THE HOMOSEXUAL IN THE V.D. CLINIC*

BY

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Increasing numbers of homosexuals have been attending the Special Clinic at St. Thomas' Hospital over the last few years and, although every effort is made to treat them as sympathetically as possible, we have been struck by a certain lack of understanding towards homosexuality. We found also that we had to examine our own attitudes before starting the project and it was not until we were well into the work that we fully realized our own strength of feeling about this abnormality. We also discussed the subject with members of the clinic staff but, although certain case histories were remembered and quoted, we obtained little exact information on the subject. Apart from Westwood (1960) and the "Wolfenden Report" (1957), we found little literature about homosexuality in general and the difficulties that homosexuals themselves face in trying to fit into normal society.

At first we interviewed all homosexuals attending the clinic for treatment who had either attended of their own accord or with a contact slip or had been sent by their own general practitioner. They were asked to see the Almoner but were given no explanation of the reason for the interview beforehand. Most seemed happy to co-operate and even relieved to have a chance to discuss their problems. There were, however, a few who said that they had time for only a very short discussion and did not, in fact, return to the Almoner at all. After about 6 months the method of referral was altered and the patients were asked in the clinic if they would be prepared to discuss homosexuality with the Almoner. This led to greater co-operation with those patients who did come to see us, and it is significant that those who came were those who were finding it difficult to cope with the problem in their private lives. We saw 33 homosexuals, of whom fourteen had syphilis, three

were found to have gonorrhoea and syphilis, thirteen had gonorrhoea, two had non-gonococcal urethritis, and one had no disease. Our main impression was that those with syphilis were very much more upset than those with gonorrhoea, the only exception being those who were attending a special clinic for the first time. The reaction of this last group was much the same as that of a normal heterosexual patient.

We felt it noteworthy that all patients were of European stock; in fact, the male staff can remember having treated only one homosexual West Indian, and they also recall that he had one of the most difficult personalities of any patient treated in the department. Unfortunately, he was not attending the clinic during the period of the survey.

The ages of the 33 patients ranged from 20 to 46 years. Of the patients we saw three were married, one divorced, and another separated, but the rest were single. Most homosexuals felt it was wrong to marry and those who were, or had been, married had apparently not realized their homosexual tendencies until sometime afterwards. Once these were recognized the whole marital structure was liable to collapse. Three patients, however, talked of ex-contacts who were married and appeared to be living normal lives. The ages of our patients when they first found that they had homosexual tendencies, their promiscuity, and the sources of their contacts, completely agreed with Mr. Schofield's findings.

Although education ranged from a good university degree to near illiteracy, it was obvious that the majority were well above the average of those attending the special clinics.

Our patients may be considered in three groups:

(1) Eight patients mostly educated at public school and university, who were distinguished by a more mature personality, greater insight and,

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therefore, a greater ability to cope with their problems.

A professional man aged 36, had lived in a large Scottish town since he was about 5 years old, his very normal middle-class family consisting of a mother, father, and sister. He went to a Grammar School but left at the age of 15 when his father died. He later went into the Royal Air Force, was commissioned and enjoyed service life very much. About this time he had realized something of his difficulties and had, on his own initiative, gone to see a psychiatrist, who confirmed his homosexual tendencies. The patient had then decided that the only thing to do was to learn to live with them. He enjoys the company of the opposite sex but in a brother/sister relationship. He had actually had a girl friend at one point; she later married and they are still good friends. He keeps his sex life strictly apart from his business affairs and the area in which he lives and indulges in homosexual activities only when away from home. He used to come to us for a check-up before returning North and called in on several occasions.

(2) 23 patients of about average intelligence, educated mainly at Secondary Modern Schools, and sometimes up to G.C.E. "O" level, formed the most typical group. Their work was usually skilled or semi-skilled. A distinguishing feature was that most of them could have done far more responsible work but seemed to be prevented from doing so because so much effort went into trying to appear normal. These efforts made them far more inclined towards neurotic behaviour and there were often strong elements of hypochondria. They sometimes seemed to have groundless suspicions that their disguise had been penetrated by other people.

A patient with syphilis was a factory worker because he felt this was the only way of keeping his homosexual tendencies undisclosed. He had had an unhappy childhood with a father who drank and a mother who did not care about the family, and there appeared to have been a general lack of interest in the child's welfare. As an adult he had found it very difficult to talk to people, never knowing what to say to them, and all his sexual contacts appear to have been casual. He seemed conscious that he was unable to form any type of stable relationship with either individuals or groups.

(3) Two patients were mentally below average,

and had the greatest difficulty in trying to fit into our society and to co-operate in treatment.

A patient aged 23 had to be admitted to hospital for investigation, having been infected with syphilis and having neglected to seek treatment even after the secondary rash appeared. He was a willing lad but mentally below average and was also epileptic. He was illegitimate and had been brought up in a Home in Ireland, but he was unable to give a clear account of what he had done between leaving the Home and attending hospital or to tell us anything about his homosexual activities. He alternated between hostels and disreputable lodgings, and went from one unskilled job to another, with intervals of unemployment. When he was short of money he went on to the streets as a male prostitute. He was unable to sustain any relationship and was unable to co-operate in attending for treatment once he felt better, but would come back to the hospital occasionally when he was in trouble.

In the whole series we came across only one patient who had a criminal record, apart from homosexual offences. They were not asked if they had been in trouble with the police, and we only learned what they chose to tell us in the course of conversation.

Although we tried to follow a set pattern for each interview the nature of an Almoner's day-to-day work made this impossible at times, especially when the patients themselves were conscious of the problems involved; the information obtained came through discussing the very problems arising from attendance at a V.D. clinic.

Psychiatric referrals were available for any patient who desired this form of treatment and often the homosexual found it helpful to discuss this with the Almoner first. Three patients actively wanted a referral and this was arranged by the Medical Officer. We felt that we were able to help chiefly by discussing each individual's own particular difficulties, but the whole problem of homosexuality remained unsolved.

REFERENCES

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