

SEXUALLY TRANSMITTED DISEASES: AN HISTORICAL RETROSPECT*

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The history of sexually transmitted diseases can be divided into three distinct sections, not of equal length but of easily identifiable periods of time. Firstly, the era of antiquity when if sexually transmitted diseases did exist any knowledge of the fact has been lost. Then, a period of about five hundred years when such diseases could be easily identified but little or nothing could be done about them, so terror tactics were employed and fear became a potent weapon. Finally, and this is really the twentieth century, we find effective treatments devised and efforts directed towards persuading people to seek help quickly and towards tracing their sexual partners.

What we know as 'syphilis' — a word invented in 1530 by the Italian, Fracastoro — has been known variously as *maladie venerienne*, 'lues', 'pox', 'peach blossom disease' and euphemistically as 'primary, secondary or tertiary blood poisoning'. Gonorrhoea has been known as *chaudepisse*, 'brenning' and 'clap'. Until the late eighteenth century the words 'clap' and 'pox' were acceptable to the most sensitive of ears. Used today they generate overtones of ignorance or hostility.

Until the third decade of the nineteenth century even members of the medical Establishment believed that syphilis was a later, and inevitable consequence of gonorrhoea. Only in 1838 did Philippe Ricord of Paris finally convince them otherwise. The collective term 'venereal disease', presumably a compliment to the goddess of love, was first used by Bethancourt of Rouen in 1527.¹

Prejudice and blame have always existed. The greatest accusations have always been against the French and names like 'French pox', *morbus gallicus*, 'Bordeaux pest', *mal de Poitiers* and *gorre de Rouen* have been used quite indiscriminately. The French retaliated by blaming the Italians and calling syphilis the 'Neapolitan itch'. The Italians blamed the Portuguese, the Portuguese the Spanish, the Germans the Poles, and the Victorians prostitutes; the recent tendency to blame Africans and homosexuals is far from unique. My own generation blamed the war, writers innumerable have blamed the Americans and women have been blamed the whole time. One of the earliest health warnings is contained in a letter from a seventeenth-century Earl of Chesterfield advising his son not to lie with a handsome wench whose abode was in the Axe Yard in Westminster.

* Based on a paper delivered to the Liverpool Medical History Society on 27 November 1997.

¹ J. Johnson-Abraham, "Some account of the history and treatment of syphilis", *British Journal of Venereal Diseases*, 24(1948), 153-61.

Scholars disagree as to whether or not syphilis existed in ancient Greece and Rome. Some say evidence has been found in excavated skeletons, but the evidence to the contrary is very substantial. No one can be really sure if the excavated bones were affected by syphilis, arthritis or osteomyelitis. Historians have searched in vain for reference to general paralysis; it is nowhere to be found in exhaustive accounts that describe all manner of activity, including homosexuality. While both impotence and priapism are described, anything resembling a sexually transmitted disease is not.²

As to whether such diseases were present in Biblical times, many texts are too open to interpretation to constitute evidence. The Rheims-Douai translation (1582) of Leviticus (ch.15, v.2) reads. The man that hath an issue of seed shall be unclean'; or, as the 1990 New Jerusalem Bible puts it: 'When a man has a discharge from his body that discharge is unclean.'³ (The same might be said of any form of sepsis). In Numbers (ch.25) there is a vivid description of Phineas, son of Eleazor, entering a brothel and driving a knife through the genitalia of all the occupants; modern translations say it was through their stomachs. The First Book of Kings (ch.5) declares that the Philistines, having seized the Ark of the Covenant, were punished by every man being smote in his secret parts; by 1990 this had been modified to being stricken by tumours — of unspecified sites. Even passages less open to interpretation — such as that referring to the plague of boils inflicted on the land of Egypt in Exodus (ch.9) — seem very unlikely to refer to venereal diseases. There are the well-known references to the sins of the fathers being visited on the children to the third and fourth generation, but although syphilis has been known to span three generations, it has never been recorded as extending to four.⁴ (This absence of any specific evidence among the literature of the ancients becomes all the more striking when compared with the torrents of outspoken comment that accompanied the recognition of syphilis at the end of the fifteenth century). Few would dispute that Geoffrey Chaucer (c.1342-1400) was a reliable chronicler of his time, and of its habits — it is possible to compile an entire lecture about medieval medicine from the writings of Chaucer — but here too is never a hint of sexually transmitted disease,⁵ Nor are there any dire warnings from medieval theologians about virtue being the best guard against infection, and this despite the fact that strictures against sexual transgression were then very formidable: when a man confessed to a priest in Winchester an incestuous relationship with his own daughter, the penance imposed was that he must live on bread and water for the rest of his life, excepting Christmas Day when normal food was permitted. John of Gaunt (1340-99) was hailed as a great soldier but denounced as a

² J.D. Rolleston, "The Folklore of Venereal Disease", *British Journal of Venereal Diseases*, 18(1942), 1-13.

³ *Holy Bible* (Rheims-Douai version 1582) (London, 1995); *New Jerusalem Bible* (London, 1990).

⁴ H.W. Rutherford, 'Two cases of third generation syphilis', *British Journal of Venereal Diseases*, 41(1965), 142-47.

⁵ How different with William Shakespeare (1564-1616) who two hundred years later makes nineteen references to pox.

greater fornicator, and the account of the old soldier returning from the wars and confessing to carnal knowledge of more than a hundred women, dispels the illusions of those who imagine that a multiplicity of consorts is something of recent origin.⁶

Then, in 1376 an English surgeon, John Arderne, wrote of what he described as an evil called 'chaudepisse'. Albeit very quaintly, he told of intense burning on urination, and that both men and women could be tainted with huge sorrow and distress. He recommended infusions of lead lotion and oil of almonds as availing much. This is the first account acceptable to modern scholars as a description of gonorrhoea.⁷

Syphilis is generally considered to have been brought back from the New World by Columbus' sailors.⁸ It certainly wrought havoc at the siege of Naples in 1495 and the following year the poem *De pestilentiali scorra sive mala de Franzos* (attributed to Fracastor) was in circulation. This, apart from associating the disease with France, described how it was spreading across Europe and how utterly powerless the doctors were to deal with it. When the disease first burst upon the scene its clinical manifestations were far worse than anything likely to be encountered today. Huge primary ulcers, violent bone pains, headaches and impaired vision all came in rapid succession and often proved fatal. The time interval between the various stages was then a lot shorter than it is now and over the years its characteristics have been considerably modified.

The French connection is something of a paradox. Paris was then the capital of the largest country in Europe, very cosmopolitan and, by the standards of the time, scientifically and culturally sophisticated. One doctor there gained a reputation for good treatment; he was later to say that King Charles VIII put 30,000 francs into his pocket the day he introduced the pox into France. Hundreds flocked to him, so that Paris came to have the dual reputation of being the centre for both the cure and also the dissemination of the problem. It was not long before the town crier had to warn the inhabitants of the impending dangers and eventually all those infected were ordered to leave the city under pain of death.⁹

Incredible as it may sound, the medicinal treatment for syphilis in 1900 was only marginally different from what it was in 1500, when the formula comprised eight parts of diverse compounds to one part of mercury, the only substance known to be of any value in halting the disease and at least preventing a bad situation from getting any worse.¹⁰

⁶ D'Arcy Power, 'Clap and Pox in English Literature'. *British Journal of Venereal Diseases*, 14(1938). 105-14.

⁷ A. W. Harkness, *Pathology of Gonorrhoea* (London, 1948).

⁸ R.S. Morton, 'Syphilis and its lookalikes', *Med.Historian*, 6(1993), 12-16; Cecil H. Clough, 'The discovery of America, the Italian wars, and the impact of syphilis on Western Christendom', *ibid*, 17-52; L.W.Harrison, 'Origin of Syphilis', *British Journal of Venereal Diseases*, 35(1959), 1-7; Johnson-Abraham. As to its origins, animal contact can be discounted. Until 1903 when Roux and Metchnikoff successfully inoculated a monkey, no animal had ever been found to have syphilis, and it was not for the want of looking.

⁹ Harrison.

¹⁰ Hence the quip: "One night with Venus, two years with Mercury". Crude, metallic mercury was

The great difficulty was that the minimum effective dosage and the maximum that the patient was able to tolerate were so close as to create an almost indescribable problem. At the hands of a skilled practitioner some success could be hoped for, but it was taken up (with far more zeal than responsibility) by butchers, farriers and gelders of farm animals, who invariably over-treated with well-nigh miraculous initial results often to be followed by relapse and death of the patient. The famous eighteenth-century philosopher Francois-Marie Voltaire (1694-1778) in his novel *Candide* describes Dr Pangloss as 'all covered with sores, his eyes half-dead, the tip of his nose eaten off, his mouth distorted, his teeth black, speaking through his throat and having a violent cough'. This is more a description of mercurial poisoning than of any stage of syphilis.

Mercurial preparations were administered either by inunction on various parts of the body for 15 to 30 days, or by impregnated plasters applied every 2 to 3 days. Later, pills were introduced and intramuscular injections were used for the first time in 1863. For the wealthier patient, fumigation in a hot chamber was possible.

Practical deterrents were also attempted. In seventeenth-century Cambridge pleasant diversions such as archery, bowls, swimming, rowing and bell-ringing were organised to distract youths from moral carelessness; in eighteenth-century St Albans a Dr Cotton, a physician and teacher with an excellent reputation, put his message into verse:¹¹

A mangled youth beneath a shade,
A melancholy scene displayed,
His noseless face and loathsome stains,
Proclaimed the poison in his veins,
He raised his eyes, he smote his breast,
He wept aloud and thus addressed,
Forbear the harlots false embrace,
Tho' lewdness wears an angel face,
Be wise by my experience caught,
I die alas! for want of thought.

Another of the products of the eighteenth century was the Lock Hospital. Some authorities consider the word comes from 'locques' (a receptacle for soiled articles), others that it derives from patients being kept under lock and key. Supported by voluntary contributions and the gratuitous services of liberal-minded doctors, these places received patients that other hospitals would not even consider. They might have owed more to military discipline than to tender loving care, but they survived well into the twentieth

¹¹ blended with juniper. Frankincense and other aromatic spices.
Johnson-Abraham.

century and played a part in the development of the departments of Genito-Urinary Medicine (GUM) that exist today.¹²

Listing the names of famous people reputed to have suffered from syphilis has long been a popular pastime. Such compilations include King Henry VIII, Cesare Borgia, Lord Darnley, Benvenuto Cellini, the Duke of Buckingham, Goethe, Smetana, Oscar Wilde, Delius, Randolph Churchill, Al Capone, Mussolini and the greatest sexual athlete of all time, Giovanni Casanova (1725-1798). However, the terms 'poxed' or 'pox' were applied to people and objects as lightly as other obscene expletives are used today. To find them applied to particular individuals by no means establishes proof of infection. There were some, especially the Restoration playwrights, who thought syphilis a source of humour and its victims to be made fun of. The curse 'the pox be upon you' was bandied around as freely as 'go to hell' is today. There is a famous story of how in the House of Commons, Edmund Burke was assailed by a political opponent with the remark, 'He will either die on the gallows or of the pox'. To which Burke is said to have immediately replied, 'Depending on whether I embrace your principles or your mistress'.

Throughout the nineteenth century, in common with all else associated with sexuality, these diseases were considered to be disgustingly filthy and not fit for decent conversation. Nonetheless they increased and multiplied, as did the population as a whole. In 1870 it was reported that one third of the outpatients attending St Bartholomew's Hospital in London did so because of venereal disease. It may be understandable that authors such as Jane Austen, Elizabeth Gaskell and the Bronte sisters never ever hint of such a thing, but more surprising that Charles Dickens, who wrote with passionate conviction of every social evil of his generation, uttered never a word in his novels about sexually transmitted disease. He was a part of that vast conspiracy of silence best illustrated by Queen Victoria's remark that a woman could not be a doctor because it would mean studying things that it was indelicate even to mention.

It was in 1881 that Ibsen's *Ghosts* was first performed (and then banned for about 25 years). Being set in a house in Norway where it is hardly ever daylight makes it gloomy enough, but it was the first time that any dramatist had portrayed syphilis sympathetically and accurately. Not that this was the *raison d'être* of the plot; that is found in the behaviour of the leading lady, Mrs Alving, whose cunning in slandering her late husband is able to console her wayward son and get rid of the woman she considers unfit to be his wife at one and the same time.¹³

Against such a background a few dedicated people strove in obscurity and often with little, if any, encouragement. But it was their observations, experiments and publications that make it relatively easy for such conditions to be treated today. Philippe Ricord of Paris was the first to demonstrate that syphilis and gonorrhoea are different

¹² R. Lees, "The Lock Wards of Edinburgh Royal Infirmary", *British Journal of Venereal Diseases*. 37(1961), 187-89.

¹³ H. Ibsen. *Ghosts (A Family Drama in Three Acts)*, Wans. by William Archer (London. 1906).

diseases. He was also first to describe the various stages of syphilis as we know them, although he did not believe that secondary lesions are infectious. William Wallace of Dublin rightly believed that they are and set about proving it, though in a most shameful way. Quite without their knowledge, he infected those of his patients with minor ailments (such as fractures) by applying pads soaked in serum obtained from secondary lesions and anal condylomata. The patients then developed primary lesions which Wallace treated with mercury. He published his findings in the *Lancet* and defended them at a meeting with colleagues in London. He received a severe grilling as to the truth of his claim, but there was not a word of censure over his methods.¹⁴

Jean-Martin Charcot of Paris gave his name to a very characteristic syphilitic joint, and is considered by some to be the greatest name in the study of venereology. However, he did not believe that general paralysis was solely the result of syphilis. Jonathan Hutchinson of Moorfields Hospital, London, gave his name to the famous triad of inverted teeth, interstitial keratitis and eighth nerve deafness, and became a world authority on congenital syphilis. Albert Neisser of Breslau was the first to isolate the *bacillus gonococcus* and Hans-Christian Gram of Copenhagen devised the method of laboratory staining still in use and still bearing his name.

Around the turn of the century Lestikov showed that it was possible to culture the *gonococcus* and grow it in an incubator. Fritz Schaudin of Berlin, and his partner Eric Hoffman, received the congratulations of the entire world of medicine when, in 1905, they isolated the causative organism of syphilis, *Treponema pallidum*. Greater excitement followed when in 1906 August von Wasserman of Berlin demonstrated his serological test for the early diagnosis of syphilis. Lastly, Paul Ehrlich of Berlin won the Nobel Prize for his discovery of the first proven cure for syphilis in 1910. This was an arsenical, arsphenamine, long known as '606', because it was the six hundred and sixth compound he had tried in his search for a cure, a task begun in 1887. Under its proprietary name of 'Salvarsan', it took 300ml given intravenously to effect a cure. However, because it was a strong irritant, one of its side effects was prolonged vomiting. It was soon learned that the adverse effects could be considerably minimised by injections of bismuth. Nevertheless, other risks were involved such as exfoliative dermatitis and meningitis, and while fatality was greatly reduced it was not totally eradicated. Salvarsan was the standard treatment until the arrival of Sir Alexander Fleming's wonder-drug during the Second World War. As late as 1948 veteran doctors were writing to the *British Journal of Venereal Diseases* expressing doubts about all that was attributed to penicillin and vowing never to abandon the tried and proven worth of arsenic and bismuth.

The early years of the twentieth century saw the arousing of the social conscience in many areas. Poor housing, malnutrition, tuberculosis and maternity care were all targeted, and it was only a matter of time before the age-old problem of sexually

¹⁴ J.D.H. Widdess, 'William Wallace 1791-1837', *British Journal of Venereal Diseases*, 41(1965), 9-15.

transmitted disease was addressed. A Royal Commission was set up in 1913; this took three years to interview innumerable witnesses, deliberate for hours on end and reach some definite conclusions. Among those who gave evidence was Dr James Pringle, Consultant Dermatologist to the Middlesex Hospital (and whose name survives in its GUM Clinic) and Sir William Osier to whom is attributed the saying 'He who knows syphilis knows medicine'. There was also a Dr Mott, bacteriologist. He, it seems, had taken to the Wasserman reaction like the proverbial child to a new toy. He carried one out on almost anything that moved and reported his trials extensively. He obtained positive results in 17 per cent of a sample of 545 asylum inmates; 7 per cent of 418 epileptics; 8 per cent of 951 insane non-paralytics; 8 per cent of 257 feeble-minded children; 20 per cent of 1,483 poor persons in Shoreditch Workhouse; 6 per cent of 90 pregnant women in St Pancras Workhouse; 19 per cent of a similar group at Shoreditch, and a very high percentage (27.6) among unmarried pregnant women. (One cannot refrain from wondering how many of these were biological false positives). There were also statistics for men: 9.36 per cent among those applying for menial work and 3.58 per cent among the professional classes applying for insurance cover.¹⁵

The recommendations of the Royal Commission were incorporated in the Venereal Diseases Act of 1917, a very important piece of legislation which still governs the rights and responsibilities of patients and staff in clinics today. It defined exactly which conditions came within the meaning of the Act, directed Local Authorities to provide free and confidential treatment and imposed legal penalties on any who failed to maintain confidentiality. It made it a criminal offence for any other than authorised persons to treat such conditions and it forbade the commercial advertising of any drug or preparation claiming to do so. In 1974 an Amendment was passed which allowed that information passed between a person working under the direction of a doctor to another in a similar position, did not contravene the law of confidentiality.

It cannot be claimed that all of this produced a state where all things were above criticism. Some local authorities were very progressive and engaged skilled staff and provided excellent facilities. Some appointed staff but then gave little or no support. Some took the view that anything was good enough for this sort of patient who ought to be grateful for the attic, basement or outhouse that was, not infrequently, offered. Despite such limitations, when the National Health Service was created in 1948, an almost tailor-made venereology service was available to it.

Among Liverpool's responses to the 1917 Act was the building of a purpose-designed clinic in close proximity to the docks. It was to be known as the 'Seamen's Dispensary', although it was also to be open to the general public. There was another response, probably long-forgotten but necessary to recall in any historical review. While the Act was in preparation, copies were sent to interested parties for suggestions or

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R.R. Wilcox, "50 Years since the conception of an Organised Venereal Diseases Service to Great Britain", *British Journal of Venereal Diseases*, 43(1967), 1-9.

comment. The Liverpool Public Health Committee of the day made two recommendations, neither of them incorporated into the Act, for obvious reasons. The first was that any person commencing treatment at any of the free centres, then not continuing or completing, should be prosecuted. The second was that the parents or guardian of anyone under the age of 21 should be made responsible for that person completing treatment.

The moral climate of those days was very severe and if there was no positive hostility to the new Act, it was, to say the least, implemented only grudgingly. One charitable institution stated in its prospectus that prostitutes would only be assisted in the most exceptional of circumstances, yet at the time 86 per cent of males stated that prostitutes had been the source of their infection. And the Merchant Navy Act of 1906 — very advanced in liberality for its time — while paying benefits to cover periods of illness, explicitly excluded men with venereal disease from any such benefit. The main objections against the building of a clinic for the sole purpose of treating such conditions were rooted not in any moral sense nor on financial consideration, but in the belief that nobody would be seen entering such a place. In this they could not have been more wrong.

The site obtained was at the southern end of Paradise Street. Designed by the City Engineer's office, the Seamen's Dispensary was built and equipped for £4,649. It opened on 28 January 1924 and in its first year a total attendance of 8,322 individuals was recorded. These included 102 cases of early syphilis and 302 of gonorrhoea. About ten per cent of the total were non-seagoing Liverpool residents. Others included men from Africa, Burma, China, Egypt, Germany, Greece India, Ireland, Latvia, Malta, the Netherlands, Norway, Scotland, Russia, Spain, Sweden and Wales.

For about thirty years the reputation of this clinic was closely associated with the genial personality of Dr Andrew Oliver Fergusson Ross, who was the second (not first as sometimes stated) to hold the office of Medical Officer. Dr Ross pioneered many things in the cause of prevention and access to good treatment. He obtained the appointment of male and female welfare officers, forerunners of the present health advisers. He lectured to ships' crews and voluntary organisations. He devised packs so that travellers could continue treatment en route. In 1938 he was among the first to use the new drug M and B 693 in the treatment of gonorrhoea and to publish his results. Later he helped establish the required dosage of penicillin for treating syphilis. Many stories are told of him. One is, how in the arctic winter of 1947 — the heating system in the clinic was always erratic — he conducted his session wearing an overcoat and Balaclava helmet. Another is that he often saw eighty patients a day, which can be substantiated from the records. The Seamen's Dispensary stood next to a public house and opposite a public urinal, a combination that came to be known irreverently as 'Ross's Triad'. So frustrated did he become with patients who had emptied their bladder immediately before examination, that he used his influence with Liverpool Corporation to get the offending convenience

demolished. In the latter part of his career he was decorated by Queen Wilhelmina of the Netherlands. Not for nothing was it said that Liverpool was renowned on five continents for two things: the Caradoc Hotel and Dr Ross's Clinic.

Trained male nurses were first employed in the Dispensary in 1957. They kept all records and attended to the paper work in the Dispensary until 1963 when a male clerk was engaged. Until the mid-1960s no female was ever permitted to enter the building, except to clean up at six o'clock in the morning. Letters were written by hand or taken to be typed elsewhere. As for training female medical students, neither Dr Ross nor his successor, Dr Prebble, could see the desirability, let alone the possibility, of such an exercise. Some quaint old customs lingered. Every Wednesday morning all the glass slides used in the previous week's microscopy were washed, boiled in a solution of lysol, and then re-used. This practice ceased in 1965. By then, it was no longer true that all the needles used for venepuncture and intramuscular injections were regularly sharpened on a grindstone, but the grindstone was still there. A big steam-powered autoclave remained in use until 1970 when the clinic began to be supplied by the Central Sterile Supply Department.

In 1925 there were 27,265 total attendances, rising to 60,067 by 1930. In 1940 there were 27,369, the decrease reflecting the significant wartime drop in the tonnage of vessels entering the Port of Liverpool. With the era of antibiotics well established, post-war attendances plummeted: 1950 18,102; 1960 14,053; 1970 11,200; 1980 9,500; 1990 6,183.¹⁶ The Seamen's Dispensary finally closed on the evening of Thursday 5 December 1991. A young man from Wavertree, patient number 1853 for that year, having never entered the place before, did so in what was literally its final hour. Drs Peter Carey and Sheila Moss took the last clinic of all. Together with nursing and clerical staff they then went to a meal at the Campanile Restaurant and reflected on a long, useful and exceedingly happy tradition. All the various rooms, effects and staff had been professionally photographed earlier in the day. Regrettably, the fine bronze doorplate bearing the inscription

CITY AND PORT OF LIVERPOOL SEAMEN'S DISPENSARY

Open to Seamen of All Nations

had been stolen some time previously.

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Annual Reports of the Medical Officer of Health (held at Liverpool Central Library).