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Untreated syphilis – from Oslo to Alabama and back

In the period from 1891 – 1910, around 2000 patients with syphilis were admitted to the skin department at the National hospital in Oslo, Norway. An opponent to the mercury treatment at the time, the head of department, Caesar Boeck, forbade the use of mercury in his ward, and instead recommended improving the patients' own defense mechanisms. In 1928, his successor, E Bruusgaard, published an investigation where he had traced approximately 1/5th of the patients. The results travelled across the globe, into textbooks and article journals, and also to the architects of the infamous Tuskegee study. According to historian James Jones, “the importance of these findings for dr. Clark’s proposed study of syphilis in the negro can hardly be overstated” (Bad Blood, p. 93). Two decades later, on the initiative from Johns Hopkins syphilologist JE Moore and the head of the venereal disease section at the US PHS, a Norwegian dermatologist, Trygve Gjestland, received financial support from the Research Grants Division of the US Public Health Service to do a follow up-study of the same patients with a “more rigorous methodology”. The study, being co-supervised by surgeon-general in Norway, Karl Evang, was published in 1954 as Gjestland’s doctoral thesis (“The Oslo study of untreated syphilis”). This epidemiological study is also cited as one of the first studies on social inequality in health. In this paper, I want to explore the coming into being of the Oslo study, and in particular trace the relations between the Oslo study research group and the Tuskegee researchers and PHS division, at a time where the Tuskegee study was under scrutiny. How did the results travel? What kind of translation was necessary in order to make the Oslo study relevant to the American context? And how did the Alabama study transform the re-study of the Oslo “material”? What version of syphilis was produced as an effect? Based on archive material both from the US and Norway, as well as published sources, I will explore the production of “untreated syphilis” in an interaction between two very different contexts, and between past and present.

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