VI

BOOK REVIEW

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Enquiry into Measures of Rehabilitation of Prostitutes.


The League of Nations Committee for the Suppression of Traffic in Women and Children recently proved by investigation that there was a connection between licensed houses of prostitution and the traffic in women. The establishment of this fact, together with the need for constructive measures to accompany the abolition of licensed brothels, resulted in an enquiry by the Committee into methods of rehabilitation; and in 1935 a questionnaire was sent to Governments and Associations. After the results of this enquiry had been submitted to the Committee, an analysis of the material received was prepared in book form. The present volume on the antecedents of prostitutes forms Part I.

Contributions from fifteen Governments and six voluntary Associations form the material of this report, which deals with the early lives of over 2,500 women, from twenty countries, who afterwards became prostitutes. The three chief sources of information as to the antecedents of prostitutes were police and prison files, medical records in hospitals and clinics and the records of assistance given by voluntary societies. Information was desired both about the woman herself, her age, civil status, mental level; and her history, home life, education and employment. The replies were for the most part separate case-sheets for each woman, an exception was Dr. Tage Kemp's Study of Prostitution in Copenhagen, sent by the Danish Government.

The volume is divided into two parts. The first gives an analysis of the replies under headings of the questions asked, commencing with information about the women themselves, continuing with their life-history and ending with a reconsideration of material to discover what causes lead to prostitution. The second part, since it was not wished to overburden the analysis with figures, is a summary on a standard plan, arranged under national headings. The whole, covering as it does a huge geographical area and embracing a wide diversity of types, is of extreme value as an exposition of general tendencies and of broad national differences and similarities.

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Only a small section of this report is devoted to the occurrence of venereal disease in prostitutes, since information on this subject was obtained from only four countries. In the Argentine list, 6 out of 25 women were known to have venereal disease; in the other cases there was no information. In the Hungarian list, 13 women out of 47 admitted that they had, or had had, venereal disease. The other lists give more details. Of 50 Polish prostitutes, 4 said that they had been
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infected before they had prostituted themselves; 43 said they were infected since; 3 within a few days of going on the streets; 39 altogether within a year. Three said they had never been infected. Out of 150 Turkish prostitutes, 118 were said to have had venereal disease. Five said they had been infected before becoming prostitutes, 92 after; in 21 cases, there was no information. The Istanboul case-sheets give the date at which the disease was first contracted; of the 50 women, seventeen had been infected within a year of beginning prostitution.

Among the women examined by Dr. Kemp, 430 were recognised prostitutes. Of these, three-quarters were known to have suffered from venereal disease at one time or another; 32 per cent. had had both syphilis and gonorrhoea, 24 per cent. gonorrhoea only, and 21 per cent. syphilis only.

Some idea of the prevalence of venereal disease among prostitutes may be gathered from another part of this report, which shows that in the Union of Soviet Socialist Republics, the rehabilitation institutes obtain most of their patients through venereal disease clinics. The authorities assume that sooner or later every prostitute will be infected and will be sent on to a rehabilitation institute.

In the report attention is drawn to the following reservations; the facts on which the deductions are based may not be accurate, since only a few of the investigators were able to confirm their findings objectively. It is also difficult to estimate the importance of the findings when there is no similar information about the whole population for comparison. Any deductions made must therefore be tentative.

The general conclusions of the report which are given below in full supply a wealth of valuable information for all who are interested in the medical care of prostitutes and for social service workers.

Prostitution is sometimes said to be an economic phenomenon which fluctuates with the level of employment and wages. Others assert that it is temperament rather than poverty which causes women to become prostitutes. Actually, it is difficult to separate causes in the character of the individual from causes in her circumstances and surroundings. For in every life, environment helps to form character, character in its turn determines environment, so that the exact importance of the part played by each can hardly be discovered. The case-sheets suggest that, in the lives of the women they describe, prostitution cannot be explained by the action of one set of facts only. Whenever fairly full life-histories are given, most of the women appear to have become prostitutes from the cumulative effect of a series of causes in temperament, upbringing and events.

Nevertheless, some of the most powerful predisposing causes of prostitution seem to lie in the mentality and temperament of the individual. A third of the women described in this enquiry were considered to be mentally abnormal or subnormal, and this, for the most part, without special tests or examination by expert psychologists. Whenever the examination was more thorough, an even larger number were found to be below normal. Only a few of the women were considered imbecile or insane; in the great majority, the defects were too slight to entitle them to special care or treatment, although apparently serious enough to handicap them in their life and work.

Both in the women of normal and subnormal intelligence, the
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investigators often noticed traits of character which would be likely to cause unhappiness and failure. There were, on the one hand, excessive restlessness and lack of self-confidence, and, on the other, lack of affection, great reserve or introversion, defiance of authority and irascibility, which made the women's personal relationships difficult and often unsuccessful. It is impossible to tell how often these characteristics were inherited, but a study of the case-sheets suggests strongly that many were, if not produced, at least strengthened, by circumstances in childhood. Only a third of the women seemed to have had happy or comfortable homes. Of the rest, some were or illegitimate and were brought up by strangers or relatives; many lost one parent when they were still young. In addition, disagreements between the parents, neglect, lack of control over the children or excessive strictness, the father's addiction to drink, and family quarrels, especially with step-parents, often produced unhappiness and friction. This picture may very likely be a true one. The experience of other writers who have been able to test the truth of stories told by prostitutes suggests that they do not usually make out conditions in childhood to be worse than the reality, although they may stress extenuating circumstances in later life.

Whether the characteristics mentioned were the product of upbringing or heredity, or both, they left their mark on the women's work and personal relationships in later life. Few seem to have been satisfied or successful in their employment. The great majority had no vocational training and were engaged in unskilled work; many changed their positions frequently. A third of the women married; most, apparently, before becoming prostitutes. Some had married very young, and hardly any of the marriages were successful. A few were widows, but the great majority were divorced or separated from their husbands. Sometimes the marriages lasted a very short time—six months or a year.

Two other characteristics noticed by the investigators, and often found together, were laziness and the love of luxury. There seems no doubt that some of the women longed for "smart clothes and a good time," and that frequently a too strict upbringing made these pleasures seem all the more desirable. On the other hand, the many women described as "hating work" do not all seem to have been constitutionally lazy. It is true that a few women said themselves that they were lazy and that some of those classed as mentally subnormal were described as apathetic or very slow, but nearly all the women had had paid employment and many of those described as lazy had worked for six or seven years before becoming prostitutes. Boredom with their particular work and despair of ever enjoying a higher standard of life may have had as great an influence as laziness. Dr. Kemp attributed the aversion to work, in many of the women he examined, to a mental condition.

Contrary to what might have been expected, only a few of the women came from extremely poor homes. The majority, however, had working-class parents, and material conditions in childhood cannot therefore be dismissed as unimportant. Obviously, a taste for comfort and idleness is more easily gratified in richer households.

Besides the causes which lie in temperament and upbringing, the case-sheets suggest that sometimes the employment itself was a
Predisposing cause of prostitution, because of working conditions or the discontent which they engendered. In the occupations followed by most of the women, hours are often long and wages low, and, of course, workers who are difficult or below the normal in intelligence tend to fill the worst positions. But, apart from this general characteristic of the employments followed, there are certain occupations which seem to have a particularly close connection with prostitution. Almost half of the women had started their working careers in some kind of domestic service, many of them as day-workers, hotel chambermaids, or scullery maids or cleaners in restaurants and cafés. Some possible reasons for this have been given in a previous section; they are the labour shortage, which makes the various branches of this profession a refuge for the less gifted and the less persevering, the loneliness of the domestic servant’s life, the constant spectacle of people living more comfortably or more luxuriously than herself, and, in inferior posts, overwork and bad living conditions. Moreover, success in this work depends a good deal on the ability to develop good personal relations, an ability which many of the women clearly did not possess.

Among the immediate incentives to prostitution, poverty was the one most often mentioned by the women themselves. Sometimes it was prolonged poverty due to casual work or low pay. More often it seems to have been a sudden need produced by unemployment, desertion, or the death of parents or husband. Poverty was sometimes aggravated by the necessity of supporting dependants; indeed, occasionally, the burden of providing for children seems to have been the main cause of prostitution.

The attraction exercised by the world of prostitution and the activity of its agents were often a contributory cause. Some women had been persuaded by procurers or had fallen under the influence of souteneurs; a few asserted that they had been seduced and forced to become prostitutes. Some had applied for jobs in shops or cafés and had found themselves in clandestine houses of prostitution. Far more had had friends who were prostitutes, and had grown envious of their clothes and jewellery, or of their freedom and their seemingly gay and easy life.

To sum up, then, it appears from this study that the causes which led the women into prostitution were extremely widespread. They include mental and physical weaknesses, traits of character, unhappy and broken homes, wrong upbringing, neglect in childhood and adolescence, unsuitable working conditions, low wages, monotonous and uninteresting work, unemployment, sudden financial need, the burden of providing for children and dependants and the influence of prostitutes and procurers.

Of course, all these are in a sense only secondary causes, since they are only brought into play when a demand for prostitutes exists. Given that demand, they help to ensure that a supply is always forthcoming; without it, although they would still continue to operate, their results would clearly be different. The primary causes must always be the demand for prostitutes—however created—and the public toleration of prostitution, both dependent on current philosophy and morality, habit, tradition, education and the structure of society. Prostitution is therefore not an isolated phenomenon, nor is it caused
by the stupidity, poverty, laziness or vice of a small number of women. On the contrary, it has rightly been described as "so subtly and deeply rooted that it can only be affected by influences which bear on all our methods of thought and feeling and all our social custom." In considering the facts set out in this report, the primary causes of prostitution must not be forgotten.

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The contents of the third number of the 1938 volume of the Bulletin of the League Health Organisation reveal the wide scope and variety of the work of the Health Organisation.

This number includes the report of a Committee of experts which was asked to work out a method of assaying the content of morphine in opium and of cocaine in raw cocaine and coca leaves that would meet the practical requirements of a system of international control over the manufacture of narcotics. It also contains the latest report of the Technical Commission on Nutrition, a report by another group of experts on the problem of insolation and lighting in relation to housing and town planning, and reports on three technical investigations—one into undulant fever in France, another into the significance of codeine as a habit-forming drug, and the third into the comparative value of certain reactions for the sero-diagnosis of syphilis.

Readers of the British Journal of Venereal Diseases will be chiefly interested in the article on serum tests mentioned above.

It is fairly generally agreed that most Wassermann techniques are less sensitive than the Standard Kahn reaction, at least as far as treated syphilis is concerned, though they may be equal in specificity. In the article just referred to, entitled "Sensitiveness and Specificity of a Bordet-Wassermann Reaction (Mørch) and Kahn’s Standard Reaction," P. Krag of the State Serum Institute, Copenhagen, reports the results of a new method of carrying out the W.R. compared with the Standard Kahn reaction.

The "new" method employs an antigen which is an optimally cholesterinised alcoholic extract of dried calf’s heart; this is made up by adding to 1 c.c. approximately an equal quantity of saline, as in the Kahn reaction, and the diluting up to a total volume of about 150 c.c.

The test is set up as follows:
- Serum doses: 0·025 c.c.—1/3 0·025 c.c.—1/9 0·025 c.c., etc.
- Antigen dilution: 0·20 c.c.
- Complement: 0·1 c.c. of a dilution of 1/18—1/33 according to titration.
- Fixation: 45 minutes at room temperature + 45 minutes at 37°C.
- Sheep’s cells: 0·20 c.c. of a 2½ per cent. suspension sensitised with 2½ M.H.D. of amboceptor.
- Haemolysis: 1 hour at 37°C.
- Standing time: 15—16 hours at 4°C.
- Reading by haemolysis percentage scale 0—100 per cent.
- Haemolysis percentage is converted into degrees of strength, e.g., 3, 5, 7, 8, etc.