I have tried to give an outline of what is known about the psychological aspects of venereal disease. In conclusion I quote a passage from Surgeon-General Parran's foreword to Vanderlehr's and Heller's "Control of Venereal Disease": "The war experience makes clear," he says, "that more individual and community action must be directed against the moral, social and economic roots of prostitution and promiscuity. Research into the psychological causes is needed also, no less than in diagnosis and therapeutics."

REFERENCES

DISCUSSION ON THE PSYCHOLOGICAL ASPECTS OF VENERAL DISEASE

Dr. Robert Sutherland said that the point which struck him most was the evidence that the problems of promiscuity and of venereal disease had their origin more often than not in deep-rooted problems of behaviour which arose in early childhood. This must be borne in mind in the health education approach. If a patient had reached the stage of becoming promiscuous the problem was so deep-rooted that the ordinary methods of propaganda were unlikely to help alter his behaviour. The Central Council for Health Education had taken that point of view, and in its anti-venereal disease work had been concentrating on the one hand upon bringing possibly infected persons for treatment as soon as possible, and on the other upon educating those surrounding the child and the adolescent so that they would have a better understanding of the nature and the needs of the child: they might thus be helped to rear him in such a way as to achieve a reasonable adjustment between his own urgent needs and the requirements of society, and so as to prevent the development of some of the problems examined by the speaker.

He could not agree with the speaker, however, when he suggested that people who had venereal disease did not feel that the problem was in any way a serious one. Letters which he had received in connexion with the venereal disease campaign showed that many people with venereal disease felt that the disease was something which had polluted them more or less permanently. Of course, the people who wrote were self-selected, but it was important to bear in mind that in a considerable number of cases people who had venereal disease felt that they had been polluted—that the disease had left behind it some change within themselves which was permanent. A considerable number of venereal disease patients obviously suffered very severe psychological trauma, and he thought this was directly related to the disease and not to the promiscuity. They could be promiscuous and yet not suffer from this trauma if they escaped disease, but if they contracted the disease many patients seemed to be affected quite seriously psychologically. It might be that they felt that the disease was an act of God.

Mr. Ambrose King said that Dr. Wittkower, in speaking of his researches among wartime soldiers suffering from venereal disease, mentioned that 20 per cent. of the patients whom he examined had long records of delinquency and the remainder were below average as soldiers. He was surprised to hear that and would like to know where the investigation was done because that must have an important bearing on the findings. The speaker's own impression (and this not the result of scientific study) was that of the soldiers with venereal disease whom he saw during the war, 15 per cent. were delinquents and the remainder included a considerable proportion of fighting soldiers of the finest type. He spoke particularly of a considerable period spent in the Salisbury Plain area where the Airborne troops were in close proximity, and many patients were drawn from these units. They were fine physical specimens, and perhaps, in consequence, subjected to more temptations than the ordinary soldier. If Dr. Wittkower had worked in that neighbourhood his findings might have been different. If his work was done where depot troops were stationed it might explain his findings.

With regard to the point raised by Dr. Sutherland, it was also the case that many patients who had been promiscuous but who had not contracted venereal disease had sustained severe mental trauma. One saw such patients in the clinics in response to the kind of advertisements which now appeared freely on walls or hoardings. The advertisements were no doubt tactful and carefully worded, but the patients who came to the clinics were neurotics stirred by past anxieties, or those with the worry of more recent indiscretions on their minds. He did not think that any considerable reservoir of venereal infection was tapped as a result of this large expenditure of money in advertisement. He thought the money would be much better spent in research in the subject, for in the past organized research had been very much neglected.

Surgeon-Commander Coulter supported what Mr. King had said. He was convinced that the average soldier who contracted venereal disease was a highly intelligent specimen. In fact he would be horrified to think that the virility which existed in his service from Nelson downwards should be in any way associated with delinquency.

Dr. Letitia Fairfield said that there was one factual point on which she would like to join issue with Dr. Wittkower, and that was the percentage of prostitutes.

Mr. J. T. S. Sturt, Q.C., said that the problem of delinquency was a very serious one. The question of the percentage of venereal disease patients was a difficult one, because the figures given by the Department of Health had included those who had contracted venereal disease in the Armed Forces while they were abroad. The Health Department figures could not be taken as the real percentage of venereal disease in the community.
PSYCHOLOGICAL ASPECTS OF VENEREAL DISEASE

What did Dr. Wittkower really mean by the word "prostitute"? From discussions she and her colleagues had had in contacts with venereal disease patients and in connexion with work under Regulation 33B, she was of opinion that money passed in a great many more cases than was admitted. She thought the men liked to say that no money passed because payment cast a reflection on their charm, and certainly the girl's first impulse was nearly always to lie about the matter. People generally were much too narrow in their definition of prostitutes, and she thought that the effect of prostitution on this question was very much under-estimated.

Secondly, she wished that Dr. Wittkower had dealt with some of the other reactions to venereal disease which she found very interesting and often most pathetic. The remorse and anguish of the married man who was in risk of infecting his wife or had infected his wife (especially before the recent introduction of more effective drugs) and had brought a curse on his children, was due to the traditional feeling about venereal disease, that it was something different and more horrible than anything else. She was very impressed when she was present at some lectures given to those "poor wretched little girls" who were haunting the streets and getting very large sums from the G.I.'s during the war, at a London County Council remand home, by the amount of filthy tradition, which came out in questions on venereal disease, which they had picked up during their brief contact with the underworld. It was not surprising that there were profound psychological effects.

About the question of education and research, it did seem that it was being attempted from the wrong end when it was approached from the point of view of abnormal psychology. She did not say that these reactions were not there and that such studies were not interesting and valuable, but surely the more important thing to know was why everybody was not promiscuous.

It was an entirely natural reaction, especially under conditions of soldiering and also under conditions of civil life. A more valuable research would be into the people who remained continent and did not get venereal disease or become promiscuous in the face of temptation. This was less interesting than the pathological side, but would be a great deal more valuable in an educational programme.

With regard to education both of men and women, she hoped Dr. Wittkower would forgive her if she was a little puzzled by what she heard from him. She wondered what people were being educated in. Were they taught to be careful, or that continence was both desirable and possible? It did matter tremendously, because a child or young person or any individual at the receiving end of an educational programme did not always get what was set out in a syllabus; they got what was in the mind of the individual teaching them. It was important that in an educational programme those giving it must be perfectly clear what they were trying to teach the child or the individual they were dealing with. This was very far from clear in a great deal of anti-venereal disease propaganda, and that was why it was comparatively unsuccessful in relation to the time and money expended upon it.

Dr. Fessler wished to draw attention to the importance of the psychological angle. Fortunately in the venereal disease clinics that were many patients who did not give any trouble. Some, indeed, did stir one's admiration and pity: he thought of the married women who had been infected by their husbands. But one had to deal with the defaulter and the unco-operative patient from whom one got an impression of very little intelligence. He wondered if it was the low intelligence which caused the over-aggressiveness, weakness, and so on. If it was the fact that the majority defaulters were of low intelligence, the question arose as to what could be done. It is unlikely that the psychologist could persuade the defaulter to attend the venereal disease clinic. One fact became more evident, that the problem of the venereal diseases was not a problem on its own but a problem connected with sociology, eugenics, and other factors, and education should be on a much broader basis that hitherto.

Lieut.-Col. Eames said he felt that, although factors such as environment, worries, and similar causes did contribute to this problem, these factors were too often allowed to overshadow the sexual urge. There was no doubt that the group of venereal disease patients with which one dealt did include a certain number of people who had psychological or mental difficulties. Two surveys had been carried out, one in this country, in which a group of patients in hospital suffering from syphilis were found to include a slightly greater number with a liability to psychiatric breakdown, and a greater preponderance of men of the lower intelligence grades, than a control group of non-venereal disease patients. A similar survey had been done in the Far East, and this showed more or less the same results. A preponderance of immature or inadequate types was not found among the group of venereal disease patients, but there was a preponderance of men of lower intelligence.

In the old days, his experience had been that quite a large number of patients stated that they had acquired venereal disease from a prostitute. Nowadays if the word "prostitute" were used in questioning, the patient would look at one uncomprehendingly. If asked, "Did you pay the woman, or give her anything?" patients would look at one not uncomprehendingly but pityingly! He felt that this had an important bearing on the venereal disease rates of today, and he did not think that the prostitute was the main cause of the spread.

Dr. Hamond asked if there was not perhaps a tendency in the discussion to confuse two issues—the question of the control of venereal disease, and the control of sexual incontinence—which seemed to be rather different problems. If it was the control of venereal disease, he did not think fear would play a large part because the time was rapidly approaching when there would not be any difficulty in controlling the diseases by modern methods, but if the question of control of sexual incontinence was the point, it was a problem which had faced mankind since the dawn of civilization and the real problem was, not that there should be incontinence, but that there should be continence. He would like the psychological experts to throw some light on that. He suggested that more than anything else it was controlled by the herd instinct. Every society conformed to its own rules, and that was all that morals originally had meant. One could establish in any society whatever morals were desired, and how the herd instinct was to be controlled was essentially a matter for education.

Dr. Forgan said he felt that most of what Dr. Wittkower said was applicable to promiscuity rather than to venereal diseases. He hoped he would state in his reply what group of troops he examined. It had been suggested that, in the Navy, in the Brigade of Guards, and in air-borne troops one was not likely to find such
a large proportion of the psychologically immature as Dr. Wittkower had found in his patients. As a Society, they wanted to know the approximate percentage of venereal disease patients who were subjects suitable for the psychiatrist.

Mr. King and others had expressed disapproval of the type of propaganda that the Ministry of Health had been indulging in for some years. He did not think that large sums of money should be expended on the psychiatric side until it was known to what extent it had a bearing on the spread of venereal disease. He hoped Dr. Wittkower would not misunderstand him when he said that they had suffered in the past from moralists indulging in what was mainly a medical matter; and he hoped that the psychiatrists were not, in the future, going to take the place of the moralists.

Dr. Neville MасCALL wished to know if there was any psychological basis for the extreme promiscuity exhibited by homosexuals, and why they responded so badly to psychological treatment. He had had considerable experience of homosexuals and they were far more promiscuous than the average person. He had referred a number to various psychological departments but with no apparent success whatever.

With regard to the subject of prostitution, there was undoubtedly the true prostitute who took money, and thereby made her living, but there was also a large number of women who took goods but not actual cash. In reality there was no difference. The majority of women before they would submit to a man's advances expected to get something, if it was only a good dinner or dance. Quite a number of patients, although denying that their consort was a prostitute, stated that they gave money in order to cover themselves in case the girl became pregnant. They believed that if the girl became pregnant and they had paid her money, it freed them from any responsibility in respect of the child.

He thought that the easier and quicker methods of treatment for venereal disease had led to increased promiscuity, as the fear and dread of these infections which formerly had acted as a partial deterrent, was now practically removed. The average patient knew that if he attended a clinic early he would get cured in a reasonable time without much personal discomfort and would not run any grave risk of developing complications. He could not help feeling that quick cures led to quick returns.

Dr. Jean Morton said that during the war when she had a large number of women under her control they seemed to fall into four groups. There was a small percentage of civilian prostitutes who came into the Services seeing a good market, and they were got out. There was another group whom one found to be mentally defective, with moral defect, who became easy victims. The larger percentage of the patients were normal, healthy beings and they found themselves in circumstances from the age of seventeen and a half which were quite abnormal. If these girls had been at home under their normal circumstances a great many of them would have never been exposed to venereal disease; they were not psychopathic in any way whatever, and the remorse and fear and danger percentage of the patients suffered from was very intense.

Dr. Harkness asked the speaker if he would say a few words concerning the phobias associated with venereal diseases, as in his experience they often presented a very difficult problem. A married doctor recently came under his care who, having run the risk of infection, imagined that he had contracted a urethritis. Before the patient had seen Dr. Harkness there had been four previous consultations, and on each occasion a clean bill of health had been given. A thorough examination revealed no signs of urethritis, but the patient complained of severe pain and frequency of micturition. Dr. Harkness deceived the patient by diagnosing a non-existent prostatitis (it was shown a slide containing a few pus cells), and after a week's course of urethro-vesical irritations a complete cure was effected.

Dr. Wittkower, taking up the point about remorse, said he should have mentioned that only extra-marital cases were included in his series; the situation might be different in cases of marital infection. Some patients with venereal diseases phobia respond easily to reassurance, but very few. Venereal disease phobia is often a symptom of a severe psychological disorder which requires psychological treatment. A promiscuous phase in adolescence is so common that it must be regarded as almost physiological. In contrast to the "psychological" phase, the habitual promiscuity which, on account of the person's inability to form permanent emotional ties, is indicative of emotional maladjustment. But this emotional maladjustment is of a subtle nature; neither should venereal disease patients be classed as "neurotics" nor as "psychopathic personalities." Evidence of emotional maladjustment is given in the split between affection and sexuality so common in habitually promiscuous individuals. Whereas a mature sexual union is based on an amalgamation between affection and sexuality in both partners, no affectionate relationship exists between the habitually promiscuous individual and his consort.

Great care had been taken to obtain a random sample of venereal disease patients. The patients studied were seen at two military hospitals in different parts of the country. The view that venereal disease patients are often unreliable and irresponsible, and hence low-quality soldiers, had been confirmed by many other observers.

Dr. D. J. Campbell said that he had the advantage of Dr. Wittkower's advice during the war and of working with Drs. Kahn and Wilson, C. M. Bennett, and several other eminent psychologists. When he was asked by senior officers how to combat this problem, in the light of psychiatric opinions, he could only say it was apparently quite out of control; nothing could be done with it. On the other hand, as Mr. King had said, he had not encountered so many psychological failures among the venereal disease patients as the psychiatrists would have one believe. Some of them were from the best fighting units and the very fact that a reasonably high proportion of efficient N.C.O.'s were always to be found in the venereal disease wards rather detracted from the argument that venereal disease patients were maladjusted, inefficient, and unable to bear the brunt of battle.

One speaker asked about the depositions of venereal disease casualties in different units. At one clinic near the fighting line the lowest rate appeared to be in the Infantry. He was glad to assure the meeting that the R.A.M.C. had a very low rate, the Signals were reasonably good, and then one came to the other units such as the R.A.O.C., the Engineers, the R.A.S.C., the armoured units, the Pioneer Corps; and worst of all was the Corps of Military Police. This led to the answer that they had the opportunities because of the
way a modern war was fought. The armoured units had a high incidence because at one moment they were in the heat of battle, and the next they were withdrawn a long way back to get their machines ready for the next sortie forward.

He was very glad that some speakers had admitted frankly the fact that men and women were essentially polygamous. This led to the question of what was the best means of combating the conditions, and he did not think that anyone had a full answer because fear had long been the weapon wielded by those who tried to combat the disease. In war time fear played little or no part, because the soldier knew that he would be cured before he returned to do any harm to the family, and the remorse which was noted by many was not very evident in the serving soldier abroad, who knew that he was in good hands if he contracted the disease and there was little or no risk to his domestic background. Most of the propaganda, therefore, was pretty useless.

With regard to propaganda at home he was in agreement with those who said that it was one of the most difficult approaches to the whole subject. He did not think that the present posters really got at the people who were likely to get venereal disease, and for his part he had refused to go in for mass propaganda; as an alternative he had invaded the schools to talk to children leaving school, usually with the permission of their parents. There were never more than a dozen or fifteen children present in these talks, and he, or whoever was carrying out the talk, started off with the first submission and admission that sex had something of pleasure. Too much propaganda was the other way. If one started that way, one could go on and tell them a great deal more and leave it to them to work it out after that. There was also marriage guidance to help later. He was interested to see Dr. Sutherland at the meeting, because he had done a tremendous amount to forward marriage guidance. He hoped Dr. Sutherland would encourage the selection of really good people on the local councils. He urged against having people who were well known in local society but not very well equipped to advise young people on the problems of marriage, especially from the sexual standpoint. Marriage guidance might hold quite a useful future in the approach to this, and certainly in propaganda with senior school-children at an age when they were receptive, if things were put forward honestly to them, there was a chance of their making their own wise choice later on.