PROPHYLAXIS AGAINST THE VENEREAL DISEASES*

TOTAL ABOLITIONISM AND THE INTERNATIONAL ASSOCIATIONS

BY

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Italy

I have the honour to present the views of the Italian Society of Dermatology and Syphilology on the prevention of venereal diseases.

The problem of the movements of population and their influence on the spread of venereal diseases in different nations assumes a vital importance according to the epidemiological situation in each country with regard to syphilitic infection. This disease has been increasing slowly for the past 3 or 4 years, and the phenomenon is world-wide (Durel, 1959); in Italy this rise in incidence is very obvious.

The summary of the work presented at this assembly offers us only slight consolation; the statistics presented by Hungary—the only figures which actually appear in the summary—are exceptional, showing only five new cases of primary and secondary syphilis during the first 8 months of 1959. On the other hand, the figures from the Italian city of Milan show that during the first 9 months of 1959 there were recorded 591 cases of primary and secondary syphilis as against 299 cases during the first 9 months of 1958. In the month of September, 1959, there were 118 cases, a figure which represents only a fraction of the real total, if we take into account cases which are not notified, those treated by private practitioners and those which are not treated at all. This is, therefore, not a temporary rise but a progressive increase, which began in 1956 and has gone on with ever-quickerning tempo since the abolition of all medical control of itinerant persons in Italy.

The abolition of the brothels is not to blame; the Italian Society of Dermatology and Syphilology has been in favour of abolition since 1946.

At the European Congress of the International Union against the Venereal Diseases held in Brussels in June, 1958, we gave a detailed account of the situation in Italy and the serious damage which was being caused by legislation embodying all the recommendations of the abolitionists. On September 27, 1959, the retiring President and the new President of the Italian Society of Dermatology and Syphilology (Prof. Crosti and Prof. Falchi, both holders of university chairs in dermato-syphilology) made a joint statement to the National Congress which was unanimously approved and deserves to be mentioned here.

"The Italian Society of Dermatology and Syphilology, meeting at Pavia for its 43rd National Congress, draws attention to the marked progressive increase in early syphilis, which is spreading throughout all the regions of Italy.

"The Society points out that this rise started in 1955, as the Minister of Health confirmed in Parliament, when he quoted statistics drawn from the whole country up to 1957. These figures, limited to the Venereal Disease Clinics, demonstrate, despite the inadequacy of the information, that the number of cases of early syphilis has doubled.

"The Society affirms that, at the very moment when the measures of defence should have been intensified, all serious possibility of the control, identification, and reform of itinerant prostitutes was forfeited as from the end of March, 1958, by a law which is unique in the world, which (in view of the inhibitory measures decreed by Law No. 75 and the inadequacy of the antivenereal law) offers no possibility of protecting the health of the community, and which demonstrates the impotence of the State against the principal causes of the spread of syphilis.

"The Society also affirms that the apparent increase in syphilis is much less than the real increase, and that the situation is made worse by the fact that the current statistics are not comparable with previous statistics, since they ignore those cases which are to be found in the haunts of the growing numbers of itinerant prostitutes who are able to escape all efforts at control. In addition, the cases of highly contagious syphilis, of which the patients themselves are unaware, which are diagnosed in vagrants who happen to be committed to prison, give proof of the results of the inadequate medical examination of prostitutes, and also show how the infection has increased amongst the young people of the lower classes..."
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who make up the clientele of the venereal disease clinics. In Milan, for example, the 54 cases of early syphilis seen during last August at the Antiveneral Centre of the University Clinic, were all in patients of the male sex.

"The Society points out that, in France, the compulsory medical examination of prostitutes with the immediate admission to hospital of those found to have infectious syphilis was re-established by law a few days after the decree closing the brothels came into effect. This has enabled a world-wide increase in syphilis to be kept within bounds. No other nation except Italy has dismantled its defences against prostitution.

The Society deplores that in Italy people go on discussing principles and opinions, when the important thing is to fight against the facts of disease in a practical way in order to defend the health of the people.

"Lastly, the Society reiterates its support for the appropriate legislation which has already been put forward by the medical specialists and which is of great urgency in the preventive field, the chief sphere of activity in modern medicine."

THE EUROPEAN CONGRESS OF THE INTERNATIONAL UNION AGAINST THE VENEREAL DISEASES, BRUSSELS, JUNE, 1958

The foregoing statement echoed a resolution approved by the European Congress of the International Union against Venereal Diseases held in June, 1958, at Brussels. The text of this resolution (presented by Dr. De Wewer, Chief Inspector of the Belgian Minister of Public Health) was approved by Prof. Lapière, holder of the chair of dermatosyphology at the University of Liège, and by our Society:

"That the prevention of venereal disease applies to all citizens and especially to persons taking part in acts of prostitution, and that therefore prostitution must not be neglected because it represents a real and present danger."

REPORT OF THE UNITED NATIONS SECRETARIAT, MARCH 26, 1959

Unfortunately the proceedings of the Brussels Congress of 1958 were not printed until the end of 1959, one and a half years after the congress was held, otherwise the Secretariat of the United Nations could have mentioned this resolution in the detailed report, published on March 26, 1959, at the twelfth session of the Commission on Social Welfare. This report, entitled "The Suppression of the Traffic in Human Beings and the Exploitation of Prostitution", devotes a whole chapter to the prevention of venereal diseases. The bibliography refers only to the Congress of the International Abolitionist Federation and of the International Union against the Venereal Diseases, but it should also have included the Brussels Congress, with a reference to the above resolution.

In this way the statement would have been rather different from that which we now find on p. 27 of the U.N. Report, which observes that:

"The medical examination of prostitutes presents few advantages for the population in general. It is even argued that in fact it may increase the incidence of venereal disease in view of the false sense of security to which it gives rise."

Is it then preferable to see prostitutes spreading syphilis from the moment they contract it and multiplying it by their activities, as we have been able to see them in Italy when we have examined prostitutes who happened to be imprisoned for a few days? In Italy, prostitutes do not attend of their own accord at out-patient clinics, nor do they submit voluntarily to periodic examinations. The situation differs considerably from one nation to another, and the resolution approved in 1958 at Brussels stated "that legislation should take into account as far as possible the suggestions of qualified technico-scientific associations in each country".

The opinion of the Italian Society of Dermatology and Syphilology is quite definite, in view of the spread of syphilis amongst men (in Milan in 1959, for example, about 85 per cent. of the total number of patients at the clinics were men), and also in view of the impossibility of dealing with the growing number of itinerant females, who have deserted the clinics and are largely responsible, according to the Italian medical specialists, for the increase of the disease in Italy. And all this goes on at a time when other citizens submit to compulsory anti-venereal measures; this discrimination is topsy-turvy.

In Italy the medical control of prostitution must be re-established.

At the Brussels Congress in 1958, the President, Dr. A. Cavaillon, who had stated his personal views on the equal epidemiological responsibility of each citizen in the prevention of venereal diseases (views which differ from ours) said:

"I am happy to learn that brothels have been abolished in Italy, but I am in despair to learn that henceforth the notification of cases of venereal disease and their contacts is forbidden in that country. This prohibition will prevent us from stopping the spread of venereal disease."

At present, in Italy, the notification of the venereal diseases in general and of syphilis in particular has been made anonymous; it serves only to produce delightful tables of statistics and it is easy to understand that the doctors, already far from enthusiastic
on the question of notifications, show even less desire to send them in when they know that no effective action can be taken to combat these most important sources of contagion.

Current Italian statistics do not include cases of syphilis in the prostitute population, which it is almost impossible to explore. In addition, for the south of Italy, the data are particularly unreliable because, for socio-psychological reasons, patients often leave the public clinics and go to private doctors, who, as we have said, do not often bother to notify the public health authorities. Also, the incidence of early clinical syphilis amongst soldiers is not reported accurately because the men evade medical examination by Army doctors for fear of punishment, under a regulation which dates from 1938 and of which we have given details elsewhere (Ducrey, 1959).

Mass serological testing, decreed by the anti-venerable law of July 25, 1956, for military personnel at the beginning as well as at the end of the period of service, has not yet been put into operation on a national scale.

**Article 6 of the United Nations Convention (1949) for the Suppression of the Traffic in Human Beings and the Exploitation of Prostitution**

The report (already cited) of the Secretariat of the United Nations of March, 1959, concludes by mentioning the Convention of 1949, urging the member Governments to ratify it or to adhere to it and thus to recognize Article 6, inspired by the International Abolitionist Federation. This Article 6, which has been for most countries the main obstacle to the ratification of the convention, is worded as follows:

> "Each member of the present convention agrees to take all the necessary measures to repeal or abolish every law, every administrative practice, by which persons practising prostitution or suspected of practising prostitution must be entered on special registers, possess special papers, or be subjected to exceptional conditions of supervision or registration."

Discussion of this Convention was taken up again in New York on May 25–26, 1959, by the Commission for Social Affairs of the Economic and Social Council of the United Nations, and the 25 nations who adhered to the Convention and had ratified it were again enumerated, but no mention was made of the fact that these nations had all been obliged to break the Convention to protect the health of the peoples against the peril of venereal disease—this is apart from members of the oriental block whose political and social structure is entirely different.

We have provided precise details in Italy, in a report presented by Professor Crosti, President of the Italian Society of Dermatology and Syphilology, and also by myself to the National Centre of Preventive Medicine. This report, of which I have given a copy to the President of the present assembly, illustrates amongst other things the recent increase in early syphilis in Italy, for there is no point in deluding ourselves.

**The Resolution of the Economic and Social Council of the United Nations of July 30, 1959, and its Meaning**

During the discussion which took place in New York in May, the opposition of a certain number of influential members made it necessary, during the recommendations for ratification, to limit them to expressing the hope:

> "That the governments of the other countries would ratify the convention or adhere to it or endeavour to apply the principal recommendations."

The Economic and Social Council of the U.N., showing a proper sense of reality, approved this resolution on July 30, 1959, by seventeen votes to none, with one abstention.

This result was achieved by the initiative of the French delegate, Hauck, supported by the British delegate, Buxton, and by others, including Anderson of New Zealand, and Wryell of Australia. The two last considered it illogical and hypocritical to ask other governments to ratify a convention that they could not ratify themselves.

**The New British Law—The "Street Offences Act, 1959"**

On August 14, 1959, the new British Street Offences Act came into force, forming the legislative epilogue to the Wolfenden Report on Homosexuality and Prostitution, which had been presented to Parliament in September, 1957. This law restored the notion of the "common prostitute" and anticipated the inscription of such women on a police register*.

* Prof. Ducrey seems mistaken here; no police register of common prostitutes is kept. A woman suspected of street soliciting must be cautioned in the first place. If she is caught soliciting after the occasion which was the subject of the caution, she may then be charged under the Act. The police will keep a record of the caution but there is no police register of prostitutes.—Ed.
The British Parliament and Government did not submit to the pressure brought to bear with much tenacity and energy by the Association for Moral and Social Hygiene (which is represented on the Executive Committee of the British Federation against the Venereal Diseases) and by the International Abolitionist Federation. The latter has stated that:

"The concept of the common prostitute seems to be an idea from the Middle Ages. To retain it in 1959 seems a challenge to the modern concept of equality before the law, of equality of the sexes, etc."

Its disapprobation is extended, with the usual arguments, to all the different clauses of the law (Revue abolitionniste, No. 178, 1959).

In fact, however, the Street Offences Act and the resolution of the Economic and Social Council of the United Nations, each in its own way, have countered the International Abolitionist Federation’s idea of putting prostitutes on the same level as other citizens. As we have repeated many times and on many different occasions, laws in general, and public health laws in particular, do not put all citizens on the same level. The rules are established and acted on according to the dangers presented by the patients, the environment in which they live, and the type of activity that they undertake, etc.

The recommendation of the United Nations (to ratify the Convention of 1949, and either adhere to it, or at least endeavour to apply the principal recommendations) has nullified the obligatory force of the Convention. This is a clear example of the conflict between philosophical and abstract social theories and the realities which have to be faced by those who are officially responsible for the health of the population. The fundamental principle of the Charter of the World Health Organization is as follows:

"Governments are responsible for the health of their populations: they can only deal with their responsibility by appropriate public health and social measures."

Plans based on ideals and those based on facts should try to converge, but a plan based on negative reasoning and on distortion of the facts must not be allowed to force them apart. Here it is not inappropriate to recall the words of the W.H.O. "Review of Comparative Public Health Legislation" (Geneva, 1956):

"The public health aspects of the struggle against syphilis are so intimately connected with moral and social considerations, that it is almost impossible to discuss them with the objectivity which would be essential in other communicable diseases, without becoming involved in discussions which have an entirely secondary place in the epidemiology of this infection and in the struggle that ought to be undertaken."

The opinion of the Italian Society of Dermatology and Syphilology, already put forward by us in its major aspects last year at Brussels, is as follows:

"Syphilis is increasing: in Italy this increase is particularly evident and progressive. To have disbanded our principal means of defence in the prostitutes’ domain and in the present circumstances is a disastrous error."

Prophylactic antivenereal public health problems should be the province of the medical specialist. The contribution of the philosopher and sociologist to the study of social phenomena may well be very valuable; the harmful influence of poverty, the differing sexual behaviour of various races and individuals, the re-education of prostitutes, and the improvement of conditions by welfare services all come within their scope, but the measures to be taken to defend the population against infectious diseases—and in our case against syphilis—must be in the hands of the medical specialists and public health authorities. There are reasons to hope that the legislators will listen to them as well, and will take the advice of the International Union against the Venereal Diseases. It is also to be hoped that, in the international sphere also, the prevention of venereal disease and the public health aspect of prostitution will be dealt with by the World Health Organization, if it can only free itself from all ideological pressure, and allow qualified specialists from each nation to express their opinions with the sole aim of improving the public health service. Without this, in face of this strange alliance of doctors and laymen, of experience and inexperience, however pure their intentions, we risk losing sight of our true goal and betraying our duty to the health and safety of the state for the sake of some visionary ideal of individual liberty.

In Italy, because of the special epidemiological situation and the present impotence of our means of defence, the problem of migration should be especially stressed. This arises chiefly from the itinerant workers who move from one region to another and especially from the south to the north. The health regulations pertaining to these migrants are laid down by Law 653 of April 26, 1934, and
come under the jurisdiction of the Ministry of Labour. It would be better, in my view, if they were the responsibility of the Ministry of Health. The work permit made out by the Public Health Officer in the worker’s home town, mentions a medical consultation, but its principal object is to ensure that the type of work to be undertaken is not incompatible with the man’s general physical state. As far as syphilis is concerned, decree No. 303 of March 19, 1956, provides for a periodical medical examination solely for the few glass-blowers who still use non-mechanical methods. This restriction of preventive measures to the narrowest of limits at a time when early syphilis is attacking all the provinces of Italy, increases the threat of infection which arises from groups of workers collecting from all parts of the country and especially from the South where infected persons tend to avoid the clinics and so escape all control.

In my opinion the antivenereal law in Italy should at least allow the serological examination of labourers with work permits. This factor is all the more important on the international level, considering the future possibility of a free circulation of workers within the European Free Trade Area.

Finally, he recalls the British “Street Offences Act, 1959”, which affirms the concept of the habitual (common) prostitute, and introduces regulations which, in the highest interests of society, do not take into consideration the theoretical equal treatment of the sexes which is blindly upheld by the F.A.I. and other ideological associations.

The author trusts that the health problems connected with the prevention of venereal diseases will be entrusted as in the case of other infectious diseases to medical experts in the field of preventive medicine, who will be free from the impractical notions of the inexperienced laymen who form fanatical social welfare groups and who will act only in the interests of the health of the population at large.

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Prophylaxie antivénérienne
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Résumé


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habituelle (common prostitute) par des dispositions qui négligent totalement—dans l’intérêt supérieur de la société—la question de la non-discrimination des sexes, aveuglément soutenue par la F.A.I. et par les Associations idéologiques dont elle est l’active animatrice. Pour conclure, l’Auteur souhaite que les problèmes sanitaires de la prévention des maladies vénériennes puissent être résolus—dans le cadre de la prophylaxie générale des maladies infectieuses—par des techniciens, libres de toute pression idéologique susceptible d’être exercée par les incompetents qui sont parvenus à s’introduire dans les Associations qui devraient être des organes techniques du secteur de la Médecine préventive et qui ne le sont plus; ces pressions, qui se manifestent à différents niveaux avec autorité, sont caractérisées par l’insistance et le fanatisme typiques des raisonnements d’idéologues purs et peuvent de ce fait arriver à bouleverser—comme on a déjà eu l’occasion de le constater—la loi suprême de la santé publique et de la défense des populations contre le péril qui les menace.