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Yellow Pages." Among products recently created for the age group: Procter and Gamble's Crest "Super Cool Gel" toothpaste, the "My First Sony" radio, General Electric's "Kidcorder" cassette recorder.

Although some prime-time programs, such as *The Cosby Show*, are popular with children, the Saturday morning cartoon series still carry most of the television ads aimed at them; the candy, cereal, and toy purveyors are being joined by such newcomers as Heinz, which has discovered that pre-teens regard ketchup as "fun food." By standing aloof from TV, says Stipp, other marketers of pre-teen favorites—peanut butter, records, watches—are still failing to profit from the social changes that have made U.S. children important independent consumers.

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Even More Divided

"Black Demographics" by Karl Zinsmeister, in *Public Opinion* (Jan.-Feb. 1988), American Enterprise Institute, 1150 17th St. N.W., Washington, D.C. 20036.

Twenty years ago, a presidential commission chaired by Illinois governor Otto Kerner warned that, among other things, the U.S. black population was dividing into a "small but steadily increasing Negro middle class" and a larger number of riot-prone "have-nots" who were "stagnating economically." Zinsmeister, a demographer, finds a widening gap between the "two black nations."

Black America has made many advances since the Kerner Report. The proportion of blacks above age 24 who have completed a high school education climbed from 30 percent in 1968 to 60 percent in 1987; the proportion who finished four years of college rose even more dramatically, from four percent to 11 percent. And black families with two parents who hold down jobs earn, on average, 85 percent as much as two-income white families, up from 73 percent in 1968. The earning power of young, married, black high school graduates is now on a par with that of comparable white couples.

Yet, while two-thirds of the nation's 29 million blacks earn \$10,000 or more annually, roughly eight million remain in the "underclass," dependent on government payments and/or illegal activity for much of their income. These blacks are far more likely than their brethren to live in inner-city single-parent households, to bear illegitimate children, and to get in trouble with the police: 27 percent of the black inner-city males in the 16-24 age group surveyed by the National Bureau of Economic Research in 1986 admitted to being involved in crime, and 32 percent contended they could earn more from street crime than from honest work.

Ghetto violence is increasing; during the first four months of 1987 in Detroit, 102 blacks under age 16 suffered gunshot wounds, most in gang and drug wars. Half of the nation's convicted felons, Zinsmeister observes,

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“are young black males.”

However well intended, government policies such as affirmative action in hiring and noncompetitive “set-aside” contracts for minority businesses mostly benefit middle- and upper-class blacks. These citizens, Zinsmeister believes, could provide more *effective* help to the underclass than could an expansion of government welfare programs. Black Americans, he argues, “must ask themselves what they can do . . . for their brothers.”

An AIDS Analog

“The Syphilis Epidemic and Its Relation to AIDS” by Allan M. Brandt, in *Science* (Jan. 22, 1988), 1333 H St. N.W., Washington, D.C. 20005.

Acquired Immune Deficiency Syndrome, which has so far afflicted about one in 4,200 Americans, is not the first sexually transmitted disease to become a major national worry. During the late 1800s, about one in 10 citizens had syphilis. Its story, says Brandt, associate professor of social medicine at Harvard, offers an “important analog” to the AIDS drama.

Syphilis was feared both as a disease (often causing paralysis and death) and as an affront to Victorian values. Doctors exaggerated the ease with which such “vipers of venery” could be contracted. Calls arose for curbs on immigrants, who in fact did not show a high incidence of syphilis.

The early response was shaped by the Progressive-era “social hygiene movement.” It preached containment: sexual abstinence, police curbs on prostitution. Then, in 1909, came the hoped-for “magic bullet,” the arsenic-based drug Salvarsan. But only a fourth of syphilitics—outcasts, like AIDS patients—would complete the arduous injections.

World War I brought a new weapon: shame. Draftees with the disease (13 percent were afflicted with either syphilis or gonorrhea) were dishonorably discharged. On the home front, some 20,000 prostitutes were quarantined; 110 red-light districts (e.g., San Francisco’s Barbary Coast) were closed. Soldiers were given slogans (“A German bullet is cleaner than a whore”) but not condoms, which might *encourage* casual sex.

Persuaded that a “conspiracy of silence” about the disease aided its persistence, Surgeon General Thomas Parran wrote a 1937 best seller about syphilis, *Shadow on the Land*. Congress passed a 1938 law providing \$15 million for education and blood tests. By that year, 26 states were requiring such tests for marriage-license applicants. Many people *sought* tests: Chicago’s “Wassermann Dragnet” drew up to 12,000 examinees a day. Yet, not until World War II—which brought penicillin (1943) and free condoms for G.I.’s—was syphilis curbed. From 72 per 100,000 people in 1943, the new-case incidence fell to four per 100,000 in 1956.

One moral of the story, says Brandt: Mandatory blood testing is no answer for AIDS. Such tests could raise both hysteria about the disease and a sizeable problem of misdiagnoses. (A fourth of syphilis tests yielded “false positive” results; many states have dropped premarital exam requirements.) Unless and until a magic AIDS bullet appears, Brandt believes the new “carnal scourge” is best fought with education.