred questionnaires were sent to clergymen selected from the city directories of LaPorte and Gary, and to rural ministers of Starke and Jasper Counties, in so far as it was possible to obtain their addresses. Fifty-three, or fifty-three per cent, were returned.

Compilation of Data. The results of each specific question were tabulated from the answers to the questionnaires. Ratings and percentages are based on the total number checking a single question in each set of questionnaires and not on the total number of questionnaires received.

Remarks given in each set of questionnaires were analyzed and classified into groups which expressed the same interpretation.

CHAPTER II

ANALYSIS OF THE DATA OF THE QUESTIONNAIRES

I. THE QUESTIONNAIRE TO THE PARENT

1. Would you object to your son's filling out a questionnaire on venereal disease?

This question was to determine the feasibility of promoting such a study in the various school units. If the results would have shown a large percentage of negative opinions concerning the above, the questionnaire to the high-school student would not have been presented and a different course of procedure would have been adopted.

Forty-eight, or ninety-four per cent, of those checking the questionnaire did not object to their son's filling out such a questionnaire. This seemed to be a very satisfactory indication that little or no objection would be received in the local school units. Three, or six per cent, objected because they, the parents, failed to give venereal instruction to their boys, and the questionnaire to the parent did not indicate the type of material which would be presented to the boy.

2. Do you think your boy should have some knowledge of venereal disease?

Fifty-three, or ninety-five per cent, of the total

number of parents thought their boys should have some knowledge of venereal disease, although only twenty-five gave this instruction themselves, and only four had someone else give it. Forty-seven per cent of the boys did not receive such instruction at home. There was no parent who objected to the boy's having a knowledge of venereal disease. Three parents did not check this question.

3. From whom should he obtain this knowledge?

The results of the above question are shown by tabular analysis in Table I.

Some of the questionnaires indicated that a combination of two or more sources should be responsible for such instruction. These combinations are shown in Table II.

The rankings in these two tables indicate that, according to the attitude of the parents, the school should be first and the home second in giving venereal instruction.

4. Have you ever given your son advice concerning venereal diseases?

Thirty, or fifty-five per cent had given no venereal instruction to their boy; twenty-five, or forty-five per cent, had given such instruction. The results of the data of the questionnaire to the high-school boy show that only eighteen per cent receive such information at home. This difference in results may be due to two things, (1) the different method of collecting the questionnaires and (2) the failure on the

TABLE I

ATTITUDE OF PARENTS AS TO
INSTRUCTOR OF VENEREAL INFORMATION

Instructor	Number of Parents	% of Number Answering Questionnaires
Health instructor in high school	47	84
Parents	32	57
Family doctor	25	45
Church	5	9
Companions	0	0
Others	0	0

TABLE II

ATTITUDE OF PARENTS AS TO
COMBINATIONS OF SOURCES
OF VENEREAL INFORMATION

Combinations	Number of Parents	% of Number Answering Questionnaires
School and parents	12	21
Doctor, school, and parents	10	18
Doctor and parents	5	9
Doctor and school	4	7
Doctor, school, church and parents	3	5
School and church	1	2
Doctor, school, and church	1	2

part of the boy to comprehend such information from the parent because of indefiniteness.

5. Have you ever had someone else instruct your son in venereal knowledge?

Fifty-two, or ninety-three per cent, did not have someone else instruct their sons, and four, or seven per cent, had someone else, generally the family doctor, give their boy venereal information. The results of this question check very decidedly with the question to the physician in which they state that they are seldom asked by parents to instruct youth in venereal knowledge.

6. Would you be in favor of having instruction in venereal diseases in the high school providing boys and girls are kept in separate classes?

Fifty-one, or ninety-four per cent, are in favor of such instruction; three, or less than six per cent, are opposed. This goes to show that parents are not as conservative and reactionary in the field of progressive thinking as many maintain.

7. Your occupation?

Results show a strong percentage of farmers (sixty-five per cent) with a broad range of other occupations, such as laborer, railroader, teacher, truck driver, contractor, plumber, minister, lawyer, barber, newspaper editor, and a carpenter. No distinction in opinion could be detected from

an occupational basis because of the narrowness of the study. It did indicate, however, that farmers as a group are ready for social change in this important present-day problem.

8. Your relation to the high-school student?

Father	40
Mother	16
Aunt	1
Guardian	1

Both the mother and father checked the questionnaire in seven cases.

9. Remarks.

Forty-two responded to this item, some expressing several ideas on a single questionnaire. Analysis of the statements are recorded in Table III.

A closer summary of the remarks would place all of them in favor of high-school instruction with the exception of statement 5 which favors the doctor as instructor in the school and 9 which would favor the home with a more enlightened parent as instructor.

II. THE QUESTIONNAIRE TO THE HIGH-SCHOOL BOY

1. Do you know what a venereal disease is?

- a. Syphilis (Pox)
- b. Gonorrhoea (Clap)
- c. Chancroid (Chancre)

TABLE III

REMARKS FROM QUESTIONNAIRES TO PARENTS

Remark	Number Stressing Point
1. Should be taught in high school	24
2. Health instructor more influential with boy	6
3. Most parents are not capable of giving the instruction and fail in their duty; therefore, it should be the duty of the school	6
4. A more practical subject than many now being taught	3
5. Have doctor come to the school to give such instruction	2
6. Such information should come from many worthwhile sources	1
7. Teach sex as plainly as arithmetic	1
8. Have the Department of Education prepare a special course of study	1
9. Instruct parents so they can instruct the child	1

One hundred seventeen, or seventy per cent, said they knew what a venereal disease was; forty-eight, or thirty per cent, did not know the meaning of the term.

Gonorrhoea or clap was more commonly known; one hundred boys were familiar with the term; fifty-nine had not heard of gonorrhoea.

Syphilis or pox was known by sixty-five; eighty-nine did not know the meaning.

Chancroid or soft chancre was the least known. Seventeen answered in the affirmative and 131 replied in the negative.

Thirty-two out of a total of 171, or approximately twenty per cent, had no knowledge whatsoever of the subject, according to the writer's personal interpretation of the questionnaires.

2. Do you think gonorrhoea is worse than a bad cold?

One hundred forty-three, or ninety-one per cent, said they thought gonorrhoea was worse than a bad cold; fourteen, or nine per cent, answered, No.

This question was used in the questionnaire because of its common use on the street. Apparently from the conclusions, it does not bear much weight with high-school boys, although many boys have answered in the affirmative, guessing at the answer because of the nature of the questionnaire.

3. Have you ever visited a "red light district"?

Fourteen, or eight per cent, of the high-school boys, had visited a "house of ill fame". One hundred fifty-seven, or ninety-two per cent, had not. Of the fourteen who had visited a "house of prostitution", five had not committed sexual intercourse. Nine practiced sexual intercourse, but none of the nine had contracted a venereal disease.

4. Do you think it a moral wrong to have sexual relations before marriage?

Eighty-nine, or fifty-two per cent, thought it a moral wrong to have sexual relations before marriage; eighty-two, or forty-eight per cent, did not consider sexual relations prior to marriage a moral wrong. Of the thirty-six boys who practiced sexual intercourse, twenty-six, or seventy-two per cent, answered this question in the negative. This change in belief on sexual morality, probably a result of our machine age, is no doubt largely responsible for the rapid increase in venereal diseases.

5. Have you ever committed sexual intercourse?

Thirty-six, or twenty-one per cent, of our high-school boys, according to this report, have had sexual relations before graduation. One hundred thirty-five, or seventy-nine per cent, answered in the negative. Vital statistics of this sort, which are not new to social workers, certainly show a strong tendency toward change in our sexual moral code.

Common sense should show us that we must be either reactionary and bring back a rigid system of morality in this field or endeavor to teach to our young folk the pitfalls of such a road.

6. Did you ever have a venereal disease?

Four, or approximately two and one half per cent of the number responding to this question, admitted having had a venereal disease. One hundred sixty-two had not had the disease. Five did not check the question.

Three of the boys who contracted the disease as a result of intercourse had received medical attention from a doctor. No one but the doctor knew they had the disease.

The fourth individual states he had a venereal disease but had not contracted it through sexual intercourse. He claims to have been cured by self-medication. This may have been possible, but not probable. No doubt his diagnosis was not correct. Minor infections are common among boys. The writer knows of one case where a high-school boy became infected with a bad boil on the scrotum. This would cause considerable worry not only to a high-school boy, but to older men as well. Such infections will respond to self-medication. Gym itch is another common infection in high school causing considerable worry if not understood by boys.

Thirty-six of the entire group of boys practice sexual intercourse. Three, or approximately eight per cent of the

thirty-six, contracted a venereal disease through intercourse. The chance of infection among the twenty-one per cent of our senior high-school boys who practice sex relations amounts to about one in twelve. What could be more convincing of the truth of the ancient maxim that "Ignorance is bliss"?

7. From whom did you receive your information about venereal diseases?

Eighty boys had received their information from companions, thirty-two from parents, twenty-two from a doctor, twenty-two from the school, eighteen from the press, three from lectures, three from brothers, one from an uncle, one from the church, and one from a fair. Thirty-two had received no information. A few had received information from several sources.

Of the thirty-six boys practicing sexual intercourse, seven, or nineteen per cent, had no information from any source. Of the four who had contracted disease, one had received no information and the other three had received their information from the doctor. No doubt their knowledge of venereal disease was received during the cure and not prior to infection.

This analysis proves that many students are obtaining information from companions. This source of venereal information is condemned by the parents, the high-school graduate, the principal, the physician, and the clergy. It also shows

that the public school is doing more of this type of work than many would have us to believe.

Table IV gives the results of this question in tabular form.

8. What questions would you like to ask about venereal diseases?

The questions in substance asked by the high-school boys are shown in Table V.

III. THE QUESTIONNAIRE TO THE HIGH-SCHOOL GRADUATE

1. Do you think venereal instruction should be taught in high school?

Seventy-four, or ninety-four per cent, of the high-school graduates were in favor of venereal instruction in the high school. Five, or six per cent, were opposed. Those in favor of such instruction gave three predominate reasons, namely: (1) the high-school boy is at an impressionable age, (2) the high school reaches more than any other institution, and (3) the student will be more impressed by facts given by teachers whom they respect. Those that oppose such instruction thought the boy was too young to understand and there would be a tendency to lower moral standards. Those graduates who made a practice of promiscuous sexual intercourse and those who had had a venereal disease were almost unanimously in favor of venereal instruction. Only one opposed because of a fear of increasing sex curiosity, thereby lowering the

TABLE IV

HIGH-SCHOOL BOYS' SOURCE OF
VENEREAL INFORMATION

Source	Number of Boys Using
Companions	80
Parents	32
School	22
Doctor	22
Press	18
Lectures	3
Brothers	3
Uncle	1
Church	1
Fair	1

TABLE V

QUESTIONS ASKED BY HIGH-SCHOOL BOYS

Question	Number Asking
1. What are the symptoms of the disease?	29
2. How can you cure the disease?	26
3. What is chancroid?	22
4. What is a venereal disease?	21
5. How can you prevent venereal diseases?	13
6. Are venereal diseases completely curable?	12
7. What is syphilis?	11
8. Can the diseases be contracted without sexual intercourse?	9
9. What is clap?	9
10. Would like to ask "everything".	7
11. How many ways can you contract the disease?	5
12. Are these diseases contagious?	4
13. How long does it take to cure a venereal disease?	3
14. How can you tell if a girl has a venereal disease?	3
15. Will a "rubber" afford protection?	3
16. Would like to talk about question 4 of the questionnaire. (Moral question)	3
17. Can one contract the disease in a public toilet?	2

TABLE V (CONTINUED)

QUESTIONS ASKED BY HIGH-SCHOOL BOYS

Question	Number Asking
18. Can a boy with the disease give it to the girl in sexual intercourse?	2
19. Is it possible to have one of these diseases and not know it?	2
20. How can we protect ourselves during sexual intercourse?	2
21. Can you contract these diseases by kissing?	2
22. Should one have a physical examination before marriage if he has committed sexual intercourse?	2
23. Why does the seriousness of these diseases mean so much to our country?	2
24. What is the principal cause?	2
25. Why do people talk vaguely about these diseases and let children glean their own information about them?	2
26. Do you always get a venereal disease when you have sex relations?	1
27. Should we have sex relations?	1
28. What would be the effect if both the boy and the girl had a different venereal disease and had sexual intercourse?	1
29. What is meant by "Granny rag"?	1
30. What is meant by "Wet dreams"?	1
31. What race is most afflicted with venereal diseases?	1

TABLE V (CONCLUDED)

QUESTIONS ASKED BY HIGH-SCHOOL BOYS

Question	Number Asking
32. Will a venereal disease affect the next generation?	1
33. How many kinds of venereal diseases are there?	1
34. Which of the venereal diseases is the worst?	1
35. How are venereal diseases scattered?	1
36. Are the small hard pimples on the male organ a disease?	1
37. It is a disease if your testicles itch?	1
38. Is the doctor the best place to go if you think you have a disease?	1
39. How can you prevent social diseases while practicing promiscuous sexual intercourse?	1
40. Why don't schools teach it?	1
41. Is it possible for a girl to become pregnant if you use a "rubber"?	1
42. Why do boys go out with girls if not for sexual relations?	1
43. How long does it take to recognize symptoms of the disease after intercourse?	1
44. Do these diseases result from self-abuse?	1
45. If cured, can it break out again?	1

morality of our high school boys.

2. Do you think there is an urgent need for venereal information today?

Seventy-six, or ninety-nine per cent, answered in the affirmative; only one answered in the negative. Their opinions were based on the widespread prevalence of the diseases as shown by statistics and as a safeguard for the future health of our nation. The individual who answered in the negative gave no reason for his answer.

3. Where could venereal instruction become the most impressive?

Fifty-five were in favor of high school instruction; thirty-eight, the home; sixteen, the doctor; two, the church; and one, companions. Factories and clubs were indicated as other sources. A number of questionnaires were checked as combinations with the school and the home receiving a strong majority.

4. Do you practice promiscuous sexual intercourse?

Twenty-five, or thirty-seven per cent of those checking the above question, practiced promiscuous sexual intercourse; forty-three answered in the negative; and eleven did not check the question. This is an increase of sixteen per cent above that of the high-school boys, and no doubt the increase would have been greater if the questionnaire had been distributed among only the unmarried graduates.

5. Have you ever had a venereal disease?

Fourteen, or nineteen per cent of the graduates checking this question, had had a venereal disease; sixty-one, or eighty-seven per cent, had not contracted the disease. All fourteen admitted practicing promiscuous sexual intercourse; twelve had been cured by the doctor; the remaining two did not check as to cure. Twelve stated they did not have a knowledge of venereal disease at the time of taking it; two stated they knew of it. The twelve lay the blame of their blunder to the fact that, "they did not know." The two knew the risks they were taking.

Fifty-six per cent of the high-school graduates who practice promiscuous sexual intercourse have had a venereal disease. This is an increase of forty-eight per cent above that of the high-school boys who practice sexual intercourse.

6. Remarks.

The remarks of the high-school graduates concerning the questionnaire are given in substance in Table VI.

IV. THE QUESTIONNAIRE TO THE HIGH-SCHOOL PRINCIPAL

1. Is there any venereal instruction given in your high-school?

Forty-four, or fifty-seven per cent, of the high schools give some form of venereal instruction; thirty-three, or forty-three per cent, did not.

TABLE VI

REMARKS FROM QUESTIONNAIRES
TO HIGH-SCHOOL GRADUATES

Remark	Number Stressing Point
1. Very good idea but seems to be the old story of "let George do it."	10
2. Bring it out in the open.	3
3. Instruction will help stamp out the disease.	2
4. Such knowledge would have saved me considerable grief.	2
5. Let the home start the instruction and the school continue it.	2
6. Why fiddle while Rome burns?	1
7. It is time the school is putting in practical subjects.	1
8. Our ignorance constitutes a grave menace to our country.	1
9. High school students need the truth and will not suffer moral relapse because of such knowledge.	1
10. Autos, saloons, road-houses, gay-life in general should be counteracted.	1
11. "An ounce of prevention is worth a pound of cure"--so be prepared.	1
12. Compulsory physical examination before marriage.	1

2. What was the nature of the course?

Thirty-six of the high schools gave venereal instruction in the health course; twelve correlated with biology; eight in physical training; seven by lecture; five in sociology; two by private conference; one by movie; and one by special reports. A number of high schools stressed venereal information in several of the above subjects; principally, health, physical training, and biology.

The courses in our high schools stressing venereal instruction are listed in Table VII.

3. Do you think venereal instruction should be given in the high school?

Sixty-four, or eighty-six per cent, of the high-school principals were in favor of venereal instruction; only ten, or fourteen per cent, opposed. Those that opposed such instruction in the high school based their arguments mainly on the fact that the public would strongly oppose such a move. They did not have such instruction in their own high-school curriculum.

4. Do you think the public has a favorable attitude toward venereal instruction in the high school?

Twenty-six, or thirty-eight per cent, were of the opinion that the public would favor venereal instruction in the high school; forty-three, or sixty-two per cent, thought the public would not have a favorable attitude toward this

TABLE VII

HIGH-SCHOOL COURSES GIVING
VENEREAL INSTRUCTION

Course	Number of Schools
Health	36
Biology	12
Physical Training	8
Lecture	7
Sociology	5
Private Conference	2
Movie	1
Special Reports	1

instruction. Fifty-seven per cent of our principals are giving venereal instruction in their high schools; eighty-six per cent of our principals think it should be given, but only thirty-eight per cent think their patrons actually want such instruction. This shows that many principals consider venereal instruction of worth-while value to the extent of risking adverse criticism from their community.

5. Did you ever have objections from the community to venereal instruction in the high school?

Nineteen, or twenty-six per cent, of the high-school principals had had objections to venereal instruction in the high school; fifty-three, or seventy-four per cent, had had no objections from the community. Of the nineteen, nine still continue to give that instruction to their boys regardless of objections. Ten of the nineteen have eliminated such instruction completely from the curriculum.

6. Do you think the advantages for venereal instruction in the high school are far greater than in other institutions?

Fifty-two, or seventy-two per cent, think the advantages for venereal instruction are greater in high school than in any other institution; twenty, or twenty-eight per cent, did not, and thought the home as an institution was the proper place for such instruction.

7. What do you think would be the leading disadvantages of venereal instruction in the high school?

The disadvantages of venereal instruction in the high school as given by the principals are listed in Table VIII.

Many of the disadvantages listed by the principals are (probably) fanciful, or at least could be very easily overcome. This same list of disadvantages could be applied to any school subject with satisfying results, especially certain aspects of the sciences and social subjects.

8. How many cases of venereal diseases have you known of in high school?

One hundred six cases were reported by thirty-one principals. They ranged from one to twenty cases per principal. Approximately forty per cent of the principals had come into contact with high-school boys who had venereal disease. Forty-four principals had no experience with the disease in high school. These facts help substantiate the evidence that venereal diseases are common even in the high school.

Considering how carefully a boy will guard such a secret, especially from a "school man" one could almost say that venereal disease are encountered frequently in every high school, regardless of the size.

9. Please state frankly what you think of giving the high-school pupils instruction on this important social problem.

These statements have been analyzed and are given in Table IX.

TABLE VIII

PRINCIPALS' DISADVANTAGES OF
HIGH-SCHOOL VENEREAL INSTRUCTION

Disadvantage	Number Giving
1. Incompetent instructors	26
2. Objections from the community	24
3. Result in unwholesome discussion, lowering of morals, thus causing over emphasis in sex matters	14
4. Immaturity of student	9
5. Mixed classes	6
6. Immoral, irreligious teachers	5
7. No disadvantages	3
8. Lack of instructional material	3
9. Lack of parental instruction on sex	2
10. Misinterpretation of student in quoting teacher to parent	2
11. Fail to reach all young people	2
12. Danger of over-emphasis	2
13. Narrow-minded, prejudiced, religious sects	2
14. Source of a great deal of trouble	1
15. Difficulty of a strictly scientific approach	1
16. Nervous shock to young student	1
17. Psychological reactions	1

TABLE IX

STATEMENTS FROM QUESTIONNAIRES
TO HIGH-SCHOOL PRINCIPALS

Statement	Number Making
1. Instruction must be given by elderly, respected, well-qualified, married man	20
2. Instruction very essential; a duty of the school, as the home is failing in this respect	14
3. Strongly in favor of an open-minded frank discussion	7
4. Should be treated in segregated classes	6
5. Treated in health course as a separate unit	6
6. Absolutely essential if we are to eliminate the disease	4
7. Teach it in an incidental manner	4
8. A high moral standard must be maintained	3
9. Instruction given by physician or nurse in separate courses	3
10. Parents must be educated first	3
11. Great care must be taken not to over-emphasize for moral reasons	3
12. Correlate instruction with health, physical training, and biology	2
13. Would not be in favor of making such a subject required	2
14. Very careful study and planning essential before being attempted	1

TABLE IX (CONTINUED)

STATEMENTS FROM QUESTIONNAIRES
TO HIGH-SCHOOL PRINCIPALS

Statement	Number Making
15. Instruction necessary to rid the race of social parasites	1
16. A necessary topic which is going to be forced on the high school	1
17. People of rural communities do not want it	1
18. Not ready to commit myself on such a topic	1
19. Leave out social aspect of the disease	1
20. Public schools should not assume the burden of all the sins of man	1
21. Absolute business of the home	1
22. Give only in the presence of fathers and mothers	1
23. Instruction should come through the department of public health	1
24. Give responsibility to the press	1
25. Teacher training institutions should prepare special teachers	1
26. Better let it alone; causes too much trouble	1
27. Make it a required course before graduation	1
28. It is the proper physical and psychological time; the time when the sexual urge is strong and when information is eagerly desired	1

TABLE IX (CONCLUDED)

STATEMENTS FROM QUESTIONNAIRES
TO HIGH-SCHOOL PRINCIPALS

Statement	Number Making
29. Suggest use of visual education	1
30. Suggest personal instruction for specific cases	1

The suggestions of the principals favorable toward such instruction, may be summarized as follows: the course must be well organized, a few saying it should be correlated with certain courses in segregated groups as in physical education. A competent, specially trained instructor seems to be desirable, a boy's confidant with extensive experience and of mature years. Care must be taken not to over-emphasize, thereby causing a sex phobia or, at the other extreme, arousing greater sex immorality.

Those that opposed such instruction base their arguments principally on the fact that it would tend to cause school men too much trouble because of an ignorant community and it is not the duty of the school but of the home.

V. THE QUESTIONNAIRE TO THE PHYSICIAN

1. Do you think venereal disease should be exposed to universal knowledge?

Forty-four, or eighty-eight per cent of the physicians, thought venereal disease should be exposed to universal knowledge; six, or twelve per cent, were opposed to popularizing knowledge of these diseases. Four of the six admitted that parents frequently asked them to instruct their children. They gave no reasons for their objections. It seems rather strange that physicians would be opposed to universal

knowledge of venereal disease in this day and age.

2. Where do you think instruction in venereal disease should be given?

Forty-six checked the physician, forty-one the school, twenty-nine the home, six the church, and one the press. The church was not selected as a single agency of instruction but only in combination with other institutions. Some thought all should play an active part in venereal education. The combinations most frequently checked were: (1) school and doctor; (2) home, school, and doctor; (3) home and doctor; (4) school and church; and (5) home, church, school, and doctor.

3. At what age does venereal disease seem most common in your community?

Twenty-eight checked the ages of twenty to twenty-five; seven, from sixteen to twenty; two, from twenty-five to thirty. No one checked thirty to forty. Several physicians made age groupings of their own, instead of marking those of the questionnaire. They are as follows: two, sixteen to twenty-five; two, sixteen to thirty; two, eighteen to thirty; five, twenty to thirty; one, twenty to forty; and one, twenty to forty-five. One physician stated that he had treated cases between the ages of two to sixty. Another had treated inherited cases from two to six years and has treated three acquired cases over sixty years of age.

Table X shows that venereal diseases are most prevalent in an age group of from twenty to thirty years, and that nearly all are between sixteen and thirty years. This seems to be a convincing argument in favor of high school instruction concerning these diseases, they being the pitfalls of adolescence and early manhood.

4. Do you think the advantages of venereal instruction in the high school are far greater than in other institutions?

Forty-three, or eighty-four per cent, believed the high school had more advantages for venereal instruction than any other institution. Eight, or sixteen per cent, could see no superior advantage in high-school instruction.

5. What do you think would be the leading disadvantages of venereal instruction in the high school?

An analysis of the statements of the physicians is shown in Table XI.

The first statement listed by the physicians under disadvantages is not really a disadvantage, but merely, a polite way of side-stepping an issue or perhaps a quick way of answering a questionnaire. The fear of incompetent instructors was strongly stressed by both the principals and physicians. The physicians intimated that a doctor should give this instruction in the high school, whereas the principals had in mind a teacher, but doubted his ability to put across the subject matter. The best way to settle the point is to express

TABLE X
AGE-PREVALENCE OF VENEREAL DISEASE
AS CHECKED BY PHYSICIANS

Age Group	Number of Physicians
(Given on Questionnaire)	
16-20	7
20-25	28
25-30	2
30-40	0
(Given by Physicians)	
16-25	2
16-30	2
18-30	2
20-30	5
20-40	1
20-45	1

TABLE XI

AN ANALYSIS OF THE
STATEMENTS OF THE PHYSICIANS

Statement	Number Making
1. There would be no real disadvantage if properly given	19
2. Incompetent instructors	15
3. Excite sexual curiosity and increase sexual immorality	11
4. Antagonism on part of parents	4
5. High-school programs are already over-crowded	1
6. Pupils of the high school are too young to properly understand such knowledge	1
7. High school would not grasp a majority of the lower class among which these diseases are most prevalent	1
8. Mass instruction less effective	1
9. High school is too late, instruction should begin before "smart alec" stage	1
10. Antagonism of religion	1

it as one physician diagnosed the problem; that is, that the one who would be most successful, must first be a teacher and second have the knowledge of a skilled physician. Statement three, "excite sexual curiosity and thereby increase sexual immorality," is nothing more than a false alarm. At this time in the life of an adolescent, nature excites the sexual properties of youth, and how could "truths" and proper guidance by men and women who are endeavoring to lead youth to a more perfect society lead to a stage of more sexual immorality?

The remaining disadvantages are of a very unimportant nature, disadvantages that any high school will meet in any of its other subjects.

6. Do the parents frequently ask you to instruct their children in the knowledge of venereal disease?

Forty-four, or eighty-five per cent answered No; eight, or fifteen percent, answered in the affirmative. This fact from the physicians themselves, along with the statement of the parents in which ninety-five per cent stated they did not have anyone else instruct their child, plus the statement of the high-school boy in which the advice of physicians played a minor role, goes to prove that medical advice, the same as parental advice, is sadly neglected. When the home fails in its duty, and other institutions fail, it certainly must be

the duty of the public school, as an agency of democracy, to shoulder the responsibility. If we do not, one would be tempted to agree with the pessimistic principal who said, "Why worry? Our society is headed for ruination and damnation anyhow. We can do nothing, our hands are tied; we can only do as selfish commercial and political interests want us to do and in time this will lead to the precipice, the graveyard of bygone nations."

7. Please state frankly what you think of giving the high-school pupil instruction on this important social problem.

Table XII gives, in substance, the statements given by the physicians in answering this question.

The statements of the physicians stress very strongly the necessity of the instruction in venereal diseases in the high school because of the failure of the home to present this subject. They are of the opinion that a great social benefit would be performed on the part of the school if venereal instruction could be given by well-informed teachers to segregated groups. Many feel that venereal instruction with teachers of today would be a mistake; but common sense seems to show it had better come from a class of men and women with sterling character who are only half informed than from a class of vulgar minded "alley rats," the source where modern youth is obtaining its sex information.

TABLE XII

STATEMENTS GIVEN BY PHYSICIANS AS TO
 VENEREAL INSTRUCTION IN THE HIGH SCHOOL

Statement	Number Making
1. Venereal instruction should be given now; it is a duty the school owes to society	19
2. Venereal instruction would be a very great benefit to society if handled by well-trained teachers with proper equipment, in a special course and segregated groups	15
3. This instruction should be given by a physician in the school	5
4. The instruction should be given by a physician out of the school; in private conferences, lectures, etc.	4
5. Instruction must be considered from the standpoint of science more than the moral issue	2
6. Venereal instruction should begin earlier than the high school, at least in the eighth grade and continued	2
7. High-school instruction would have the opposite effect from the one desired, and would increase sexual immorality--the basic cause of venereal disease	2
8. Personal instruction by a well-qualified teacher	1
9. A proper value of morality and integrity of character instilled in adolescents will do more to protect them from doing that which often ends in venereal infection	1
10. Parents and teachers need the information as much as pupils	1

TABLE XII (CONCLUDED)

STATEMENTS GIVEN BY PHYSICIANS AS TO
VENEREAL INSTRUCTION IN THE HIGH SCHOOL

Statement	Number Making
11. Prophylaxis should be stressed	1
12. Instruct small segregated groups and stress the moral angle	1

VI. THE QUESTIONNAIRE TO THE CHURCHMAN

1. Denominations.

Table XIII shows the distribution of the thirteen denominations that were represented in the study, but this indicated nothing as far as denominational attitude was concerned; all seemed to be divided in their opinions.

2. Have you ever given instruction to the youth of your congregation in venereal disease?

Forty-two, or eighty-two per cent, had given no instruction; nine, or eighteen per cent, had given instruction, but mostly of an incidental nature as in connection with the commandment on adultery. This fact proves that the church, as well as the home, school, and physician, is a minor agency in the dissemination of venereal information.

3. Do you think knowledge of venereal diseases is of vital importance to our people?

Forty-eight, or ninety-four per cent, were of the opinion that venereal knowledge is of vital importance to our people. Three, or six per cent, answered this question in the negative. They, no doubt, belonged to that older school of religious morality who believe that a venereal disease is just compensation for an immoral sex act.

TABLE XIII

DENOMINATIONS OF CHURCHMEN

Denomination	Number Belonging
Evangelical and Reformed	11
Evangelical	10
Methodist	8
Lutheran	5
Baptist	4
Evangelical Synod of North America	3
Roman Catholic	3
Presbyterian	2
Episcopal	2
Church of the Brethern	1
Evangelical Lutheran	1
Northern Baptist Convention	1
African Methodist Episcopal	1

4. Where do you think the duty of venereal instruction belongs?

The home, the school, and the doctor ranked very close in the churchman's estimation, followed by the church, board of health, lecture, and the press. Most of the questionnaires expressed combinations of responsibility, many thinking all institutions should be partially responsible, with the home and school at the head of the list.

The institution whose duty it is to give venereal instruction as expressed by the clergy is given in Table XIV.

5. Do you think the advantages of venereal instruction in the high school are far greater than in other institutions?

Thirty-two, or sixty-five per cent, answered in the affirmative; seventeen, or thirty-five per cent, answered in the negative.

The predominant advantage of the public school compared to other institutions in influencing our youth lies in its compulsory attendance laws. The school can, if properly supervised, be quite instrumental in rendering society a valuable service in the form of wholesome venereal advice in a moral atmosphere.

6. What do you think would be the leading disadvantage of venereal instruction in the high school?

The statements, in substance, as given by churchmen, are listed in Table XV.

TABLE XIV

CLERGY'S IDEA OF THE PLACE
OF VENEREAL INSTRUCTION

Institution	Number Checking
Home	40
School	40
Doctor	39
Church	17
Board of health	2
Lecture	1
Press	1

TABLE XV

DISADVANTAGES OF VENEREAL INSTRUCTION
IN THE HIGH SCHOOL ACCORDING TO THE CLERGY

Disadvantage	Number Stating
1. Incompetent teachers	19
2. Arousing of sexual curiosity, developing immorality	12
3. No disadvantage	8
4. Objection of parents	5
5. Lack of sterling character on part of instructor, with no moral or religious qualities	3
6. High-school pupils too old; instruction should begin earlier	2
7. An age when emotions control mind	2
8. No professional teacher has the sympathetic approach of a parent	2
9. Danger of a godless professor, with tendency towards the doctrine of free-love	2
10. No segregated classes	2
11. Most teachers apt to lay emphasis on the dangers of venereal disease rather than on the moral phases of the issue	2
12. Danger in not avoiding the modern psuedo-psychology of the dangers of repressed sex emotions	1
13. Environment not sacred enough	1

TABLE XV (CONCLUDED)

DISADVANTAGES OF VENEREAL INSTRUCTION
IN THE HIGH SCHOOL ACCORDING TO THE CLERGY

Disadvantage	Number Stating
14. Youth element too much in majority	1
15. Fear of over-emphasis	1

These disadvantages as seen by the clergy could be compiled under three main heads, namely: (1) the fear of an incompetent teacher, (2) arousing sexual curiosity, and (3) the objections of the parents.

The incompetent teacher, as pictured by the churchman, was one lacking in moral and religious qualities, and not one deficient in subject-matter as described by the physician. The second disadvantage referred to lack of sacredness in school surroundings which may bring forth immoral results with such a subject. The objection of the parents was a disadvantage considered by all, the churchmen, the physicians, and the principals.

7. Please state frankly what you think of giving the high-school pupil instruction on this important social problem.

An analysis of the suggestions of churchmen favoring such instruction in the high school is given in Table XVI.

An analysis of the suggestions of churchmen which show a non-favorable attitude toward such instruction in the high school is shown in Table XVII.

As a group the churchmen were strongly in favor of venereal instruction in the high school, although they warned of certain weaknesses in our educational set-up if such a task were attempted. They objected, first, to the teacher educationally and morally, with his shallow tendency toward religion, and second, to the so-called materialistic, instead of spiritualistic, atmosphere of the public school. Naturally, this

TABLE XVI

CLERGY'S FAVORABLE SUGGESTIONS
TOWARD VENEREAL INSTRUCTION

Suggestion	Number Making
1. Very essential and should be assumed as a duty by the high school.	13
2. Instruction in venereal diseases should be given by a competent Christian teacher of high moral character	10
3. Let the Christian doctor give venereal instruction	5
4. Instruction, in order to be successful, must begin before the high school	4
5. The high school has the golden opportunity of reaching more youth than any other institution	4
6. The clergy should encourage it, the doctor might be called to collaborate, but it lies clearly within the school's province	4
7. Parents are incompetent, many with no church affiliation, so it would appear that the school is the next best	2
8. Should be given in correlation with the course in health	2
9. Give such instruction through lectures by competent doctors and churchmen	2
10. Should be given since the adolescent needs to be warned	2
11. The main objective of venereal instruction should be preventive with repeated emphasis on self-control	2

TABLE XVI (CONTINUED)

CLERGY'S FAVORABLE SUGGESTIONS
TOWARD VENEREAL INSTRUCTION

Suggestion	Number Making
12. Such a program should be under-girded with spiritualized common-sense	1
13. Venereal instruction in the high school should be very beneficial, since the average student has great faith in a trained teacher	1
14. Such a study should be interwoven with the social studies in the high school	1
15. Give venereal instruction as a separate unit in a course of sex hygiene	1
16. Venereal instruction should be given by the school with full co-operation of the parents	1
17. The high school should be responsible for such instruction, but only after teachers of the highest moral type are trained by experts in the field of sex hygiene	1
18. Venereal instruction belongs in the high school, but not until the schools adopt a dual system of teaching, and not merely a one-sided materialistic system as the educational system of today	1
19. Not mere negative instruction; use of visual education, pictures and trips to venereal wards of hospitals to show positive results of the disease	1
20. Such instruction would be preventive in many cases	1

TABLE XVI (CONCLUDED)

CLERGY'S FAVORABLE SUGGESTIONS
TOWARD VENEREAL INSTRUCTION

Suggestion	Number Making
21. The best results could be attained by a private teacher in conferences	1
22. Instruction by one trained in psychiatry would bring the best results	1
23. This a matter for scientific guidance in the school as shown by the failure of the home	1

TABLE XVII

CLERGY'S UNFAVORABLE SUGGESTIONS
TOWARD VENEREAL INSTRUCTION

Suggestion	Number Making
1. The best safeguard for youth in the high school is positive instruction in Godliness, the bringing of men and women to know Jesus Christ and the power of His spirit	3
2. Instruction on venereal disease in the high school is utterly abhorrent to my mind	3
3. Promiscuous sex instruction in the high school can prove as disasterous as our former secrecy	2
4. High-school students know too much "dirt" already without throwing more at the inexperienced	2
5. Such instruction would be too suggestive and there would be danger of arousing immoral sexual curiosity	2
6. Why should the state usurp the duty of the parents as would be the case in this proposed plan	2
7. To talk about the possibility of venereal diseases is to assume a lowness of life and morals that a great majority of high-school students would justly resent	1
8. Better spend more time with Christianity, the greatest cure for all the ills of life	1
9. Give such instruction to the parents. They are the ones who are failing in their duty	1

TABLE XVII (CONCLUDED)

CLERGY'S UNFAVORABLE SUGGESTIONS
TOWARD VENEREAL INSTRUCTION

Suggestion	Number Making
10. Such instruction by teachers who are often devoid of morals and religion cannot make a child virtuous	1
11. Over-emphasis, as no doubt would occur, is as cruel as neglect	1

happens to be the clergy's professional viewpoint of the teaching profession, and if right or wrong, only time will tell.

CHAPTER III

GENERAL SUMMARY AND CONCLUSION

This study shows very plainly that the knowledge of the high-school boy concerning venereal diseases is very limited. High-school graduates are of the opinion that a knowledge of venereal diseases would do much to guide youth in the years immediately following graduation. These, in the life of a high-school boy, are years of rapid social change when the sex urge is strong and adjustments for later living are begun. At this interval of the boy's life occurs the great danger of venereal infection through which our boys are traveling at reckless rates, not knowing what will be the result until too late.

Failure marks the path of the parent, the doctor, and the church in teaching venereal information. This has been due to a false modesty and failure upon the part of these institutions to break down ancient superstitions and face facts with scientific truths. We are trying to follow a social structure suited for a past agricultural age, but we must make rapid strides to change it to fit the modern era with its manifold problems.

Statistics show, although they are hard to believe, that venereal infection is the great plague of modern civilization, causing more deaths than several of our serious contagions

combined. Even a very small research study on this topic brings astonishing results. Twenty-one per cent of our rural senior high-school boys practice promiscuous sexual intercourse and one out of every twelve of these boys becomes infected. After graduation the danger of infection becomes still more grave as the group rapidly increases. Thirty-seven per cent of the graduates practice promiscuous sexual intercourse, and of this group, fifty-six per cent, or over half, have or have had a venereal disease.

This rapid increase in venereal infection, to the place where it may cause a national calamity, may be the result of our too rapid economic evolution, and our slow social evolution. Material wealth, commercial recreation with its leisure time, and close association with evolutionary changes in our moral code, have been the twin sources of increase in venereal disease. The only consolation lies in the fact that man is so constituted that he is able to adapt himself to meet serious complications in his environment.

The scourge, venereal infection, is one of the social complications gradually beginning to be uncovered by society. Common opinion would have one believe that "nice folks" should know nothing about it, and mentioning such a thing in school or church would be an insult to the elite.

This study has shown that such is not the case. The community as a whole is very much in favor of exposing venereal diseases to the entire world, but many sources differ in just how it should be accomplished.

Most people will agree quite readily that there is a felt need for venereal information among high-school boys.

In conclusion, let us study the questionnaires from the following standpoints: (1) the knowledge of the high-school boy, (2) the sexual habits of the high-school boy, and (3) the reaction of the community concerning venereal instruction in the high school.

I. KNOWLEDGE OF THE HIGH-SCHOOL BOY

High-school boys need venereal information from reliable sources. The knowledge of the high-school boy is very limited; twenty per cent of those tested, having no comprehension of the terms used in the questionnaire. The home, the school, the medical profession, and the church admitted their negligence in passing on venereal information to the younger generation.

II. SEXUAL HABITS OF THE HIGH-SCHOOL BOY

Twenty-one per cent of our high-school boys, according to this study, had had sexual intercourse before graduation and of this group one out of every twelve boys contracted a venereal disease. After graduation the group increases rapidly; fifty-six per cent of those graduates practicing promiscuous sexual intercourse have contracted disease.

III. REACTION OF THE COMMUNITY CONCERNING VENEREAL INSTRUCTION IN HIGH SCHOOL

Parent. The home has failed in its duty of instructing youth in venereal knowledge. Parents admit their failure and welcome the school to take over this new duty. They want their boys informed.

Venereal instruction is very delicate subject between parents and children. Fathers are prone to consider the boy a mere child until time for him to vote. Boys cannot approach their elders upon a sensitive and private subject unless the elders invite such confidence. The parent intends to discuss venereal diseases with his boy but somehow fails to find an opportune time. Many parents lack the knowledge and tact that would enable them to approach the child in an intelligent and sympathetic manner. He wants him well informed by some competent instructor. The average parent realizes that such knowledge may have a lasting influence.

High-school boy. Most high-school boys are eagerly seeking information on problems pertaining to sex. They have great expectations that the knowledge they desire is to be had. The perplexing problem is in finding a source of information that is willing to answer every question. In every community the alley rat, the loafer, the man with low morals, is waiting around the corner to be the first to introduce the young to his filthy philosophy. This low character has no fear; he is ready and willing to impart all the knowledge he has acquired

and add more. The boy will listen. He is by nature interested. After hearing sordid tales from this source he is more embarrassed and timid in approaching reliable sources of information. His curiosity is sufficiently satisfied, and his slant on sex life is warped to the point of the lewd and profane. Such a situation is the opposite from that which is desired for adequate, wholesome discussion. He would appreciate a confidant, an individual, such as a respected teacher.

High-school graduate. High-school graduates are in a position to view the past and seriously criticize the high school for its failure to impart knowledge which may have been of vital importance to them.

We speak of modernizing schools. We introduce new and varied subjects constantly. Schools are in a process of shifting major emphasis from knowledge as practically the sole objective of education to actual life situations. The high-school graduates as a group favor venereal instruction in the high school.

Principal. School principals realize, perhaps more than any other group, the need for venereal instruction among high-school boys. A teacher in the modern school should be a guide, counselor, and friend. Boys could discuss problems with a teacher than they dare not mention to their father. The teacher should be free to impress this vital bit of information

upon the plastic minds of youth. Education must be realistic, dealing with living issues.

Teachers are cautious on this subject because they are not secure in their positions and they have failed to become real leaders in their communities. The school must become a respected laboratory of democracy. It cannot become a supreme institution until its leaders acquire the same respected dignity as other learned professions, namely, the clergy, law, and medicine. The community will turn to the school as an agent of social leadership with a sympathetic understanding and a whole-hearted co-operation when teachers have acquired security of position, and financial remuneration comparable to other professions, plus travel and professional training.

Physician. Physicians are constantly coming in contact with venereal diseases among high-school boys. It must fire the physicians ambition toward enlightenment to see the daily ravages of venereal diseases. The doctor understands the grave consequences of these dread diseases much more than any other group. He is scientifically equipped to give the boys the best information. Certainly he is humanely interested in instructing youth. The physician sees only a medical approach of instruction and doubts the ability of the high-school teacher in this subject. Therefore, he would have a physician, rather than, or in collaboration with a teacher, impart the knowledge.

The physician does not normally come in contact with the boys until they become infected. They advise having the physician give this instruction at the school. He does not object to the help of the teacher, clergy, and parents, but feels that he is more capable of giving this information.

Clergy. The greater majority of the clergymen are in favor of venereal instruction in the high school, although as a group they gave more adverse criticism than either the physicians or the high-school principals. Their main point of criticism dealt with the incompetence of the teacher from a moral and religious standpoint and from the so-called materialistic nature of the school. Several of the clergymen preferred to have sex, with its varied problems, in the background. How can we put sex, the strongest of instincts, in the background. If youth cannot learn in one respect they will in another, and dynamite is a very critical thing to experiment with unless one has a thorough knowledge of the product.

To summarize briefly, let us say boys need such instruction. Parents want the highschool to give it because of its many advantages above other institutions. The ideal instructor would be a public school teacher of high moral character with both the qualifications of a teacher and a physician. At present it is impossible to find many such

individuals, so we had better take the next best thing, the teacher of the high school who will certainly do a better job of giving such instruction than is being done by companions in secret conclaves. Although teachers lack many of those qualities which the ministry would like for him to have, teachers' colleges could prepare special courses in teacher training and the State Department could send out experts to supplement with pictures, lectures, etc. to help such a program in its infancy.

The teacher may not possess all those "spiritual" qualities of the churchman, nor all the scientific knowledge of the physician, but he is a trained expert in child psychology, and the majority of them "know their boys"--the first necessity of teaching a confidential subject.

APPENDIX

I. QUESTIONNAIRE TO THE PARENT

Dear Parent

This is a research study being made by a graduate student of Indiana State Teachers College. As a parent of a high-school pupil we are asking you for the following information:

1. Would you object to your son's filling out a questionnaire on venereal disease? Yes () No ()
2. Do you think your boy should have some knowledge of venereal disease? (syphilis, gonorrhoea, and chancroid) Yes () No ()
3. From whom should he obtain that knowledge? Indicate by checking.
 - a. Accidental knowledge from companions. ()
 - b. Family doctor ()
 - c. Health instructor in the high school ()
 - d. Through the church ()
 - e. Parents ()
 - f. Others (Indicate whom) _____
4. Have you ever given your son advice concerning venereal diseases? Yes () No ()
5. Have you ever had someone else instruct your son in venereal knowledge? Yes () No ()
6. Would you be in favor of having instruction in venereal diseases in the high school providing boys and girls are kept in separate classes? Yes () No ()
7. Your occupation. _____
8. Your relation to the high-school student. (Check)
 Father () Mother () Others (Indicate) _____
9. REMARKS. Your frank opinion concerning venereal disease instruction in the high school. _____

II. QUESTIONNAIRE TO THE HIGH-SCHOOL BOY

"Gonorrhoea and syphilis constitute the most urgent, vital health problem confronting the country today. From time immemorial these diseases have been the scourge of mankind, flourishing in the darkness of ignorance and striking inexorable the innocent and helpless as well as the guilty. Now they must be exposed to the cleansing light of universal knowledge."

RUPERT BLUE
SURGEON GENERAL
U. S. PUBLIC HEALTH SERVICE

The government wants every man in the United States to know about venereal diseases and how to avoid them. YOU may do your part by filling this questionnaire accurately. DO NOT SIGN YOUR NAME. No one will know which questionnaire is yours so do not hesitate to tell the truth.

- 1. Do you know what a venereal disease is? Yes () No ()
 - a. Syphilis (pox) Yes () No ()
 - b. Gonorrhoea (clap) Yes () No ()
 - c. Chancroid (soft chancre) Yes () No ()
- 2. Do you think gonorrhoea is worse than a bad cold? Yes () No ()
- 3. Have you ever visited a "red light district" (house of ill fame--house of immorality) Yes () No ()
- 4. Do you think it a moral wrong to have sexual relations before marriage? Yes () No ()
- 5. Have you ever committed sexual intercourse? Yes () No ()
- 6. Did you ever have a venereal disease? Yes () No ()
 - a. If so how did you cure it? Quack medicine ()
Self-medication () Doctor () Other methods _____
- 7. From whom did you receive your information about venereal disease? Parents () Doctor () Teacher () Church ()
Companions () State any other source _____
- 8. What questions would you like to have answered concerning venereal diseases? (Print to disguise your writing.)

III. QUESTIONNAIRE TO THE HIGH-SCHOOL GRADUATE

"Gonorrhoea and syphilis constitute the most urgent, vital health problem confronting the country. From time immemorial these diseases have been the scourge of mankind, flourishing in the darkness of ignorance and striking inexorably the innocent and helpless as well as the guilty. Now they must be exposed to the cleansing light of universal knowledge."

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SURGEON GENERAL
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The government wants every man in the United States to know about venereal diseases and how to avoid them. YOU may do your part by filling this questionnaire accurately. DO NOT SIGN YOUR NAME. No one will know which questionnaire is yours so do not hesitate to tell the truth.

1. Do you think venereal instruction should be taught in the high school? Yes () No ()
Why? _____
2. Do you think there is an urgent need for venereal information today? Yes () No ()
Why? _____
3. Where could venereal instruction become the most impressive?
Home () School () Church () Companions () Doctor ()
Indicate any other source. _____
4. Do you practice promiscuous sexual intercourse? Yes () No ()
5. Have you ever had a venereal disease? Yes () No ()
 - a. If so how did you cure it? _____
 - b. If so did you have a knowledge of venereal disease at the time of taking it? Yes () No ()
 - c. If so can you lay the blame to the fact that you "did not know." Yes () No ()
6. Remarks concerning this questionnaire. _____

IV. QUESTIONNAIRE TO THE HIGH-SCHOOL PRINCIPAL

The following information is needed to complete a research study for the requirements of a Masters Degree. Your cooperation will be highly appreciated.

1. Is there any venereal instruction given in your high school?
Yes () No ()
2. What is the nature of the course?
 - a. Correlated with biology ()
 - b. Correlated with sociology ()
 - c. Correlated with health ()
 - d. Correlated with physical education ()
 - e. Separate course ()
 - f. Lecture ()
 - g. Indicate any other method. _____
3. Do you think venereal instruction should be given in the high school?
Yes () No ()
4. Do you think the public has a favorable attitude toward venereal instruction in the high school?
Yes () No ()
5. Did you ever have objections from the community to venereal instruction in your high school?
Yes () No ()
6. Do you think the advantages for venereal instruction in the high school are far greater than in other institutions?
Yes () No ()
7. What do you think would be the leading disadvantage of venereal instruction in the high school?

8. How many cases of venereal disease have you knowledge of in your high school?

9. Please state frankly what you think of giving the high-school pupils instruction on this important social problem.

V. QUESTIONNAIRE TO THE PHYSICIAN

The following information is needed to complete a research study for the requirements of a Masters Degree. Your cooperation will be highly appreciated.

1. Do you think that venereal disease should be exposed to universal knowledge? Yes () No ()
2. Where do you think venereal instruction should be given? Home () Church () School () Doctor () Indicate other _____ . Why? _____

3. At what age does venereal disease seem most common in your community? 16 to 20 20 to 25 25 to 30 30 to 40
Remarks _____

4. Do you think the advantages for venereal instruction in the high school are far greater than in other institutions? Yes () No ()
5. What do you think would be the leading disadvantages of venereal instruction in the high school? _____

6. Do parents frequently ask you to instruct their children in the knowledge of venereal disease? Yes () No ()
7. Please state frankly what you think of giving the high-school pupil instruction on this important social problem. _____

VI. QUESTIONNAIRE TO THE CHURCHMAN

The following information is needed to complete a research study for the requirements of a Masters Degree. Your cooperation will be highly appreciated.

1. Denomination _____
2. Have you ever given instruction to the youth of your congregation in venereal disease? Yes () No ()
3. Do you think knowledge of venereal diseases is of vital importance to our people? Yes () No ()
4. Where do you think the duty of venereal instruction belongs?
Home () School () Church () Doctor () Lecture ()
Indicate others _____
5. Do you think the advantages of venereal instruction in the high school are far greater than in other institutions?
Yes () No ()
6. What do you think would be the leading disadvantages of venereal instruction in the high school? _____

7. Please state frankly what you think of giving the high-school pupil instruction on this important social problem? _____

VII. PHAMPLET TO THE PARENT

FACTS ABOUT SYPHILIS
AND GONORRHEA
and
THEIR SERIOUS END
RESULTS



Issued by
Bureau of Venereal Diseases
INDIANA DIVISION OF PUBLIC HEALTH
Cooperating with
United States Public Health Service

FACTS ABOUT SYPHILIS AND GONORRHEA AND THEIR SERIOUS END RESULTS

This pamphlet is prepared for men and women interested in the general welfare of the public so that they can help the unfortunate and warn the indiscreet.

Syphilis and gonorrhea are communicable diseases and not crimes.

The control of venereal diseases is of vital importance to the general public. It involves a series of moral, social and economic problems.

It is important for the public to know about the nature, cure and prevention of venereal diseases.

Investigations and reports of the most competent experts show that an alarmingly large percentage of our population is syphilitic, either active or latent.

Syphilis is the greatest destroyer of mankind. This disease alone has at least 500,000 presumptive victims each year in the United States.

Syphilis is not only one of the most prevalent of the major communicable diseases, but it is also the most devastating disease.

Syphilis ranks among the foremost, if not actually the first, of all causes of deaths which affect mankind.

Insurance Companies have found the death rate among people supposedly cured of syphilis to be double the rate of those who have never had the disease.

It is estimated that at least 8% to 12% of all deaths are caused by syphilis, but most of such deaths are reported as inanition, heart disease, apoplexy, paralysis, locomotor ataxia, insanity,

disease of the arteries, kidneys or liver, instead of the true primary cause.

Syphilis is the one "racial poison" reducing the race standard by the breeding of delinquents and moral and physical degenerates. It is probably the greatest factor in the cause of inefficiency, insanity, pauperism and crime.

Thousands of persons while supposing themselves cured are harboring latent syphilis, causing degenerate progeny and the death of the victims themselves in early or middle life.

25% of the inmates of one of our institutions for the insane are syphilitic, or they are there because of syphilitic ancestors.

Approximately 40% of the male inmates in one of our State institutions for the insane are syphilitic.

Syphilis is directly heritable. It causes nearly one-half of all abortions, miscarriages and stillbirths. Many children of syphilitic parents die in very early life.

Uncontrolled, the prevalence and heritage of syphilis will place a crushing burden upon our nation which will become intolerable.

It has been conservatively estimated that not less than 10% of syphilitic cases are found in the new born babe.

Syphilis is not always the result of a person's misconduct or misbehavior. The innocently acquired marital infections and congenital cases now account for almost half of the number of syphilitic cases.

Many people are carrying the infection of syphilis without visible signs. The only sure

way to know definitely about this disease or to prove non-infection is by Wassermann, Kahn, Kline, or other serologic or laboratory tests.

A thorough physical examination and laboratory examinations of specimens, or pus smears for the gonococcus, is necessary to determine if a patient is cured or free from the infection of gonorrhoea.

We must make a vigorous effort to control the venereal diseases. No one is immune from syphilis and gonorrhoea. These diseases affect all ages and classes of people throughout the world.

Health officers, local officials, and law enforcement officers, assisted by their local citizens or representatives of civic and social groups, can greatly reduce the incidence of venereal diseases in their community. They should emphasize the necessity for better cooperation in this movement for the control and prevention of these diseases. They should unite their efforts in combating these diseases.

Veneral disease control also embraces medical, educational, Legislative and rehabilitation measures.

The greatest benefit and protection to society for the prevention of the widespread prevalence of venereal diseases is a system of education, organized facilities for healthy recreation, prompt reporting of all cases of venereal disease to the Indiana Division of Public Health in accordance with the provisions of the statutes of Indiana (also including for investigation reported sources of infection and lapsed cases), repression of prostitution, isolation for the incorrigible and mentally irresponsible patients, and adequate medical

treatment. Medical treatment should be provided in every community for indigent patients.

It is now estimated that gonorrhoea is responsible for 60% of the blindness of the new born, and 10% of all blindness may be attributed to venereal diseases.

10% of the reported cases of gonorrhoea in families are now said to be found in girls from a few weeks to 14 years of age, most of which are innocent or accidental infections.

Gonorrhoea is now believed to be the most prevalent communicable disease.

Gonorrhoea is said to affect from 50% to 60% of males at some time in their life history.

Gonorrhoea is directly responsible for a majority of the appallingly great number of abdominal operations on women. It has been repeatedly stated that 75% to 80% of so-called female troubles or pelvic diseases of women are caused from gonorrhoea, and death can occur from the various complications.

Women are usually the innocent victims of the husband's earlier indiscretion and his incomplete cure. It is said that half of the number of infected women are married and that many of them have acquired their disease from their husbands. Men should KNOW that they are cured of their disease—not just think so.

In men, gonorrhoea causes rheumatism, heart disease, bladder trouble, stricture, and other complications.

Syphilis and gonorrhoea actually causes more suffering and deaths than smallpox, diphtheria, infantile paralysis and tuberculosis combined.

Death returns usually cloak the true cause.

It is estimated that \$100,000,000. a year is spent on the treatment of gonorrhea and syphilis in the United States, including the annual expenditure for the care of patients with general paralysis of the insane and other forms of neurosyphilis in mental hospitals of this country.

The loss of wages due to syphilis and gonorrhea for the nation as a whole is estimated to be not less than \$84,000,000.00 a year.

Syphilis directly and indirectly costs the taxpayers more than any other infectious disease.

The cost of institutional care for the delinquent, abnormal, poor, criminal and insane in most of the institutions in the State of Indiana supported by public funds, exclusive of several county general, tuberculosis, and city hospitals, as tabulated for the State's fiscal year ending September 30, 1932 was \$14,743,879.58, or more than \$40,390.00 a day. The serious end results of venereal diseases are one of the principle causes of this wastage. A compilation of these figures for recent years is not available but institutional costs have doubtless increased during past years.

It is stated by the United States Public Health Service that there are at least 423,000 new infections of syphilis and 679,000 cases of gonorrhea which seek treatment each year for these diseases in the United States, and in the area in which syphilis has been reportable since 1920 there have been 35,000 more cases of syphilis than scarlet fever, 79,000 more than all forms of tuberculosis, 500,000 more cases than of diphtheria, three times as much syphilis as smallpox, and five times as

much syphilis as typhoid fever. So the prevalence of syphilis and gonorrhea is most certainly enormous. If our government could receive accurate reports about this sweeping pestilence these statistics would prove universally alarming.

Investigations and physical examinations have proved that from 94% to 97% of public prostitutes are infected with gonorrhea or syphilis, or they have a double infection of both gonorrhea and syphilis.

Surveys or investigations and physical examinations have proved conditions to be as bad in rural as well as urban communities.

The margin of difference usually between health, life and death for those who are infected with syphilis is adequate medical treatment.

These diseases can be cured but medical treatment must be continued until the infection is positively eradicated to avoid the complications and suffering caused from their dangerous after effects.

The prevalence of these diseases and the unrecorded toll of human suffering and deaths, of prenatal mortality, deafness, visual handicaps, and blindness, is enormous.

Contact or inoculation with the organism of syphilis or gonorrhea is necessary before infection occurs or before you can acquire these diseases.

Since we understand the cause and conditions under which the venereal diseases are acquired or spread, it seems as though there should be no reason for their existence or why they cannot be controlled.

If we neglect or fail to speak the truth or hide

our heads from facts, we will permit suffering and miseries from these dreadful diseases to continue.

The control of the venereal diseases is extremely important on account of the far-reaching destruction and the hidden and insidious nature of these diseases. This is a movement for race betterment and the improvement of moral conditions against humanity's worst disease plague.

Please lend your assistance to your local health officer in his effort to eradicate this awful disease scourge, which is preventable and controllable.

When you have no further use for this pamphlet please present it to some other person who may be interested in the control of these diseases. For further information write to the Indiana Division of Public Health, Indianapolis, Indiana. The following pamphlets will be sent to any of our Indiana citizens free upon request:

For Parents—Parents Part.

For Men—Plain Facts.

For Boys—Keeping Fit.

**For Girls of Adolescent Age and Young Women—
Enlightment.**

For Girls—Just You and I.

For Infected Patients—Sex Hygiene.

**For the General Public—What the People Must
Know to Conquer Man's Worst Enemy.**

Venereal Disease Control—A Community Problem.

INDIANA DIVISION OF PUBLIC HEALTH

Cooperating with

United States Public Health Service

By L. J. Rail

Rev. 6-1-35.

VIII. PHAMPLET TO THE HIGH-SCHOOL BOY

KEEPING FIT

(FOR BOYS)



Issued by

INDIANA DIVISION OF PUBLIC HEALTH

BUREAU OF VENEREAL DISEASES

Indianapolis, Indiana

Revised from Original and

Reprinted by permission of United States Public Health Service



BE A "CLASS ONE A" MAN

Your body is your lifetime, willing servant. Abuse it—it will be patient, but when it takes revenge it takes it a thousandfold. Give it a square deal, and it will give you a square deal and more—it will give you back pure blood and strong, skilled muscles and a clear brain for your future happiness, your country's service, and the world's work.

First edition issued June, 1918, by Bureau of Education in co-operation with Medical Section, Council of National Defense.
Revised October, 1918; February, 1919; and issued by Public Health Service, 228 First Street, N. W., Washington, D. C.
Revised June, 1921, and issued by the Indiana State Board of Health, Indianapolis.

VIII. PHAMPLET TO THE HIGH-SCHOOL BOY

KEEPING FIT

Every boy or youth, possessed with any brains at all, looks forward to becoming a man in a few years—and a real man at that. Although every one cannot become a Charles Lindbergh, Babe Ruth, a Franklin Delano Roosevelt or a Thomas Edison, the attainment of strong virile manhood should be the ambition of every boy. Some of those who are now boys will equal or possibly excel these men. Every boy has his chance, and his own development is up to him. The ones who face this matter squarely are the ones who will win out. Although some are less endowed by nature than others, real manhood is largely dependent on the manner of living during boyhood and youth. Many who were well-born and given every opportunity have become early wrecks, while others less fortunately endowed have developed themselves into the best of men—physically, mentally, and morally. There is no more shining example of this than the life of Theodore Roosevelt. He was frail, sickly, and delicate in early life, but by care, training, and control he matured into one of the most virile men of his time. His “pep” and capacity for doing things were probably unparalleled.

Give the average boy a new motorcycle, and would he run it without any care or adjustments until it became junk? You bet not. He would keep it “tuned up,” oiled, and adjusted as it should be. A boy’s own body is the most valuable machine he can have. It also needs care and attention if he expects to be able to “hit her up on high.” Real fitness is not attained by the thoughtless, indifferent, and careless. It’s up to you. Stand up for yourself.

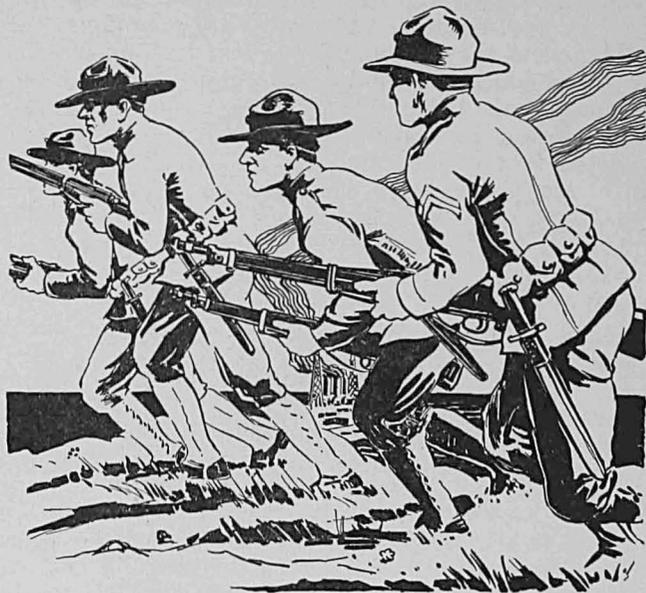
Fitness—physical, mental, and moral—depends fundamentally on health. This means not only the avoidance of diseases and defects, but positive, abundant health—prime condition of mind and body. Every young man in America, to be worthy of his heritage, should know the laws of physical and mental efficiency and live up to them. Keeping fit for America’s task in the new world is the present obligation on every youth of the land.

HANDICAPS REVEALED BY WAR

The examination of men for our armies during the World War revealed the causes which produced the greatest number of physical “ineffectives” and rejections. Aside from wounds, the principal causes were defective eyesight, poor teeth, bad feet, and venereal diseases.

The facts here presented are aimed to reduce inefficiency from these four causes. The self-discipline and healthy ac-

WHAT FITNESS DEMANDS



1. Muscular Strength
2. Endurance
3. Energy
4. Will Power
5. Courage
6. Self-Control

tivities required to prevent these diseases and defects will be found to be the means also of abundant health, vigor, and general well-being.

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Defective Eyes

The human eye is one of the most marvelous and delicate mechanisms known, and, next to the vital organs, the most important part of the body. Yet most of us abuse our eyes unmercifully.

Close your eyes and for a half minute imagine yourself blind. The most frequent kinds of poor eyesight are near and far sightedness and astigmatism.

Certain defects in the original structure of the eye itself cannot be cured, and can only be corrected by glasses properly fitted by a competent oculist.

Certain other defects, due to mistreatment of the eyes, can be cured by proper glasses which, so to speak, "train" the eye back to normal. Some kinds of defects, such as certain cases of "crosseyes," may be helped by a slight operation. Slight muscular defects often cause severe eyestrain without the patient knowing what is wrong.

Still other eye troubles affect chiefly the lids, or attack the lids first and only later affect the eyesight itself. Proper medical treatment will usually cure these conditions. Certain infected cases, however, may leave permanent scars.

Varieties of eye trouble are so numerous that they cannot be described here, nor would it be wise for you to try to treat yourself, for the symptoms of very different complaints are often so nearly alike—headache, redness, dimness, etc.—that only a physician can prescribe properly. For any continued discomfort, go to a reliable eye specialist.

It is possible, however, for you to know how to avoid preventable eye trouble. Many a man's career has been handicapped because he neglected these apparently simple rules:

1. When reading, writing, etc., be sure to have good, clear light, preferably over the left shoulder if writing, and not directly in the eyes or reflected sharply from the paper.

2. Do not hold the eyes less than 12 inches from your work.

3. Do not use the eyes too long continuously—rest them a few minutes occasionally by closing them or looking into the distance to relax them. One should do this at least every hour, especially if reading fine type or doing intense, delicate work.

4. Do not use your eyes much on a vibrating train or car, or go too often to motion pictures. They strain the eyes.

5. Keep away from places where stone chips, sparks or emery dust is flying, or wear goggles.

6. If strong light bothers you, wear slightly brown non-magnifying glasses outdoors, with a broad-brimmed hat.

7. Avoid the common towel and do not rub the eyes with dirty hands. Contagious eye disease is spread in these two ways.

Defective Teeth

It should hardly be necessary, in this day, to emphasize the importance of clean teeth. Bad teeth are not only the producers of toothache, but also barborers of disease germs. The mouth is the gateway to the throat and stomach, and it pays to keep it clean. Poisons absorbed from diseased teeth may cause intense suffering and loss of health.

The correct way to brush teeth is with a medium soft brush, with an up-and-down stroke, bearing away from the gums toward the points of the teeth, so as to get the food from between the teeth without violently pushing back the gums.

Even if you keep teeth properly cleaned daily, it pays to have them examined and cleaned by a good dentist once in six months, to prevent decay and avoid disease.

Defective Feet

In battle an army may go from where it is to where it is going on foot. A good general takes almost as much care of his men's feet and stomachs as he does of their powder and shot.

Men were not rejected for corns and bunions, unless they interfered with wearing a military shoe, or with weight-carrying power; but they are a nuisance, and they can be avoided by having properly fitted shoes, snug but not pressing or stubbing the joints or toes. The Army "last" is a safe and good-looking shoe.

Cleanliness is of the utmost importance in keeping the feet in condition. Unless this is attended to systematically, the skin becomes softened and irritated by cast-off particles of skin, dirt, and perspiration; hence blisters and abrasions are more likely to form.

The most frequent foot trouble serious enough to cause real handicap is the fallen arch, or "flat foot." This may be prevented by wearing shoes which do not put too heavy a strain on the "arch" of the foot, but give it mild support. Many things besides shoes may cause flat foot, and a doctor should always be consulted for any continuous foot discomfort. Foot strain is also a cause of some kinds of backache and other nervous trouble.

The straight position of the foot—that is, with the feet parallel—is the proper one for both standing and walking.

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If a shoe threatens to injure your foot, it is poor economy to keep it. Don't buy a misfit just because it is cheap or fashionable—it doesn't pay. Remember the doctor's bills!

VENEREAL DISEASES

In former wars germ diseases killed more soldiers than bullets, but such diseases as smallpox, yellow fever, and typhoid were successfully controlled in the Great War.

Of all the diseases that handicap men in the Army, in agriculture, mining, lumbering, and shipbuilding, the venereal diseases (syphilis, gonorrhoea, and chancroid) cause the greatest loss of time, money, and efficiency, besides untold misery. Surgeon General Gorgas said that if it were possible to get rid of all wounds or of all venereal disease he would rather be rid of the venereal disease.

If Germany had hired an army of spies to scatter disease germs among our soldiers and thus to keep them from the front, the nation would have wrathfully protested. If an American general had permitted infected persons to mix freely with our soldiers, he would, in effect, have been aiding the enemy. Every day many men and boys are exposing themselves to venereal diseases, largely through ignorance of the laws of health and lack of self-control. False modesty has caused silence about venereal diseases because they are usually caught from immoral relations with women and girls who, in turn, have caught one or the other of the diseases from some man.

Practically all prostitutes, and girls and women who may not be professional prostitutes, but who permit men to have sexual relations with them, have one or more of these venereal diseases. Many such women are feeble-minded. They are to be pitied and avoided.

Here are a few more facts about venereal diseases which you should know for the protection of yourself and others:

1. Gonorrhoea (sometimes vulgarly called "clap" or "a dose") can be cured, if promptly and thoroughly treated, without apparent loss of health, but it always has serious possibilities. In many cases it causes chronic pain and distress in the sexual organs, with severe mental depression. It may lead to conditions which cause loss of health or even death; in many cases it injures sexual power and fertility, and it occasionally cripples a man for life (Gonorrhoeal rheumatism). The

loss of health, time, and money caused by these sequels and their treatment may far exceed that caused by the original disease, which is in itself bad enough.

The widespread notion among the uninformed that gonorrhoea is a mere annoyance, "no worse than a cold," is based entirely upon lamentable ignorance. It is absolutely false.

2. This disease sometimes persists in the deeper parts long after it is apparently cured. It thus happens that a man may give the disease without knowing it to his wife, who thereupon enters upon a period of ill-health that may end in an operation involving the mutilation of her sexual organs in order to save her life, or perhaps actually killing her. Much of the surgery performed on the reproductive organs of women is made necessary by gonorrhoea contracted from the husband. Often such women can never have children. Should the wife while infected with this disease give birth to a child, the baby's eyes may be attacked by gonorrhoea germs and blindness may result.

3. The other serious venereal disease, syphilis, infects the blood and therewith all parts of the body. For months after infection with this disease, a person may communicate it even by personal contact, such as by kissing; and articles touched by his saliva or sores—towels, drinking glasses, pipes, etc., may sometimes carry the infection to others. Although the disease, under proper treatment, is not dangerous to life in the earlier years of its progress, the possibilities of transmitting it should forbid the marriage of the person until a competent physician has certified to his freedom from disease.

4. The most serious results of syphilis may appear years after its beginnings, when the individual has been lulled into a false sense of security by long freedom from its manifestation, and considers himself cured. It may attack any organ of the body. Among the diseased conditions produced by various cases are apoplexy,¹ paralysis,² insanity,³ and locomotor ataxia,⁴ and these often appear after the man has a family dependent upon him for support.

5. The injury to the individual caused by syphilis is shown in the attitude of the leading insurance companies

¹ Apoplexy refers to sudden paralysis and deep stupor caused by bleeding into the brain or spinal cord.

² Paralysis means a loss of motion or sensation in some part of the body.

³ Insanity means disorder of the mind, more or less permanent, but without loss of consciousness or will.

⁴ Locomotor ataxia means failure of muscular control and other changes due to degeneration of certain parts of the spinal cord and nerves.

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toward those so infected—a purely business matter, devoid of all sentimental considerations. They refuse to insure the life of a syphilitic person for four or five years after the disease has been contracted, and then only upon special terms; for their records prove that syphilis tends to shorten life, and that the death rate for those who have had syphilis is double the rate for those who have never contracted it.

6. That the syphilitic parent may transmit the disease to his offspring is common knowledge; some of his children may be destroyed by the disease before birth; others may be born to a brief and sickly span of life; others attain maturity seriously handicapped by a burden of ill health, incapacity, and misery produced by the inherited taint; others escape these evil effects.

7. The above facts show why a father has a right and duty to demand a health certificate from any man who asks for his daughter in marriage.

8. The only safe way to avoid venereal disease is to keep away from prostitutes and loose girls. Between syphilis and gonorrhoea, choose neither,

9. If a man contracts gonorrhoea or syphilis he will save money and time by consulting a competent physician as soon as symptoms of the infection appear. Medical institutes and quack doctors are far more interested in your pocketbook than in your health. To rely on drug-store remedies for self-treatment is equally dangerous. Very few drug stores will sell such remedies without a doctor's prescription. They do not eradicate the infection, and it should always be remembered that merely covering up a disease does not cure it. A complete cure is never effected until the system has been entirely freed of the infection. Otherwise, it may smolder and break out years later. In many cases attempted self-treatment permits the infection to secure such a hold on the system that a cure becomes impossible. The sufferer's condition eventually drives him to a reputable physician, only to find that he has come too late. For the individual to rely on drug-store remedies or quack doctors is to gamble his whole future, with the odds all against him.

10. Do not be fooled by "quacks" and "medical institutes." In many cities these unscrupulous quacks advertise to cure "lost manhood," "nervous debility," "spermatorrhea," "pimples," and things which have nothing to do with sexual health.

They try to frighten the ignorant into paying large sums of money for the "cure" of diseases which do not exist, and the lies they disseminate help to spread venereal diseases. They have been actually run out of some parts of the country.

TRAINING RULES

To be really physically fit, however, it is not enough to be free from disabling defects. Many men were rejected from the Army simply because of "poor physique." You must be in good general condition all the time if you want to win out, whether in war or in peace.

TRAINING RULES



**KEEP FIT
for War or Peace**

by adopting these 5 Rules:

1. Exercise Wisely
2. Eat Wholesome Food
3. Get All the Fresh Air Possible
4. Take Sufficient Rest
5. Keep Clean



QUACK DOCTORS

Try to frighten men by untruthful advertisements. They get large sums of money for treating diseases that do not exist.

**Patent Medicines and
"Favorite Prescriptions"
ARE DANGEROUS**

To achieve the maximum of physical and mental efficiency you must follow five common-sense rules:

(1) The first of these is sufficient exercise of the right kind. Reading the sporting page, yelling in the grandstand, and watching the baseball bulletin boards may be enjoyable, but will never make a man vigorous. He must himself take daily exercise. Hiking, baseball, rowing and canoeing, skating in the open air, swimming, tennis, team games, general gymnasium work, boxing and wrestling where the air is fresh, are among the most beneficial forms of exercise. Any useful work using the big muscles actively is as good as sports.

Your daily exercise should be vigorous enough to cause you to perspire freely. This helps the body to throw off certain

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waste products which, if they are allowed to accumulate, will act as poisons. After exercising, take a bath. A shower is better than a tub bath. A washbowl or any other contrivance is better than nothing. Warm water should be used first, then cold. The bath should be followed by a vigorous rub down with a coarse towel, the whole process taking no longer than 4 or 5 minutes. The bath and rub down should produce a healthy glow of the body and a general feeling of well-being.

(2) Second, sleep in the fresh air, work and exercise in the fresh air as much as possible, and be sure to have the indoor air kept fresh during the day. Fresh air is almost a cure-all. It is usually more valuable than any quantity of medicine.

(3) In the third place, you probably need at least eight hours' sleep every night. A man can get along on less, but he cannot keep himself in the best possible physical and mental condition. Do not lie in bed after waking, but jump out, bathe, and dress immediately. Avoid soft mattresses, feather beds, and too much covering.

(4) Proper food eaten slowly and thoroughly chewed is another requirement. The system needs not only the kind of food that is rich in nourishment, but vegetables and other coarser food to give bulk and stimulate the bowels. When this is not done, one becomes constipated and is likely to have headaches and general ill health. Regular movements of the bowels are aided by an abundance of exercise and by eating plenty of fruit and drinking plenty of pure water.

(5) Finally, if you are to gain maximum efficiency and retain it, it is important that you should understand the relationship of the reproductive, or sex organs, to the development of vigor. This needs to be carefully explained, because, while the facts are important, they are not generally understood.

Sex Health

Sex accounts for the differences and attractions in minds as well as in body between men and women. The way a person behaves in relation to such matters are called his sex habits. A man's sex habits have much to do with his health and efficiency.

Most men have received their first information about sex from lies, half-truths, and smutty stories, from pictures or shows, or from other boys or men who thought they knew it all but had only filthy ideas about sex, and laughed at it. Most people were never told in a serious way by their parents

or by a doctor what maturity, marriage, and having children really mean.

All that is best in modern life and civilization has grown mainly out of the sex impulses. Hunger and sex are the two great driving forces in the world. The hunger motives have given rise to our economic or self-seeking life; the sex or love motives have given rise to the spiritual and social aspects of life—aspects which find their highest satisfaction in the happiness and service of others. Human affection, which is the finest and often the most powerful motive in life, is the highest product of sex in the world. That is why defiling of the affections so completely destroys character and manhood. With sex destroyed or debauched, we should lose nearly all that is beautiful in art, poetry, music, and literature—for courtship, marriage, fatherhood, motherhood, birth, true family life, and all our most generous impulses are due to sex.



A NATURAL PROCESS IN MEN

About once or twice a month a fluid from up inside the body is discharged during sleep.

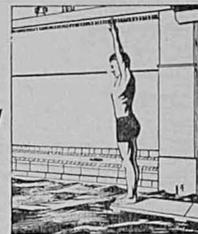
This is called a seminal emission.

DO NOT WORRY

This is natural and happens to all healthy men and older boys.

Think no further about them.

The fluid discharged during sleep is not the secretion that goes to the muscle and brain.



A Healthy Body

WHAT GLANDS ARE FOR

Glands make secretions needed in a healthy body.

- 1. Secretion from salivary glands aids in digesting food
- 2. " " oil glands helps keep hair and scalp healthy.
- 3. " " tear glands moistens and cleans eyes.
- 4. " " thyroid glands aids in brain development.
- 5. " " testicles aids in body development.

Nº4 and Nº5 make secretions that go directly into the blood.

It would not be possible for a boy to achieve the full vigor of manhood were it not for the reproductive or sex organs. This fact may be made clear by referring to the activity of the various glands in the body. Everyone is probably acquainted with the salivary glands, and the glands in the stomach which secrete the gastric juice. There are also glands which make secretions that are absorbed by the blood. One of these glands is called the thyroid. If a boy were seriously

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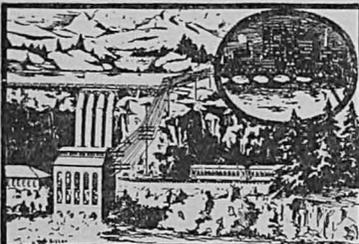
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injured so as to necessitate the removal of the thyroid glands, it would probably retard the development of his brain.

The testicles are glands which, like the thyroid glands, secrete an exceedingly important substance. The blood absorbs this substance, or secretion, and carries it all through the body. It gives tone to the muscles, power to the brain, and strength to the nerves. It is what caused your voice to change, your shoulders to square out, your beard to start growing. It makes a man out of you.

For the above reasons it is of paramount importance to a man's efficiency and happiness that his sex organs be kept healthy. For this physical cleanliness is the first essential.



THE CONTROL OF THE MOUNTAIN STREAM

The Dashing Torrent Has Much
Unused Energy
When Controlled and Directed
it Generates Power
for
Trolleys-Lighting-Factories
and other
Useful Purposes.



THE CONTROL OF THE TRAIN

THE ENGINEER is
responsible for the
passengers behind him.
THE YOUNG MAN is
responsible for the
generations to follow.

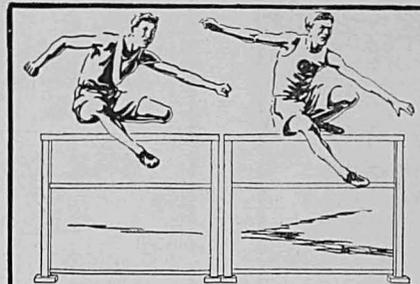
Inside the body, near the bladder, are certain small glands which, when a boy reaches the age of 15, 16, or 17 (though it may be earlier or later), become filled with a fluid occasionally discharged in the night. This discharge is called a seminal or nocturnal emission, or "wet dream." It is a perfectly healthy experience. It may come two, three, or four times a month, or only once in two or three months. To prevent too frequent emissions, it is well not to lie on the back when sleeping, or to drink much water late in the evening. If you keep yourself clean in mind and body, however, and ordinarily feel no ill effects after natural emissions, you need not and should not worry.

Some ignorant men or quack doctors may tell you that the sex organs must be used if they are to be kept healthy. **This is a lie.** Manhood is not lost by disuse of the sex organs. Real lost manhood is usually due to venereal disease or long abuse of the sex organs.

Famous boxers and wrestlers, explorers, and athletes who want their bodies in perfect condition for a great struggle, keep away from women as part of their training. Even the ancients recognized this in training their gladiators and athletes, and reputable doctors agree that sex indulgence is not necessary to health.

Control and Conservation of Manhood

Overexercise or excitement of the sex glands may exhaust them and weaken a man. If a boy or man himself stimulates his sex organs it is called "self-abuse" or "masturbation."



THE CONTROL OF THE SEX IMPULSE

The Sex Instinct in a
Boy or Man
Makes Him Want to

ACT, DARE, POSSESS, STRIVE

When Controlled and Directed
It Gives—

**ENERGY-ENDURANCE
FITNESS**

This practice does not make a man insane, but it is so weakening both to the body and to the will power that many boys and men worry themselves sick over the habit. If a man or boy who abuses himself stops immediately, once and for

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always, nature comes to his rescue and aids him in recovering self-respect, courage, and vigor of mind and body. If you are tempted to abuse yourself, or have acquired the habit, you can cure yourself by athletics, fun, and your own self-respect and will power. Most boys who masturbate stop the habit before lasting injury has been done. Going to a prostitute instead does not really break the habit. It makes matters worse. Needless to say, neither kind of habit helps to make strong men.

Thinking about or looking at things which excite the sex feelings makes it difficult to control the sex organs, just as looking at food makes the mouth water, or thinking of a sorrow may bring tears to the eyes. While it is not always possible to prevent these things from coming to your attention, it is possible, by using will power, to direct the attention away from these harmful influences and center it on wholesome subjects. You can learn the trick of switching the thoughts away quickly from suggestive subjects to athletics, school work, or some "hobby," etc. A man who is "thinking below the belt" cannot be 100 per cent efficient. The mind should not be made a cesspool, but a reservoir which is not to be contaminated.

The sex instinct may be either a destroying scourge or a great blessing. If it be abused, inefficiency and suffering may result for the man and his wife and children. If it be understood and controlled, it is a source of strength and of richer and fuller life.

The nature of the sex instinct may be understood by comparing it with other forces of nature. Fire is a great blessing to mankind. By means of it machinery is made to perform gigantic tasks. It warms our houses and cooks our food. The warmth and glow of a camp fire is a source of great pleasure to campers. When fire is controlled it is a valuable aid to man, but when it gets beyond control it may cause him ruin.

The water above a dam becomes a source of power when directed into the turbines which run dynamos. If it be merely held back by the dam, it may accumulate and cause a break, resulting in a flood. To be useful it must not only be held back, it must also be directed into the turbines. So sex energy must be controlled and directed. In entering into manhood you may need the full power of your will to keep your sex desires from leading you into practices that weaken and destroy yourself and others. But you will be helped most by cultivating healthful sex interests and turning your powers of mind



and body into athletics, work, study, art, music, religion—any constructive social activity. A man thoroughly absorbed in his work for others or in training for a career of community usefulness has no time or desire to bother with smut or vice.

Relationship With Girls

Think of all girls as the future mothers of the race, and understand that one of their most important functions in life is to become the mothers of healthy children who will make useful citizens. A nation as well as a man may well be judged by its attitude toward women.

The man who is fair will treat every girl as he expects others to treat his own sister. There is no finer thing than the friendship of a true girl and a true man.

The man who seeks wine and loose women is taking a big chance. Far from being strong, he is weak. The man who does so, needlessly exposes to danger the body and mind. He is disloyal to his own best self.

In an accident at sea, when everyone is anxious to reach the life-boats, the rule for all men is, "women and children first." If a man rushes in ahead of them, he is looked upon as a coward. It is even more important for men to protect girls and women from other dangers, especially from those dangers which threaten to ruin their lives. We fought to preserve our homes from autocracy and rapine. Let us see to it they are protected also from internal enemies of disease and disgrace. If we were ready to die to protect our homes, we should surely live in such a way as to safeguard them.

Every man who has any principle believes in fair play. He despises cheating. If you are for the "square deal," you will adopt for your own life the same standard you expect of the woman you are to marry some day. The chain of human beings reaches into the infinite past and forward into the infinite future. But one false step may infect your own racial stock and blight the lives of generations to come, or even cut you off entirely from your share of posterity. If a man keeps his body in good condition and lives a clean life, his descendants will thank him for a vigorous and untainted heritage. The spark of life is to be accepted as a sacred trust to be transmitted undimmed to future generations.

Do Not Destroy—

When you have no further use for this pamphlet give it to some boy of your own age.