

A Plan To Simplify Premarital Laws

N. J. FIUMARA, M.D., M.P.H., F.A.P.H.A., E. W. COLBY, M.D.,
M.P.H., H. P. TALBOT, M.D., M.P.H., J. H. LADE, M.D.,
F.A.P.H.A., R. F. McATEER, M.D., R. B. AIKEN, M.D.,
M.P.H., AND R. P. JONES, M.D.

Director, Division of Venereal Diseases, State Department of Public Health, Boston, Mass.; Director, Division of Communicable Disease Control, State Department of Public Health, Concord, N. H.; Director, Bureau of Venereal Diseases, State Department of Public Health, Hartford, Conn.; Director, Bureau of Venereal Diseases, State Department of Public Health, Albany, N. Y.; Medical Director, Venereal Disease Control, State Department of Public Health, Providence, R. I.; Secretary and Executive Officer, State Department of Public Health, Burlington, Vt.; and Director, Division of Venereal Disease Control, State Department of Public Health, Augusta, Me.

AT the present time, there are 38 states¹ and 2 territories requiring a premarital medical examination of both parties to an intended marriage. These states have attempted to put into legal language what is considered good medical practice in the United States.

The objective of the premarital law is one of syphilis case finding and, as a corollary to this, prevention of the spread of this disease to others. Thus the physician performing this examination may have two questions to answer:

1. Does the candidate for marriage have syphilis?
2. If he or she does have syphilis, is the disease in a stage or form that is communicable or potentially so?²

In attempting to answer these questions, a thorough history should be obtained and physical as well as laboratory tests must be performed. When all these data are compiled, the physician will not only be able to answer these two questions as a rule, but he will also have sufficient data to make a shrewd evaluation of the medical status (non-venereal) of the whole patient. This

latter objective is not within the primary aim of the premarital law, but is a welcome by-product.

The first state premarital law was passed by Connecticut in 1935. Since then, a total of 39 states and 2 territories have passed premarital examination laws. In most of these states, the requirements of the premarital laws differ from each other in that some states require a physical as well as a blood test for syphilis; others just a blood test; some require an examination for both gonorrhea and syphilis; and still other states require an examination for venereal disease.

Furthermore, when a diagnosis of syphilis is discovered in either the prospective bride or groom, the case is handled in a different manner in most of the 39 states. This may vary from freedom to marry, once the non-infected partner is informed, to a refusal to issue a marriage license until an agreed-upon amount of treatment has been received, or permission to marry has been obtained from the state board of health, or a judicial authority, etc. With all

this disparity in the state premarital laws, it is no wonder that an individual and his family physician are confused and irritated when the former wants to be married in another state.

What happens when an individual wants to be married in a state other than that in which he is living or working? If he or she travels to that state early enough to see a local physician, and complies with the premarital laws of that state, there is no difficulty. However, if he plans to go to the other state a few days or a week before the wedding, as is usually the case, he looks to his family physician for the premarital medical certificate. When approached by his patient, the doctor wonders about the requirements of the other state, and this is about the time the venereal disease control officer receives a telephone call. Occasionally the state venereal disease control officer has the unpleasant duty of informing the family physician that his medical examination and signature on the premarital certificate will not be recognized by the state in which his patient plans to be married. Fortunately, however, 26 out of the 39 states will accept reports signed by out-of-state physicians.

When the family physician is informed that the out-of-state health department will accept his examination and signature, he is usually requested to send the blood sample to the state laboratory, because 36 out of the 39 states will accept results of these laboratories. The physician is also requested to record on the laboratory slip the name of the state in which the marriage will take place. This means that the state laboratory must keep on hand the premarital examination forms of every other state which requires that only its own premarital certificate be used, and at the present time, only 7 states will accept without question the forms of another state. It is not amusing to the state venereal disease control officer to

recall how often the prospective brides and grooms have presented themselves to the city, town, or county marriage clerk of another state with such unacceptable forms.

The Venereal Disease Control Officers of the New England and the Middle Atlantic States recognize the problem and believe that in the interest of efficiency and better public relations, the following recommendations should be followed: All states and territories should adopt uniform or compatible premarital laws and agree upon a standard premarital certificate acceptable in any state or territory.

This subject was first explored at a meeting of the Venereal Disease Control Officers of the New England and Middle Atlantic States at Amherst, Mass., on June 14-15, 1948. We met again on March 23, 1949, at Boston. Out of this meeting came a group of recommended standards for consideration of the Public Health Commissioners of the New England and Middle Atlantic States. In general it was recommended that no state enact any premarital legislation which would be more stringent than that proposed, but at the same time, no state should feel deterred from drawing up more inclusive provisions. These recommended standards are:

1. That the scope of the examination be a physical examination and serologic test for syphilis.
2. That the approved tests include any serologic test for syphilis performed by the state department of public health, District of Columbia laboratories, laboratories of the Public Health Service and Armed Forces.
3. That these tests be valid for a period of thirty days prior to the issuance of the license.
4. That the acceptable laboratories be the state departments of public health and District of Columbia laboratories; laboratories of the Public Health Service and Armed Forces. It was suggested that individual states give favorable consideration to the provincial laboratories of Canada, and the laboratories of major cities, such as New York City.
5. That the medical certificate be signed by a

1. One State, Louisiana, requires the examination of the prospective groom only.
2. Editorial *J.A.M.A.* 139:310-311 (Jan. 29), 1949.