

The impact of penicillin on sexual healthcare delivery systems in mid-20th century Britain

Penicillin's introduction in 1943 as a simple, inexpensive cure for syphilis had notable influences on venereology and broader sexual healthcare systems. Foremost among these was the perception that venereal disease (VD) no longer posed a threat and therefore merited fewer resources for control. As the chairman of a regional hospital board replied, when asked about reconstructing a VD clinic in 1958: "We don't want to spend money on these dying diseases".¹ While venereology had developed as a specialty in part because of Salvarsan, general practitioners could easily provide penicillin to patients. Thus, penicillin's success left some venereologists reflecting that they had worked themselves out of a profession. One noted:

The British venereologist... may perhaps be compared with the fighter pilot whose aircraft has been shot down from under him, and who is parachuting slowly down to earth wondering the while how this happened and what he will do when he lands...he has been in the dual position of defender and attacker of his own aircraft.²

Drastic decreases in syphilis cases in the late 1940s and early 1950s led to a waning in associated intellectual curiosity. As a result, venereology journals were shut down and the ranks of venereologists noticeably thinned. By 1955, only nine senior venereology registrars remained across England.¹ One London hospital reported that venereology had become a fragmented service without any full-time staff.³ All syphilis-focused disciplines (internal medicine, obstetrics, psychiatry and public health) were reoriented towards their non-syphilis activities and academic momentum swayed towards chronic diseases.² In challenge to venereology's fading prominence, the UK Ministry of Health argued that: "diagnosis and treatment of venereal diseases constitute a separate clinical speciality, and should not be left to become a minor interest of specialists in other fields".⁴ Yet, despite such defences, that is what happened.

Venereology's decline, however, did not reflect an absence of risk and, by the late 1950s, syphilis cases resurged. While historical accounts attributed some of this rise to growing numbers of black immigrants and increasing unsafe homosexual sex,⁵ the disassembly of VD healthcare

infrastructure was also key.⁶ Data from the USA suggest that risky sex may have become more common in the mid-to-late 1950s as penicillin became more widely available.⁷ As a result, the new curability of syphilis may have been partly responsible for syphilis case increases in Britain during the late 1950s and early 1960s.

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