

NECESSITY AND DANGERS OF SEXUAL EDUCATION - GENDER AND SYPHILIS IN THE EARLY 20TH CENTURY

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Around 1900 medical doctors perceived an alarming increase of the sexually transmitted infections (STI) syphilis and gonorrhoea. No reliable data about the frequency of STI were available. The data published by Alfred Blaschko in Berlin were referred to as the most representative although owing to the high amount of estimated unreported cases these were deemed as rather too optimistic: among the 20 to 30-year old population, one fifth was supposed to be infected with gonorrhoea and 2.5% with syphilis every year. The later a person gets married, the higher the risk, so educated people (university students) were more affected than working class people. Therefore every 10-th student was supposed to contract syphilis over a 5 year period.

The reasons for this development were seen in the urbanization combined with a loss of traditional family structures, long periods of education, female labor, alcoholism, prostitution and a high potential of seduction (store window displays, erotic literature, movies). At the beginning of the 20th century, medical doctors took over the moral battle against STI that was carried into the public by private associations promoting good morals on a religious background. The medical specialists (hygienists and specialists of skin and venereal diseases) had more of a biological-medical perspective. This medically controlled public discourse on the sexual question gradually led to the current more equal perception of sexuality of women and men, detached from morality, guilt and blame. Gender and sexuality was first defined over a natural femininity and a natural masculinity based on a biological drive control model:

The man plays the active part in the "human mating procedure" and he therefore has a strong desire which is stimulated by the continuous production of seminal liquid. With abstinence, nocturnal emissions serve as a excess flow valve. There were vehement debates in the professional journals as to what extent abstinence or "release by masturbation" have adverse health effects. In a modern cultural society, the male as a "powerful and reasonable human being" has the ability but also the duty to control his desire. Physical (sports, hiking) and intellectual activities could assist with premarital chastity.

Male sexuality is the measure of female sexuality. Women also do feel a sexual desire. However, the designation of the female nature is that of the loving mother and wife who devotes herself to harmony in the home. Hence, the female libido sexualis is affiliated with her wish to have a family ("yearning for a child") and not so much with a desire for sexual intercourse. It is in matrimony that this desire slowly starts to grow following sexual intercourse with her husband. There are also stimulating liquids in women accumulating in the genital area, but they experience a physiological discharge during menstruation. Therefore abstinence only becomes problematic if it leads to definitive childlessness, with the danger of the woman becoming hysterical and filled with bitterness which can be avoided with intense social engagement. The female as a "weak and irrational human being" will be confused and demoralized by premarital sexual intercourse, which will lead her into prostitution as a "fallen woman".

These biologically defined differences in gender offered a basis for the so-called "double moral standards" that led to the way venereal diseases were fought at the end of the 19th and the beginning of the 20th Century. It seemed understandable that men could give way to their desire for pre- or extramarital sexual satisfaction, mostly with prostitutes. The same behaviors in women were judged to be unnatural, immoral or even pathological. Depending on the definition, a female having sexual intercourse outside of matrimony was deemed to be a prostitute. The double moral standards led to a regulated and controlled prostitution where women suffering from venereal diseases were perceived as a danger to public safety and were obligatorily hospitalized and treated. Prostitution and the influence of alcohol on the rationality of men were perceived as the main causes for the spread of the STI. Opposition against these different measures based on gender came from feminist groups under the leadership of the International Abolitionist Federation, founded by Josephine Butler. They demanded a similar treatment for men and women not by more liberalization for women, but rather by demanding abstinence from men.

At the beginning of the 20th Century, the actors in the struggle against venereal diseases slowly realized that their instruments (regulation and control of prostitution) were not good enough to avoid the spread of STI. Education about sexuality and venereal diseases for

young adults was propagated by the specialized doctors. They saw the innocent young men becoming obsessive masturbators, neurasthenics and venereal patients through seduction and prostitution. Young women – in their naivety – would be abused by men. Their social misery increased when they became pregnant or suffered from venereal diseases leading them into prostitution.

Only slowly and thanks to the public discussion and the efforts of education it was possible to talk about sexual matters in public. Not only according to the Catholic Church this kind of education was considered indecent, immoral, seductive and therefore dangerous. The medical specialists countered by discussing the danger of “prudishness” and “wrong or excessive” morality. Carefully the authors of lectures, leaflets and sexual guidebooks approached these new frontiers, continuously pushing them back. The difference in the gender image is also visible in the specific language that was used addressing either young men or women. In order to appeal to his reason and his pride and support him in the control of his sexual desire, the young man was addressed with war metaphors. With pictures from a lovely and unspoiled nature the young woman was reminded to preserve her virginity and honesty for the good of her future family.

But not only missing words made a moderate education difficult. First and foremost there was no good solution to offer at all. Only abstinence up to marriage could be recommended with the possibility that even this could be unhealthy, especially for the man. Antiseptics and other protective means like condoms on the one hand were said to be unsafe and on the other hand, their recommendation was criticized as being a call to indecent behavior – the same argument reappeared in the 1980s when condoms were recommended to prevent an infection with HIV.

Sexual education itself appeared to be a tightrope walk. Women were confronted with sexual concerns at an unnaturally early age and the messages could be misunderstood, as that example of a young woman showed, who turned to her dermatologist, seeking his advice, with the question whether and how she was supposed to buy and use condoms – instead of being abstinent. There were other dangers for young men that had to be taken care of. There was a vicious polemic amongst the conservative and the more liberally oriented professional circles in the professional journals concerning moralizing lectures because of a high school graduate having committed suicide after a lecture about the dangers of sexual intercourse with prostitutes and the possible injury caused by masturbation given by a dermatology professor.

In retrospect, the narrow connection between “biological knowledge” and “scientific facts” used to define gender and social, political and cultural rules is clear. We have to assume, that today this mutual dependence still persists unnoticed. A historical view might help to raise awareness of thinking based on unconsciously held values and assumed biological facts.