

MEDICAL PRACTICE

Contemporary Themes

Attitudes to Venereal Disease in a Permissive Society*

ARTHUR S. WIGFIELD

British Medical Journal, 1971, 4, 342-345

The subject of permissiveness is charged with emotion, and it is difficult to know what one's attitude should be. Excessive virtue as the goal of a puritanical outlook is as undesirable as it is unattainable, and we may doubt how much former family influence, so sadly lacking today, we would like to see return. We do not want parental tyranny, though some of us would relish more filial piety. We welcome a reduction in sexual hypocrisy though moderation born of tolerance seems to have been carried to excess, and in its wake comes the greatest upsurge of venereal disease the world has probably ever known.

David Reuben¹ says: "In spite of the shrill denials of the professional moralists, it is obvious that human beings are designed to copulate." This would appear obvious in spite of David Reuben. So are bulls designed to copulate. Again he says: "The decency leagues are trying to deprive others of the reasonable use of their sexual organs," a statement for which no evidence is forthcoming and indeed is so far from the truth as to deprive itself of rational interpretation. There is nonsense and common sense uttered in both camps, but one wonders whether Reuben's "reasonable use" applies equally to "reprosex," "love sex," and "fun sex." What is one's reaction to be when a wife's fun sex becomes reprosex by miscalculation, especially when pursued independently of her husband, or she becomes infected? The sexually permissive section of society shows little but ignorance, indifference, or contempt for the venereal diseases. We venereologists wonder what can be done to contain them as they threaten to get out of hand. We wonder how high our graphs will climb.

*Based on an address given at a symposium on "Medical Aspects of Permissiveness," at the Royal Victoria Infirmary, Newcastle upon Tyne, November 1970.

Newcastle upon Tyne University, Newcastle General Hospital, Newcastle upon Tyne NE4 6BE

ARTHUR S. WIGFIELD, M.A., M.D., Consultant Venereologist and Lecturer in Venereology

Facts and Figures

It is estimated that there are about 150 million cases of gonorrhoea in the world today and about 50 million cases of early infectious syphilis.² Each year there are about 1½ million cases of gonorrhoea in the U.S.A., almost one-third of them in teenagers.³ Figures for England and Wales, supplied by some 200 clinics, are available.⁴ These exclude Scotland, the armed Forces, the merchant navy, and cases treated in private and general practice. Were these added the figures might be 25% higher.

Infectious syphilis in 1946 accounted for 17,500 odd cases. In 1958 there were only some 700; in 1969 about 1,800. There is 90% less syphilis today than just after the war but 150% more than 10 years ago. It constitutes no great problem in the United Kingdom, or in Canada, Norway, and Sweden, where the V.D. services have been maintained uninterruptedly since the war. In the U.S.A., France, Costa Rica, Denmark, and Greece, and in many other countries poorly endowed with medical services, the syphilis rate continues to rise.⁵

In 1946 in England and Wales there were 47,000-odd cases of gonorrhoea, of which 10,000 or so were in females. In 1954 there were only about 17,500 cases, of which about 3,500 were in females. In 1969 there were over 51,000 cases, of which about 15,000 were in females.⁶ The female contribution to these figures has not been sufficiently stressed. Between 1946 and 1969 there was apparently a 2% reduction in male cases but a 50% increase in female cases—from 10,000 to 15,000. Between 1954 and 1969 there was a 150% increase in male gonorrhoea and a 330% increase in female gonorrhoea. In 1970 there was a 20% increase in gonorrhoea over 1969 and the first half of 1971, a 40% increase over the first half of 1970.

On the above figures one might postulate that there is no more male sexual promiscuity today than there was 25 years ago but that there has been an obvious and pronounced sexual emancipation of the female sex. In this case the early

1950s were the days of the penicillin "band wagon," when the new panacea was prescribed for everything and much hidden V.D. was either cured or rendered non-infectious. Alternatively, there has been since the mid-50s a disastrous decline in sexual morality, if that is the right word; but if this is true the decade following the second world war was one of peculiar and unaccountable virtue. Many explanations have been given for this swing of the pendulum but few would deny that there has been a vast increase in premarital intercourse. It is difficult to substantiate this belief without figures to prove it, but there is evidence to suggest that women taking "the pill" indulge in sexual intercourse more often and with more partners than those who are not on the pill.^{7 8} Too few realize that it does not afford protection against the acquisition of venereal disease such as is given by mechanical barriers.

We should define our terms. Premarital sexual intercourse is just what it says. It does not necessarily imply more than one sexual partner, nor does it imply that the parties concerned will necessarily marry each other. Most venereologists will have at the tip of their tongue the definition of sexual promiscuity attributed to Stokes, that greatest of American syphilologists. "It is," he said, "a one sided selfish physical experience between human beings where each partner disregards the emotional needs, integrity and self esteem of the other. It is a monotonous, repetitive physical compulsion without lasting pleasure, lacking permanency or constructive aspects, and carrying its inherent sequelae in the form of unwanted pregnancies and disease." Perhaps one might add, "for some remorse, for others reward." If we are concerned only with the fact of sexual promiscuity and not with its phenomena we may define it more succinctly as "indiscriminate mixing." Some today would regard Stokes's definition as sentimental and old fashioned, but whatever one's conscience concerning sexual indulgence the consequences are no different from what they ever were.

Promiscuity

Sexual promiscuity is the sine qua non of venereal disease, but it affects the few. Psychiatrists may regard it as pathological. Others regard "cherchez la femme" as a normal healthy masculine pursuit, for, as Oscar Wilde is reputed to have said, "uncertainty is the essence of romance." In the *Shorter Oxford English Dictionary* "venery" is defined as "hunting" before it is defined as "sexual indulgence." In the clinic we have many incorrigible repeaters. Some 27% of men with gonorrhoea have had the infection before, 17% once, 5% twice, and 5% three times; 9% have had it twice in one year. Fleming, the discoverer of penicillin, is believed to have said: "We have made it possible to catch gonorrhoea three times a week." Be it 16 attacks in 20 months or 19 attacks in 20 years it is all a matter of frequency of risk.

There will be degrees of promiscuity. Only a permissive society will decide where the definitive line is to be drawn. It takes three, not two, to provide one case of venereal infection, and only one of these need be promiscuous by our standards. A married man may have only one extramarital sexual excursion in his life, but if the girl is promiscuous the man pays for his concupiscence by contracting the disease and passing it to his wife. Though sexual promiscuity is the basis of the V.D. problem the repercussions extend to involve any who roam beyond the bonds of a regular stable partnership. The damage done by unfaithfulness is great; 25% of female gonorrhoea cases are of married women innocently infected by their husbands. An equal or greater number can be classed as "regular girl friends," a term applicable to fiancées and others whose friendship has lasted more than

about a fortnight. The bulk of female gonorrhoea patients are thus secondary contacts and are not necessarily promiscuous. They are easily traced. Many primary contacts remain untraced. Distance, alcohol, and darkness have clouded the memory of male patients. Sexual intercourse, with its exchange of spermatozoa for gonococci, has precluded social intercourse, whose niceties seldom extend to the exchange of names. These untraced primary contacts constitute the infectious pool of venereal disease.

Other figures give evidence of an increase in premarital and extramarital intercourse. In seven years, from 1951 to 1958, total new registrations in England and Wales increased by some 10,000, from 97,231 to 107,501. In 11 years, between 1958 and 1969, they increased by nearly 122,000, up to 229,325. The female figures show an increase of some 500 in the first seven years referred to above, from about 27,900 to 28,400-odd, but an increase of over 50,000 in the next 11 years, from 28,400-odd to about 78,500.⁶ We may justly refer to the "19 sexties," though the 'seventies have got off to a good start, the total clinic registrations in 1970 amounting to quarter of a million.

Today 22.5% of clinic patients have gonorrhoea. Between 1 and 2% have syphilis. For the rest they are non-venereal, with little the matter with them, or they have what we term sexually-transmissible diseases; these are infections which often are, but need not necessarily be, transmitted sexually. The figures show an inordinate increase over the past decade in the use being made of V.D. clinics and a staggering contribution to these figures from the female sex. We have gone beyond the point where we were in 1946, but compared with the mid-50s the increase has been startling. This is part of the evidence for suggesting that this is a sexually permissive society.

The United Kingdom was heavily involved in venereal disease at the turn of the century, so much so that a royal commission was set up in 1913 to report and recommend. The result was the Public Health (V.D.) Act of 1917, which led to the inauguration of the V.D. services as we understand them, and just as well. There was a postwar peak in 1919. It took 20 years for the V.D. rate to fall to normal. Came another war in 1939. The peak year once again was the year after the war, 1946. It took only five years for the figures to drop to the prewar norm. Nobody doubts the part played by penicillin in this rapid improvement.

There are three noteworthy aspects of today's figures. First, already referred to, is the contribution of females, signifying their sexual emancipation. Secondly, the fact that though the first two venereal disease peaks this century were related to the country convulsed by war the third peak is a peace-time phenomenon. In war one lives dangerously or precariously and an attitude of "here today, gone tomorrow" is likely to prevail or at least be made an excuse for sexual licence. War is a social aphrodisiac. The sexual climate today may be conditioned by the uneasy peace tenuously held together by the ultimate deterrent. Today's sexual freedom affecting the younger generation may be one aspect of a total revolt, not only against the older generation's acceptance of the credibility of the deterrent but against other aspects of "civilized life" which have hitherto appertained including sexual propriety. The third fact about today's figures necessitates the presentation of a few more. In 1943 in Newcastle, teenagers contributed 11% to the total cases of female gonorrhoea; in 1968, 29%; in 1969, 32%. For the country as a whole the figure is about 25%. In the U.S.A. and Sweden the figure is about 33.3%. Male teenagers contribute about 12% to male gonorrhoea cases. Yet we must see this in true perspective. The incidence of V.D. among teenagers amounts to less than 0.25%. Whether this is a peccadillo or a powder-keg will depend on our attitude towards sexual indulgence. It is, however, one of the phenomena which account for our concern with permissiveness.

Fears and Fancies

No subject is so permeated with prejudice as are the venereal diseases. Extreme and divergent views are extant, from proselytizing biblical epistles to sales-pushing pictorial pornography. Few people are interested in V.D. and then often for the wrong reasons, being either "morbidly curious or prurient minded."⁹ There is widespread ignorance. Recent publicity is arousing a belated public interest, but a guilty conscience is the usual spur for patients to visit the public library in search of knowledge. Venereal disease (singular) stirs the conscience of the country rather than of individuals from time to time. By the Contagious Diseases Acts of 1864 and 1866, designed chiefly to combat "communicable" diseases (which was another way of saying "venereal" without the approbrium of having uttered the word), an infected person could be locked up until cured. These were punitive measures against prostitutes or "lewd" women, who were always assumed to be the sole vectors of these diseases. They were abrogated some 20 years later.

Such misconceptions and prejudices persist today in a small minority of the older generation and evidently in some of the younger, and are related to an age-old fear of incurability, true for syphilis up to 1910 and gonorrhoea up to 1936. Times and attitudes have changed. Fewer and fewer are as puritanically minded today as were our grandparents and parents. Attitudes to V.D. are entirely prejudiced by attitudes to illicit sexual intercourse. The two are inseparable. Hence for the leper and the consumptive there was always compassion, for the luetic condemnation. The unpleasant connotation attached to V.D. resulting in the subject being taboo in polite society stems not only from its former incurability but from the fact of there being no case without another and another. There is always, therefore, the tacit assumption that as the hitherto accepted code of sexual behaviour must have been broken somewhere along the line no patient is guiltless. No wonder that V.D. makes no appeal to charity. What clinic can boast more bequests than research projects to spend them on? Of having any bequests at all?

It is sad to reflect that ignorance, particularly concerning infectivity, indifference, particularly concerning contacts of known cases, and prejudice are to be found within the medical profession as well as outside it. Medical men's knowledge of the venereal diseases varies according to the medical school where students study. Such study may comprise six weeks' clerking in the department of venereology at some teaching hospitals. At others, as in Newcastle, about nine hours of a student's official time is dedicated to a study of the world's third most prevalent infectious disease. In a few a voluntary appearance in the V.D. clinic for an hour is the only practical acquaintance a student may have, not only with the venereal diseases but with all the other pathological consequences of indulgent sex.

Respect for venereal disease is in direct proportion to the amount of time spent studying it. Fear of V.D. is in an inverse ratio to this time. Many medical students are profoundly influenced by seniors who have seldom set foot in a V.D. clinic since being students themselves. Everybody knows that by definition venereal diseases are sexually transmitted and are in themselves but symptoms of a social disease, sexual promiscuity. Yet one still finds among the medical and nursing professions, as in the public generally, a few who fancy that V.D. is acquired by entering the portals of a clinic, by opening its doors, or even by shaking hands with the venereologist or his wife. Again, many members of the public so regard sexual promiscuity as a propensity of other, less worthy souls that their own occasional breach of marital fidelity is regarded as acceptable. V.D. happens to other people, like getting run over.

Yet another concept of venereal disease is worthy of contemplation. Indirectly through love, sexual intercourse—being the gratification of man's basic procreative instinct—is

capable of being associated with if not responsible for his noblest thoughts, aspirations, and achievements and conducive to his greatest happiness; nevertheless, it also appeals to his innate sense of depravity and is indirectly—through the acquisition of disease, unwanted pregnancies, loss of self-esteem, and loss of mutual respect—responsible for extremes of degradation. Once again all these misfortunes affect other people. There is, therefore, an obverse side to our coin. On one side Victorian prudery, abhorrence, loathing, fear, contempt; on the other hilarity, ribald laughter. This less salubrious attitude to venereal disease and venereology is to be found within the medical profession as among the laity. And for too long. Venereology has traditionally been left to the "least high minded and less gifted of its brethren."⁹ Outside venereology the profession numbers among its highest ranks a few who regard the subject as unworthy of special study and many who remain unaware of the diversity of its interest and involvement, unaware that the venereologist's horizon is wider than their own. No wonder there are but few recruits. Inside venereology there is no ribaldry. No hilarity at the patient's expense. No contempt. The keeping of secrets and respecting of confidence is too precious for such trivialities.

The attitude of patients themselves is coloured by the public's attitude as a whole. Suicide is rare, but for many there is bewilderment and a sense of shame. Anger and threats of reprisal are less common. Diagnoses are accepted with more stoicism. Divorces originating in the V.D. clinic are rare. There is more understanding and forgiveness. Importance of treatment and avoidance of infecting others are better understood. On the other hand, the "once bitten twice shy" attitude is disappearing, nay almost defunct. Patients know they are cured rapidly and gladly accept repeated attacks. For this reason drawing lurid pictures and quoting dire consequences should have no part in educating the public about V.D. today, for V.D. is no longer a penalty for those who know about it. It remains a grave hidden menace to the ignorant or indifferent. How many realize that over 70% of female gonorrhoea is without symptoms? Seventy per cent. female gonorrhoea patients attend clinics by request of male patients or health visitors known as "contact tracers." Others do not attend at all but transmit their infections with gay abandon till overcome by some painful and serious complication. Married patients fear domestic repercussions. Guilt and remorse exist deep down in the subconscious, sometimes on the surface, but these are ephemeral. Those who entertain no such feelings nevertheless expect their loved ones to do so.

Personal Opinion

The reaction of married individuals to the diagnosis of venereal disease provides reasons enough why it must sometimes be questioned whether we live in a permissive society; at least whether this is the right word. In 30 years I have known no married person who was not profoundly concerned about his wife's or her husband's reaction should they find out. No advocate of free love produces his wife to support his arguments. It is to be presumed that in the practice of wife swapping the consent of both wives is more important than the acquiescence of both husbands, and therefore the practice should really be called husband swapping. Yet by the very nature of this curious diversion one must presume that the rule of *quid pro quo* appertains, otherwise this sort of sordid and unsavoury quartet would become the age-old eternal triangle; the former permitted by four persons, the latter considered unforgivable by at least one. The main aspect of a permissive society as it affects venereologists is that more womenfolk permit sexual intercourse. We may say it is a tolerant society; for an increasing minority it is a licentious and vicious society. Only a bigot would wholeheartedly approve of sexual intercourse inside a blasphemous

marriage and yet disapprove of intercourse between an otherwise holy relationship between two unmarried people desperately in love.

Venereologists neither judge nor censure their patients, though a word of avuncular advice may be offered to a young person thought to be verging on the "slippery slope," and an occasional rebuke may be forthcoming for the reprobate who infects his wife for the second or third time. Our concern is for a civilized, responsible approach to the subject of sex. This requires a knowledge of sex and its implications, including pregnancy and venereal disease. The anatomy, physiology, and biology of sex are not enough. Education should be towards civilization and citizenship. To adulthood rather than adultery. To personal pride, self-esteem, responsibility, and altruism. We should appeal to the idealism of youth rather than depict masturbation on the screen in order to prove its harmlessness. At least our self-appointed educators should learn not to confuse love with lust, not to make sex synonymous with orgasm. Some young sophisticates can be trusted to look after themselves, for they are mentally and emotionally away ahead of their time. But let us pity the ignorant youngster who lands up pregnant and diseased and condemn the man who exploits her in awareness of what he is doing.

Venereal disease being no longer a penalty it is not a deterrent. Access to adoption societies and changes in the laws concerning abortion, divorce, and homosexuality result in the phrase "unwanted pregnancy" (not to be confused with an unwanted baby) and the words "illegitimacy" and "adultery," and even other words less acceptable to the human ear, coming more and more to assume a quaint significance. The only criterion for termination may yet be a plea that a pregnancy was unplanned. It is fair enough that absurd taboos, unwarranted fears, frustration, anxieties, and neuroses should be abolished by a less inhibited approach to sexual matters. But if this new understanding and tolerance of an immense human problem is not to land us in one huge jumbo-jet hop from barbarism to decadence then new attitudes to the physical, psychological, and spiritual aspects of personal intimacy must be born.

Who is to inculcate? Who is to teach? Indeed, who is to preach? Doctors have no special claim, nor would their patients relish a sermon. The clergy command too small audiences. Even had they the ear of the clientele of V.D. clinics they would be inclined to antagonize by harping on sin rather than stupidity. Schoolmasters have other things to teach without usurping the proper functions of parents, nor have they any special expertise. Indeed some, if one can accept the reviews of recent paper-backed literature, have arrogated to themselves with remarkable lack of percipience the task of encouraging schoolchildren to abandon themselves to sexual indulgence. If the attitudes they express on teenage copulation, homosexuality, and masturbation are well intentioned the writers are nevertheless utterly naive in their conception of the spread of disease. They and indeed even the publishers may yet have to bear a heavy

load of responsibility for an upsurge in teenage pregnancy and disease, to say nothing of moral turpitude.

Whatever the reformers say or advocate it is the venereologist who knows that "if she's game she's got it"¹⁰—meaning V.D. That if "he" expects it first time out he'll probably give it to "her"—meaning V.D. That if "he" asks her for sex once and never again he insults as he has never insulted before. But if "he" is obliged to ask twice or thrice he truly pays a compliment. Everybody knows that the boy will go as far as he is allowed to, and it is the girl who can say or not say No. It is the venereologist from his practice who knows the dire consequences of catching the ubiquitous spirochaete, which can involve any part of the body and therefore involve both the venereologist and his patient with any and every branch of medicine. More than this, he knows the immeasurable amount of personal and domestic distress occasioned by profligate sex. For too long has the venereologist stood on the touch line and shouted anonymous advice. It is time he ran on to the field and with studied disregard for the possible consequences, blew the whistle. There is so much more than death that is worth avoiding, yet much health education of the public lays emphasis on quantity rather than quality of life.

Ultimately we are all involved. If there are aspects of a permissive society which we regret we should not point an accusing finger at the younger generation, who have the great disadvantage of having us as parents. Rather should we point to the controllers of the mass media and the cult of the sensuous, salacious and sensational. These are the people in whose power lies the future sanity and sanctity of mankind. Either a malevolent materialism, with its seeking after sales and profit, or a benevolent solicitude for human happiness must ultimately prevail. It will no longer be to "great kings that nice customs curtesy" but to publishing princess and aces of advertising, to the barons of Fleet Street, and to the lords of television.

References

- 1 Reuben, David, *Everything You Always Wanted to Know about Sex*. London and New York, Allen, 1970.
- 2 Report on the World Social Situation by the Commission for Social Development of the United Nations Economic and Social Council, 1967. Quoted in *Today's V.D. Control Problem*, p. 36.³ (Quoted by King.⁹)
- 3 *Today's V.D. Control Problem*. Joint Statement by American Public Health Association, American Social Health Association, and American Venereal Disease Association, with the co-operation of the American Medical Association, American Osteopathic Association, Association of State and Territorial Health Offices, and National Medical Association. Published by A.S.H.A., 1969. Quoted by King.⁹
- 4 Department of Health and Social Security, *On the State of the Public Health*, pp. 257, 258. London, H.M.S.O., 1969. Quoted by King.⁹
- 5 *Chronicle of the World Health Organization*, 1964, 18, 451. Quoted by King.⁹
- 6 Information supplied direct to clinics quarterly by the Department of Health.
- 7 Juhlin, L., and Lidén, S. *British Journal of Venereal Diseases*, 1969, 45, 321.
- 8 Cohen, L., *British Journal of Venereal Diseases*, 1970, 46, 108.
- 9 King, A. J., *British Medical Journal*, 1970, 1, 451.
- 10 War-time anti-V.D. propaganda.