



Library

IAS, Shimla

PH 947 N 622

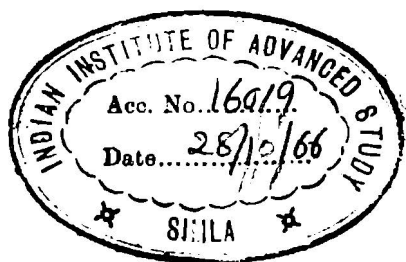


00016019

is organised, she is not; Germany is united, Russia a prey to dissension and intrigues. Germany acts; Russia talks. Yet when full allowance is made for this, it would be wrong to despair. The patriots, their eyes fixed with ardour and gratitude on the example of their Western Allies, cheered by the encouragement of the American Republic, are not yet at the end of their resources. Russia is a land of wonders and the wonder of re-born patriotism may be nearer than any can know, ready to spring to life within her and blossom in a day into a rare and deathless flower.

JOHN POLLOCK.

May 29/June 11, 1917.



29/12/83

PM

947

N622

PH

THE FIGHT AGAINST VENEREAL INFECTION

A REPLY TO SIR BRYAN DONKIN

THE appearance of an Article in this Review from the pen of Sir Bryan Donkin on the subject of Prophylaxis in Venereal Disease (for that is its real subject) must be my excuse for writing on the same matter. Sir Bryan Donkin is a very old friend of mine. His qualities of clear vision, honesty and fearlessness are known to all; he has other qualities which have endeared him to his friends. My entry into this controversy is not of my choosing. I am an original member of the National Council for combating Venereal Diseases, and have been actively associated with its work from the beginning, which, as Sir Bryan says, dates from before the Report of the Royal Commission. I have lectured to troops to the number of more than 62,000, I have spoken on the subject before municipal and other assemblies in many parts of England, and in this work I have travelled a distance of more than a third of the world's circumference. The policy of the above body has been criticised by Sir Bryan.

The reason why I, individually, am writing is that I have received a request to do so from a quarter which I cannot disregard, and indeed I see some advantage in a discussion on such a subject as this between two old friends who are united by mutual regard and affection, and between whom no tinge of animosity can be even imagined. In such an atmosphere truth is not likely to be obscured by mists of misunderstanding, and the issues may be even elucidated.

After a short summary of the Report of the Royal Commission, Sir Bryan enters upon the subject of preventing infection, giving a history of the discovery of the organisms of gonorrhoea and of syphilis, and of means of destroying them, especially that of Metchnikoff, consisting in the use of calomel ointment which had proved very effective in Austria. He contrasts the apathy of England with regard to prevention with the promptness displayed elsewhere, and especially calls attention to the strong desire on the part of some who were active in promoting the efforts of the Royal Commission and of the National Council for combating Venereal Diseases, to provide that the question of

prophylaxis 'should be left severely alone.' He believes that this is antagonistic to the immense weight of medical and instructed lay opinion on this matter, and he includes *The Times* among the influences for boycotting the question.

On page 585 Sir Bryan says :

I am strongly convinced that public opinion, properly and clearly instructed, will not favour the view that these strikingly prevalent and disastrous, but nevertheless pre-eminently preventable, diseases are to be attacked merely by warnings against their evil physical results, by checks on drunkenness, by moral admonitions respecting irregular sexual intercourse generally, or by efforts to secure the best treatment of the infected after the disease has been contracted. Such indirect measures and others of very different kinds have been tried for centuries, and have met, it may be, with some slight and sporadic success, but as a whole their result has been signal and inevitable failure. The old adage of *Naturam expellas, etc.*, can never find a more justifiable application than here. There is no possibility of extinguishing or paralysing a primitive and instinctive function common to man and other animals, and correlatively indispensable to racial existence. The present evils of sexual disease will never be materially lessened, still less stamped out, by any means short of direct prevention. This truth has to be faced, not obscured, nor evaded.

I do not quite understand who is referred to in the earlier part of the above quotation. The N.C.C.V.D. is certainly not open to the reproach of deprecating all protection except merely 'good advice.' I am sure I am speaking for those of us who address troops when I say that the advice which should be given to soldiers is more than that. It is somewhat as follows : try to live a clean life ; helps to living a clean life (control of language, avoidance of situations likely to produce sexual excitement, including alcoholic excess, etc.) ; in case of a lapse immediate recourse to the doctor.

Nor do I quite understand what is meant by the latter part of the quotation. Does Sir Bryan mean by the words 'There is no possibility of extinguishing or paralysing a primitive and instinctive function' that a clean life is impossible? I cannot think that he does. Sir Bryan and I both know individuals who, we are satisfied, are instances to the contrary—men of good and healthy physique, and certainly not deficient in virility. We also know (at least I do) of families of whom the same may be said. Indeed it is on record with regard to a certain family, whose father took the trouble to write a well-considered letter to each of his many sons before they went to a public school. I have also heard that almost the same may be said of one of our own crack regiments which is under careful religious discipline. Many of our soldiers are respectable married men ; are they all unfaithful to their wives? In my visits to camps I generally ask the Commanding Officer as to the behaviour of the men with regard to sexual matters, and have frequently received the answer that there is hardly any venereal disease, and indeed that the men

are well-brought-up and respectable men, many of them married, and that they do not indulge in irregular intercourse.

I am not claiming that this is universally the case (indeed we all know to the contrary), but I think that the above instances are sufficient to disprove the position adopted by some that a clean life is impossible. Then there is the instance of the Zulus, among whom chastity was enforced by the death penalty until leave was granted by the authorities of the tribe, and that leave was dependent upon prowess in war; and there is the notorious instance of the Irish nation, who are confessedly more chaste than any other division of the Kingdom, and some of whom indeed may have seemed to consider that observance of the Seventh Commandment absolves from the observance of some other adjacent Commandments.

Some may think that the means whereby chastity is enforced in these instances are not applicable to men who are thoroughly free. But this is entirely another matter, the point being that the instances quoted prove that sexual self-restraint is not impossible.

To adopt Sir Bryan's words, while I concede that 'There is no possibility of extinguishing or paralysing "a primitive and instinctive function,"' even if it were desirable, which it is not, it is not impossible to control it. If individuals, families, and groups of soldiers and civilians and even tribes or nations are able to exercise sexual self-control, it seems plain that a 'primitive and instinctive function' is capable of control, and that the difference between these individuals and groups of individuals and those who are not so successful in this respect may possibly be found in the different ways in which they have been brought up and the different influences under which their lives are lived.

But the real distinction is not between those who have never lapsed and those who have lapsed, but between those who try to maintain a clean standard and those who do not. In this case also we must draw a distinction with regard to those who give up for a time only; and this distinction again is exemplified in families in which strong moral influences exist, and in which some individuals maintain their standard throughout; others perhaps give it up once for all, and others give it up for a time and return to it.

Sir Bryan refers to many attempts to get the subject ventilated; to the neglect of authorities to restrain loose women; to an important Army Order issued in March 1916 directing medical officers to arrange 'an organised system by which soldiers who had exposed themselves to the danger of venereal infection were required to attend for treatment within twenty-four hours of infection. . . etc.,' with the result that in one battalion of 1700

men the incidence of venereal diseases immediately fell to less than a quarter of its previous figure. This order was prefaced by a statement that 'suggestions with regard to prevention which would imply the adoption of any system of prophylaxis which might be said to afford opportunities for unrestrained vice could not be accepted'; and further 'that the inculcation of temperance and a knowledge of the consequences of venereal diseases form the best foundations for prophylaxis.'

He also quotes Lt.-Col. Barrett, who thinks

that the principles which must underlie the suppression of venereal diseases are (1) the complete separation of the moral from the medical problem, and the clear recognition of the fact that the world will not be rendered more or less moral by the abolition of venereal disease; (2) the fact that the fear of venereal disease is no effective deterrent to immorality. To such slight extent as it is deterrent the advantages are more than counter-balanced by the wholesale infection of the innocent which goes on at present.

He points to the necessity for providing for both sexes, and says 'Most public utterances and writings on this subject seem to mean or imply that only the male is responsible for the spread of venereal infection.' He says that he has 'been taken to imply that the whole matter of trying to prevent the evil effects of venereal disease has nothing to do with morals.' Although he does not say in so many words that this is not his opinion, I gather that this is the case, and that what he means is that moral influence has proved insufficient to curb the ravages of venereal disease. The exact treatment recommended is one specified to him by 'a specially experienced medical authority,' who emphasises the importance of the destruction of the infective organisms within twenty-four hours of exposure, the possibility of absolute prevention of gonococcal ophthalmia in children by cleanliness—'second indeed to godliness, but much more easily enforced.' (The authority should look up this proverb, and learn what is meant by it.)

It is probable that careful washing with soap and warm water immediately or a few hours after exposure to infection would prevent the onset of disease in most cases, and if, in addition, medical means are suitably applied, the occurrence of disease can be reduced by 80 to 90 per cent. What is needed for this purpose is the provision by the authorities of suitable washing places, which should be attached to every public lavatory in streets, stations, and hotels . . . a weak solution of permanganate of potash and a supply of calomel ointment is all that is required.

Sir Bryan Donkin adds 'that the prophylactic measures specified are probably more surely effective when used before than after exposure to possible infection.' He does not say whether the authority whom he quotes agrees with this. I do not feel sure that he would.

As to the influence of alcohol, he refers to the statement that 'drunkenness plays a large part in the series of events that leads up to the contraction of venereal disease, and when this condition is present, prophylactics would not be employed'; and he dismisses as irrelevant a contention which is sometimes urged, namely that 'most people who indulge in irregular sexual intercourse are either drunk or otherwise irresponsible as mentally "degenerate."'

Again he disagrees with the objection to prophylaxis that a sense of security will increase the numbers of the incontinent, and says that 'even if this most unlikely happening should become actual it would be an infinitesimally small price to pay for an immense reduction of a grave national danger.'

With most of the above I for one entirely agree. I suppose that everyone really interested in the combating of venereal diseases is heartily thankful that the subject has been well ventilated, and that skeletons have been brought out of cupboards into the light of day; that everyone agrees that both sexes must be treated; and that fear of disease is no sufficient deterrent, so that the removal of such fear need not be considered likely to add seriously to the number of the incontinent; also that it is imperative that the best treatment should be used, and that it should be used at the first possible moment. People will not, however, be so fully agreed that the moral problem can be completely separated from the medical. The medical treatment quoted as being specially recommended is what many would call 'early treatment' rather than 'Prophylaxis,' and strongly recommended under that head.

Again, as to the influence of alcohol on venereal disease, after everything has been said, many will still believe that a man who has had 'an extra glass' is more likely to fall a victim than one who has had either no glass at all or not the 'extra glass,' and that with some men the 'extra' glass is the first glass.

The question at issue is largely a matter of the names 'Prophylaxis' and 'early treatment.' But the real heart of the controversy is the question of 'Prophylactic packets.' Here we had better agree about what we mean by 'Prophylaxis.' Prophylaxis means 'Fore-guarding.' We are all agreed about the 'guarding'; what about the 'Fore'—before *what*? (a) *before the choice or decision*, (b) *before the act*, or (c) *before the disease shows itself*? The word 'Prophylaxis' is freely used for all three, and this leads to much confusion, especially as the question of morals cannot be ignored. It will therefore be better to consider the ethics of the three possible classes.

Is it wrong to give a man a prophylactic packet under the conditions of (c)?

A man has already committed himself; he has probably upon his body the germs of disease; if a short time only has elapsed they are probably still external to his organism. If he applies for a packet is he to be refused? I think no one would answer in the affirmative except an individual who thinks that to cure or prevent disease incurred through a person's own fault is wrong. Such a position is absurd. If this were granted, no man whose digestion had been upset by injudicious feeding, no person who had caught a chill from going out insufficiently clad, no person who had acquired corns from fashionable boots would be able to receive help from the doctor or chiropodist. There used to be many such people—people who as governors of some of our hospitals shut up the venereal wards some half-century ago on the ground of refusing to finance vice. Such people often profess religious motives, but their religion is certainly not of the Heart, it is also certainly not of the Head. Does any such person imagine that, when the Founder of His religion was healing the sick, a candidate for cure had to produce a certificate of respectability from St. Peter inscribed '*Nihil obstat Sanetur*'? (Cf. St. John v. 14.)

The man under (c) has probably upon him the germs of disease; he may be regarded as a contaminated, though not actually diseased, person. He comes under the heading of the sick person whom we are bound to succour without any reserve or distinction. It is one of the privileges of the medical profession to succour the sick, and we ought to be as glad to do so in the case of the bad as in that of the good.

Now let us take the conditions of (b). The man has made his choice or decision, he has decided to commit the act, but has not yet done so. Is it wrong to give him a packet?

It seems at first that the answer must be in the negative. The man has made his choice, we say, and we must act on it. But, on the other hand, we know that he may alter his decision, just as he may alter his decision the other way. Anyhow he has not committed himself physically. Does the fact of his possessing a packet influence his conduct? I think that it must be admitted that it may, and that a man with a packet is more likely to commit himself than a man who is without one. The question would then arise whether more physical harm is done by adding to the number of those who expose themselves under some protection, which is never absolute, than by limiting the protection to those already exposed to the risk of infection. The case might be argued both ways from a medical point of view. But here come in moral considerations to which I will at present only just refer.

It remains to consider the conditions of (a) the man who has not (or is not known to have) made his choice or decision. Is it wrong to give him a packet?

The giving of the packet takes it for granted that he will use it. It is of no use if he does not do so. From a medical point of view it is wasted unless he moves into class (b), the class that has made a decision to commit the act. Does it not also tend to move the man into that class? Is a man with a packet in his pocket likely to be in the same condition as a man without it? He can hardly avoid being conscious of its presence, indeed its presence can hardly fail to suggest to him to use it. The effect, as a matter of experience, is not uniform. It has been reported that the practice in certain regiments is to hand to everyone going on leave a prophylactic packet unasked, and this action has in some cases been bitterly resented. I intend to return to this question later. Here again the same question arises as in class (b), whether more medical harm is done by adding to the number of those who expose themselves under some protection than by limiting the protection to those exposed to the risk of infection.

It is claimed that the problem of venereal disease should be treated on the same lines as those of all other infectious diseases. It is true that in the main this is right, but it is not altogether correct, inasmuch as, while no moral considerations enter into the question of enteric, smallpox, or measles, they do largely affect the problem of venereal diseases. It may be thought that no one besides the clergy should discuss problems of religion, and that a cobbler should limit himself to shoes; but there are occasions when even a doctor cannot keep silence without being a coward and untrue to his convictions, but must break it at the risk of charges of presumption, hypocrisy, cant, and many other things which are being rather freely bandied about in the present discussion—though emphatically not by Sir Bryan Donkin. Indeed, we both know each other too well to imagine mutually any evil.

The facts are that fornication and adultery in the Christian system are mortal sins, that is, sins which, without repentance and amendment, destroy the soul. Inasmuch as the soul is immortal while the body is mortal, a mortal disease of the soul is far more important than a disease of the body, however physically dangerous. In this sphere of consideration a person dying of syphilis innocently acquired is far better off than a person who commits either of these mortal sins with complete physical safety and does not repent.

It must be remembered that the complete abolition of venereal disease without corresponding abolition of unchastity would only leave the modern world where the ancient world was when it drew down the unmeasured denunciation of the Apostles, and that at the head of the list of mortal sins appear the two great sexual sins. No other sins are so constantly denounced in the

New Testament, and any condonation of them involves nothing short of apostasy. From the very first, universally and without hesitation, unchastity was counted—with murder and idolatry, that is, apostasy—in the very small list of sins which, except after long and troublesome penance, cut off the offender from the Christian community.

To put the matter in the concrete : It is better that venereal diseases should be imperfectly combated than that, in an attempt to prevent them, men should be enticed into mortal sin which they would otherwise avoid. To accept the position that in the public interest it is better that some young men should fall, rather than that venereal disease should fail to be prevented in some cases of incontinence, would be to repudiate Christianity. To give a man a prophylactic packet unasked, with the result that he falls when he might have stood upright, is to have made oneself an accessory to a mortal sin before the act. The suggested development of public lavatories with appliances for preventive treatment might come under the same head, although such an arrangement, accessible to those who sought it in need, might be free from this objection.

One must recognise the possibility of spiritual prophylaxis. Why should 'the de'il hae a' the guid tunes'? I can see the smile on the face of some readers. But the religious convictions of a nation are dangerous to meddle with.

The result of giving packets unasked to men on leave is known to have been, in some cases at least, a shock of indignation to the recipient. It has doubtless also been a shock to parents and others. Recruiting in our country is always a matter requiring delicate handling, and the increased moral dangers believed by many to be incurred in military service certainly act to some extent as a deterrent. It is worth remembering how nobly all religious denominations have incurred these risks in the present War. But, if it were known that our sons were to have suggestions thrust upon them unasked in the form of prophylactic packets as a part of their military routine, it is possible that serious difficulties would arise.¹

Let us imagine for a moment that the practice of handing out prophylactic packets to all men going on leave became established by an order of the War Office, or became widespread. It can hardly be doubted that a new class of conscientious objectors would at once be created, and that men would refuse to join and would prevent their sons from joining on this account. Suppose that penalties ensued. Can anyone doubt that practically the

¹ That the above is not imaginary may be seen by reference to the *British Citizen and Empire Worker* for October 6, 1917, p. 219, over the signature of Richard H. Glover.

whole of the Christian population would support the criminals? It is the fashion in some quarters to profess to ignore religious sentiment, and to point to religious differences, but this would unite certainly all Christians, and probably all religious people, and would bring the authorities ignominiously to their knees, besides seriously endangering the military efficiency of the nation. In our heart of hearts we do recognise that moral considerations are paramount. It might conceivably be best from the hygienic point of view that brothels licensed by a State should be required to secure the services of an expert in venereal diseases, but what professed cynic would accept such a post?

Again, we know something about antecedents and consequences, but we do not know all. We may be very acute—as far as we can see—but that is not very far. It may turn out after all that what is morally right is hygienically right in the end. It might even be that a community or a nation might purchase immunity from venereal diseases at the price of losing its soul. It seems to be taken for granted by some of the advocates of prophylaxis of the extreme kind that to urge moral considerations in arguing on the subject of irregular sexual intercourse is mere trifling; that unmarried chastity is, always has been, and always will be impossible; that it is contrary to Nature; and that the sooner this is recognised the sooner we shall be able to ‘get on with the war’ against venereal disease.

The other position is that irregular sexual intercourse is not (in the highest sense) natural; that it is not intended by the Author of Nature; that it is not a normal condition but a disease—though a very widespread disease; that to concede it as normal and inevitable is to acquiesce in a false position; that to try to prevent its effects while not attempting to remove its cause is no more scientific than to treat tonsilitis due to sewer-gas by swabbing throats and prescribing formamint tablets instead of renewing the drains in a house. In this process of renewing the drains must be included the early training of the young of both sexes in self-respect and self-control, the introduction of sexual matters to their minds in a clean way, the abolition of the damnable tradition that chastity is neither possible nor desirable, the avoidance of filthy language, sexually exciting books, pictures and plays which light a fire that renders resistance doubly hard, the cleansing of our streets and the neighbourhood of our camps—in short a real change of outlook on the whole question by both sexes.

If it is argued that to expect this is to expect a change in a condition which has existed since the beginning of the world, I would first refer to what has been said above in disproof of the position that unmarried chastity among men is practically unknown, and I would also reply that, in the history of the world as known to

us, things which have never happened are periodically happening and becoming permanent; on the other hand, things which have hitherto existed disappear; that this is especially true of epochs and that the present time appears undoubtedly to constitute an epoch. But I admit that such a change as we are considering is one that requires superhuman aid.

In what has been said a censorious spirit may be alleged by some of my readers. That is by no means my feeling. My admiration for my countrymen who have given and are giving their lives for what is really 'God and their country' (and many of us know what such a gift has meant to those whom they have left behind) is such that I would salute in all honour those of them who have failed in the matter of chastity and are suffering for their weakness. But it would, in my opinion, be a poor return to them if their fellow-countrymen were to encourage those who have fought so manfully against our enemies to give up the fight against an enemy even more dangerous, not only to their bodies but also to the soul of the whole nation. What one reads, and still more what one hears, about the prevalence of venereal disease in connexion with the War makes one not pharisaically disgusted with the sufferers but intensely sad. It does not extinguish one's admiration for them.

We may well ask ourselves whether we are not guilty of much of the trouble from venereal diseases which we are now trying to combat. If public opinion had required careful and wholesome training in self-control and self-respect of children and young persons, instead of allowing them liberty (or rather licence) to grow up as they chose, the difficulties would have been far less formidable than they are. If more care had been taken in our camps and towns of our soldiers on service, in training, or on leave; if we had taken more trouble to promote such enterprises as Comrade Clubs where the two sexes could meet and make friends under wholesome conditions; if we had taken more care to scare away the harpies that swoop down upon them; if we had taken more interest in preventive and rescue work for women, many more men might have been helped to keep their feet. In the end this sort of moral prophylactic may prove worth tons of ointments, lotions, and appliances.

If unmarried chastity is to be discarded as Utopian and impossible, I cannot see where prophylaxis of the most pronounced character is to end. If the avoidance of disease at all costs—moral and other—is to be the only consideration, what is to prevent our beginning our instruction in 'sexual hygiene' much earlier than on entering our national forces? What logical objection can there be to teaching our boys before leaving school how to avoid venereal disease without forgoing sexual gratification,

and presenting them on leaving school with a prophylactic outfit instead of a book of poetry? What about our girls? Are they not to share in the advantages given to the boys? For both sexes will have to be treated alike. What a country ours would be!

I really do not believe that there is much difference of opinion between Sir Bryan Donkin and, say, the National Council for combating Venereal Diseases; at least I have searched for great differences in his article—and have not found them. He is intensely earnest about the matter—so are they. He detests apathy—and so do they. He is urgent upon the necessity of early treatment (which he prefers to call Prophylaxis)—so are they. He thinks that the best treatment should be at hand for both sexes—so do they. Since the beginning of the War many of us have travelled thousands of miles to preach these doctrines in camps, before municipal authorities, to the clergy of all denominations, removing misapprehensions, trying to compose differences, trying to help in every way in our power to combat venereal diseases. Our only crime has been that we have not adopted ‘that blessed word Mesopotamia’—I beg pardon, I mean Prophylaxis. Surely we can all work together for our common object!

FRANCIS CHAMPNEYS.

