

THE PROBLEM OF THE HOMOSEXUAL WITH VENEREAL DISEASE

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Most medical practitioners are familiar with the major complications and sequelæ associated with the venereal diseases. Not so many, perhaps, are in a position to appreciate the psychological and sociological side-issues which may occur. Many of these difficulties, especially with female patients, fall within the province of almoners, health visitors, and others specially equipped to deal with them.

The problems sometimes raised by infection acquired through homosexual contact are, in the main, a feature of practice in the larger cities of this island. One's impression is that most of these cases gravitate towards London where, because of its very size, the homosexual can find congenial companionship with less risk of encountering relations and friends from whom his abnormality is a closely guarded secret.

My observations in this paper are confined to males. Cases of female homosexuality, perhaps on account of their nature, are very seldom seen in venereal disease clinics. In my own experience I can recall only one such case.

Types of Homosexual

This is not the place to mention any of the current theories of the cause or causes of the condition, nor to put forward any suggestions of my own. It is as well to point out, however, that homosexuals can be broadly divided into two main types. There is the true homosexual who is indifferent to the sexual attractions of the opposite sex. The word "invert" is often used to describe these persons. It has the advantage of brevity and is probably more accurate, at any rate it is less offensive than "pervert."

The other type can be described as bisexual in that there is, in varying degrees, an urge towards either sex. Some of the ancient Greeks, among whom "boy love" was fashionable and was indeed a deliberate cult, were of this type. Those who have sexual relations with boys, and male prostitutes, are a vicious element in society and it is to these that the term "pervert" may be justifiable.

There is also a group that is apt to find an outlet in homosexual practices when deprived, for long periods, of feminine society, in such as obtain, for example, under Service conditions, either on board ship or in outlying posts.

The invert is in quite a different category. His sexual interests can be as discriminate, and in fact are often inspired by as much tenderness and devotion, as those of people who are normally sexed.

"So, oft it chances in particular men,
That for some vicious mole of nature in them,
As, in their birth—wherein they are not guilty,
Since nature cannot choose his origin—
By the o'ergrowth of some complexion,
Oft breaking down the pales and forts of reason,
Or by some habit that too much o'erleavens
The form of plausible manners; that these men,
Carrying, I say, the stamp of one defect,
Being nature's livery, or fortune's star,
Their virtues else, be they as pure as grace,
As infinite as man may undergo,
Shall in the general censure take corruption
From that particular fault."

(*Hamlet*, Act I, Scene 4.)

Incidences of Homosexuality

Attempts have been made at different times to estimate the incidence of homosexuality, practised or recognized in themselves, by inverts and bisexuals. Havelock Ellis (1933), quoting Hirschfeld's (1933) estimate of 1 to 5 per cent. in Germany, indicated a similar prevalence in England. In pointing out the difficulty of arriving at any reliable figures, he remarked that the invert seldom places himself under a physician, and is usually careful enough to avoid discovery and the attention of the police. Ellis's observations seem mostly to have referred to the "educated middle class"; but he adds, "among the lower social classes homosexuality is not rare, and even if not innate there often appears to be among them a remarkable absence of repulsion to homosexual relations; many inverts have referred to this point."

A survey on a colossal scale has recently been completed in the United States by Kinsey and

others (1948). In assessing the frequency of male homosexuality they have divided into groups men who have, at any time, had one or more homosexual experiences to the extent of orgasm. They state that in the total male population, single and married, between the beginning of adolescence and old age, 6.3 per cent. of the total number of orgasms is derived from homosexual contacts. They also claim that their "present data indicate that more than a third (37 per cent.) of the white males in any population have had at least some homosexual experiences."

It has not been possible to give even approximate figures of the incidence of homosexuality among persons infected, or fearing infection, with venereal disease. Except in the case of those with ano-rectal lesions an accurate history is often not forthcoming. Sometimes the nature of the risk taken may be inferred from characteristic mannerisms and so forth. However, such traits are not the rule, and may indeed be misleading. Many male inverts are as normal and manly in appearance as those who are normally sexed. In fact, it is tenable that many of them are normal except in their choice of a sexual object.

Treatment of Homosexual Patients with Venereal Disease.—These patients must be treated as any other patient. In the preliminary interview, details of the story should be noted with courteous but casual interest. Any tendency to reticence about sexual activities is understandable and should be respected. The importance of the contact's being made aware of the likelihood of his own infection, and of his being asked to attend for examination, should be pointed out to the patient. On the other hand, if the patient is unwilling to disclose such particulars it is as well that the clinician remembers that it is not for him to play the detective, and that his immediate duty is to the patient before him. Not infrequently, if a patient's confidence has been gained during subsequent visits, further information will be given and the contact may be persuaded to attend.

Inverts are neither more nor less wanton in their behaviour than others. It will be found that the majority have achieved a large measure of adjustment to their anomaly, indulging in sporadic "affairs" or sinking to the lowest depths of promiscuity like other patients. One is, however, occasionally consulted by a patient who is by no means reconciled to his lot and asks if anything can be done about it. At this point the attitude of the doctor may carry profound potentialities for the patient. The average venereologist has neither the qualifications nor the time to embark on a psycho-

logical analysis, but it is urged that he should find time to listen to the patient's troubles and discuss them to the extent of his own experience of human nature and the patient's intelligence and willingness to co-operate. Some may feel themselves temperamentally unfitted to attempt even this much, and will feel more disposed to refer the patient to a psychiatrist. This point of view is understandable. Many patients, however, will already have had psychological treatment, often over a long period. Others, again, are unable to afford the time or expenses for the lengthy investigation and treatment required, the ultimate success of which cannot be guaranteed.

The average invert is a lonely person. Even if he belongs to a club, or coterie of his kind, any attachments he makes are of a fleeting and usually undesirable nature. He seldom has an opportunity of discussing his problem with someone prepared to listen and sympathize, without any ulterior motive, and to advise him in the light of reason and common sense. This is where the doctor has an opportunity of being able to help as perhaps few others can.

Before any advice is given, it is as well to form an opinion as to whether the patient is a true invert or not. In practice it will be found that the majority of those worried and unhappy about their abnormality are true inverts. The advice should be adjusted to the age, intelligence, and standard of culture of the patient. My own practice is to tell him quite plainly that, in our present stage of knowledge, the prospects of cure are remote. Further, even if there were hope of cure in a particular case, would he be prepared to accept the consequences of being cured? Such an achievement would involve a complete reorientation of his whole existence, in addition to the sexual outlook. This aspect of the problem seems seldom to have occurred to patients, and is usually at once appreciated. He should be advised to take a philosophical view of his troubles and to sublimate his feelings in whatever spheres are open to his particular tastes, talents, and experience. To condemn him for sexual activity in the only way natural to him is as futile as it is cruel. However, he may be warned that he, no more than others, must not claim to be outside the moral code of the community, in spite of the vindictive discrimination of the law against him. Like the rest of us, he must make his own pattern of life. Those who can accept the teachings of religion and philosophy, however incompletely, are fortunate and may well be encouraged to cling to such aids. They should be urged to fight any inclination for solitude and the turning of their sexual interest into an obsession.

They may be reminded that their condition is not unique and that they need not walk alone, but should pass through life not furtively and ashamed but with their chins up.

A talk on these lines is often gratefully appreciated by what may be a mentally tormented patient. Any tendency to undue sympathy should be checked, as it might be misconstrued into a condoning of what the law regards as a felony.

It is assumed that the doctor will in the meantime

be taking the usual measures to investigate and treat any physical disorder.

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