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Strategic Silences and Sexual Morality: Gender, Sex Education, and the Impar- tiality of the Royal Commission Report on Venereal Disease

Kori Lennon

World War I dawned at the end of the Edwardian Period's "Age of Anxiety," an atmosphere swirling with the fears of imperial decline. Venereal disease, the "hideous scourge," "terrible peril," or "secret plague," lurked as a constant threat to the nation's manpower, laying waste to "the best manhood of the nation" and endangering the future of the British race.¹ In 1913, under pressure from activists, medical groups, and the press, the Prime Minister announced the appointment of the Royal Commission on Venereal Diseases. By 1916, the Commission had produced the Final Report of the Royal Commission on Venereal Diseases, which unequivocally stated that "action should be taken without delay" to improve government monitoring, treatment, and education.² Much scholarship characterizes the Royal Commission on Venereal Disease as intentionally neutral and mundane, avoiding the contentious debates concerning compulsory treatment, prophylaxis and sex education. Contrary to this purportedly scientific, neutral characterization, the Royal Commission Report is heavily influenced by the

¹ Doan, Laura. "Sex Education and the Great War Soldier: A Queer Analysis of the Practice of "Hetero" Sex." *Journal of British Studies* 51, no. 3 (2012): 646.

² Doan, "Sex Education and the Great War Soldier," 647.

beliefs of its members and possesses a distinct ideological identity, directing policy with strategic silences, promoting a public health campaign based in moral purity and reinforcing traditional notions of femininity, family, and sexuality.

Prior research concerning WWI venereal disease has centered around three main themes: gendered discourse, the compulsion/voluntarism debate and the prophylaxis debate. Venereal disease is vital to the formation of imperial British identity, as Philippa Levine argues in her examination of the regulation of prostitution and venereal disease in the British colonies. The gendered discourse on sexual and racial difference is a central theme in venereal disease policy, utilized to distinguish the superior British citizen from a native, promiscuous and diseased other.³ The Royal Commission Report is grounded in the concern for racial superiority, but makes a marked departure from past venereal disease policy, which centered on the regulation of prostitution. With a domestic, civilian focus, the Royal Commission Report is influenced by the phenomena of “khaki fever,” and the public concern for the national ignorance in matters of venereal disease, sexual health, and moral education. Khaki fever, as articulated by Angela Woolacott, located “gender and morality as central concerns of debate and regulation,” a theme reflected in the Royal Commission Report and its outgrowth, the National Council for

³ Levine, Philippa. *Prostitution, Race, and Politics: Policing venereal disease in the British Empire*. (London: Routledge, 2003).

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Combatting Venereal Disease (NCCVD).⁴

Much of the historical debate concerning compulsory and voluntary policy centers on the efficacy of their application in the military. As Harrison argues, groups like the NCCVD, an educational body, worked in concert with coercive military measures like regulations 40D and 35C, which authorized the government to imprison women who infected soldiers with venereal disease.⁵ Edward Beardsley challenges this perspective, arguing that the NCCVD's educational approach, promoting early treatment rather than preventative prophylaxis, "was not working" in the military context, and coercive regulations served as the tipping point toward efficacy.⁶ Despite smaller disagreements concerning military policy, Hall, Davidson, and Evans have shown "that state measures to enforce treatment during the operation of the CD Acts and during the two world wars were "atypical" episodes in a longer social history of VD marked by a clear turn to voluntarism," a trend that is evident in the Royal Commission's disapproval of coercive tactics.⁷ Despite this

⁴ Woollacott, Angela. "'Khaki Fever' and Its Control: Gender, Class, Age and Sexual Morality on the British Homefront in the First World War." *Journal of Contemporary History* 29, no. 2 (1994): 342.

⁵ Harrison, Mark. "The British Army and the problem of venereal disease in France and Egypt during the First World War," *Medical history* 39, no. 2 (1995): 133., 158.

⁶ Beardsley, Edward H. "Allied against sin: American and British responses to venereal disease in World War I." *Medical history* 20, no. 02 (1976):191.

⁷ Cox, Pamela. "Compulsion, Voluntarism, and Venereal Disease: Governing Sexual Health in England after the Contagious Diseases Acts." *Journal of British Studies* 46, no. 1 (2007): 93.

trend, important limits of voluntarism, outlined by Pamela Cox, suggest that Britain's move from the coercive Contagious Diseases Act to a voluntary system of VD treatment during the First World War was "dependent on the fact that certain categories of people continued to be subject to unquestioned non-voluntary treatments – old-style sources of contagion (soldiers and sexually transgressive women) and newly styled victims (babies and children)."⁸ Emerging from the trend toward voluntarism was a concern for treatment and a developing debate surrounding prophylaxis, which Bridget A. Towers indicates developed more significantly during the inter-war period. The Royal Commission's specific approach to venereal disease, with its strategic silences and endorsement of the anti-prophylactic NCCVD, reflects traditional social beliefs that identified prophylaxis as a catalyst for immorality and created the conditions for the heated prophylaxis debate that developed in the 1920s. The Royal Commission Report is characterized by Lesley Hall as an endeavor that "epitomized British compromise, with its strengths and weaknesses," producing a system that "worked well in getting treatment to the afflicted."⁹

The Royal Commission on Venereal Disease, 1913-1916

The Royal Commission on Venereal Disease was appointed in 1913, in response to increasing agitation

⁸ Cox, "Compulsion, Voluntarism, and Venereal Disease," 115.

⁹ Hall, Lesley A., *Sex, gender and social change in Britain since 1880*. (Basingstoke: Macmillan, 2000), 318.

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and press coverage that raised public awareness of the “great scourge” of venereal disease.¹⁰ With rampant fears about the decline of the British race and reports exposing the lack of physical fitness among its military recruits, venereal disease was positioned to become an issue of paramount importance to the nation. The 1910 introduction of Salvarsan, an arsenic-based drug used to treat syphilis, likely helped to jump-start the new wave of political concern for venereal disease. Echoing public sentiment, the 1913 International Congress of Medicine had also passed “strong resolutions” in favor of an inquiry into the prevalence of venereal disease, and shortly thereafter, when Parliament met, the Prime Minister announced the appointment of a Royal Commission.¹¹

Chaired by Lord Sydenham, better known as Sir George Clarke, the Commission was “well composed, not merely of officials and doctors, but of experienced men and women in various fields.”¹² Lord Sydenham, an aging Edwardian who firmly believed in the British Empire and deeply feared the possibility of its decline, was a military man heralded by the *London Times* as having “had the most varied experience in the service of Empire,” having served in the colonial Army and in various administrative positions.¹³ Other men on the commission included prominent lawyers, civil servants, religious figures, and scientists, many who had held commission positions before and whose back-

¹⁰ *Ibid.*, 316.

¹¹ *Ibid.*

¹² Ellis, Havelock. *Essays in War Time*. (London: Kessinger Publishing, LLC, 2004) 133.

¹³ “Royal Commission on Syphilis, Choice of Chairman: Lord Sydenham’s New Work,” *London Times*, Dec 5, 1913.

grounds were in the scientific and medical fields.

Among Lord Sydenham's fellow Commission members were, however, three women: Dr. Mary Dacomb Scharlieb, Lousie Creighton, and Elizabeth Miriam Burgwin. Mary Scharlieb was an influential doctor who believed firmly in the moral and scientific education of women and their children. She would go on to become a guiding figure in the early publications of the National Council for Combatting Venereal Disease. Louise Creighton was the widowed wife of the Bishop of London and an active member of the church. She was, for a time, the president of the National Union of Women Workers, a "non-political organization of middle-class women dedicated to improving the lives of working women," and remained active in rescue work for the remainder of her life. Elizabeth Miriam Burgwin was a leading figure in the British education system. She was the London School Board's first superintendent of schools and an enthusiastic member of the National Union of Elementary Teachers, while also cherishing her role on the National League for Opposing Women's Suffrage. Burgwin opposed sex education in elementary schools, placing the burden on parents to raise their offspring "in a healthy manner."¹⁴ The influence of Sydenham and his fellow commissioners on the Final Report was significant, imbuing conclusions with traditional concerns of Britain's moral integrity, racial preservation, and family values.

The Royal Commission on Venereal Diseases met

¹⁴ Horn, Pamela. "Burgwin, Elizabeth Miriam," *Oxford Dictionary of National Biography*, Oxford University Press, (London: 2004)

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for three years, hearing copious amounts of testimony concerning the prevalence of “the terrible peril to our race,” including information about disease rates, existing provisions for prevention, treatment methods and possible solutions.¹⁵ Most shocking to the public were the high rates of infection described by the Commission’s report. Accurate estimates of infection proved to be unobtainable, due in large part to a “lack of adequate records” and “tendency to concealment;” however, the report famously estimated that in the cities, at least 10 percent of the population had syphilis and a significantly higher proportion was likely to have gonorrhea.”¹⁶ Syphilis was characterized as a “town disease,” occurring at much higher rates in urban areas, and was found to be more prevalent among males than females.¹⁷ Information concerning infection rates was represented with remarkable neutrality, and contemporary commentators lauded the report for crediting differences in disease rates to “differences in social condition,” which did “not represent any ascending grade in virtue or sexual abstinence.”¹⁸ The intentional neutrality of the Royal Commission Report reflects the cultural fixation on the degeneration of the British race, in which sexually transmitted disease is characterized as “one of the greatest public evils – a chief cause of premature death, of untold suffering, of racial degeneration, of blindness, of deafness, of ugliness, of everything that

¹⁵ Hall, *Sex, gender and social change in Britain since 1880*, 316.

¹⁶ Final Report of the Commissioners, (London: His Majesty’s Stationary Office, 1916) 23.

¹⁷ Final Report of the Commissioners, 18.

¹⁸ Ellis, *Essays in War Time*, 131

is hateful.”¹⁹

The report examined every aspect of the government’s response, including all past legislation concerning venereal disease, and recommended a host of radical changes.²⁰ Shockingly high rates of venereal disease in the military and in the general public were complemented by the assertion that British medical practitioners failed to appreciate the significance of venereal disease and were largely unfamiliar with methods of diagnosis and treatment, including the Wasserman test and Salvarsan.²¹ The report “insisted that measures should be taken to render the best modern treatment, which should be free to all, readily available for the whole community, in such a way that those affected will have no hesitation in taking advantage of the facilities thus offered.”²² Complementing the increased access to treatment was an emphasis on the development of a public health education campaign, targeted at both doctors and the public as a whole, “on the sexual relations in regard to conduct” and on the nature of venereal disease.²³

Maude Royden, a leading feminist figure, described the Report as “swift enough and sweeping enough to be called without reserve, a revolution.”²⁴ Royden wrote that the Royal Commission Report “allows the discus-

¹⁹ “Venereal Disease: A Royal Commission: Early Announcement of its Appointment,” *Times*, Oct 6, 1913.

²⁰ Final Report of the Commissioners, 1-2.

²¹ Final Report of the Commissioners, 59.

²² Ellis, *Essays in War Time*, 134.

²³ *Ibid.*, 136.

²⁴ Royden, A. Maude. "Report of the Royal Commission on Venereal Diseases," *International Journal of Ethics* 27, no. 2 (1917), 171.

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sion of so great a scourge not only among experts but among the laity, which permits women as well as men to sit on a Commission of enquiry, and has opened to those who would spread knowledge, not only the public platform, but the press."²⁵ In its reporting of the Commission appointees, the *Times* asserted that, despite the fact that "open discussion of [venereal disease] must touch and may offend the sensibilities of men and women in all classes of the community, in lay no less than professional circles," there is "no reason why it should be shirked any longer."²⁶ Thus in its very existence and structure, the Royal Commission provided a challenge to a series of norms that characterized public action, reason and medicine as exclusively masculine and therefore superior. It framed venereal disease as a democratic concern, alleviating, to some extent, the stigma and ignorance surrounding the issue.

Perhaps the most intriguing part of the report is the section of general conclusions, which summarize the recommendations of the three-year commission and espouse a particular set of beliefs concerning the treatment of venereal disease and the purpose of public health education. The general conclusions and many subsequent publications involving members of the committee attempt "to make clear the grave and far-reaching effects of venereal disease on the individual and on the race," reflecting the conservative concern for physical and national decline that charac-

²⁵ Royden, "Report of the Royal Commission on Venereal Diseases," 171.

²⁶ "Venereal Disease: A Royal Commission: Early Announcement of its Appointment," *The London Times*, Oct 6, 1913.

terized the Edwardian Period and the experience of committee members like Lord Sydenham.²⁷ The conclusion points back to the pages of evidence that the negative effects of venereal disease “cannot be too seriously regarded,” because “they result in a heavy loss, not only of actual but of potential population, of productive power and of expenditure actually entailed.”²⁸ The idea of population as power, specifically industrial manpower, is explicitly referred to, appealing to the shifting understandings of warfare. In the time leading up to the First World War, as Cox argues, “the governed body was being imagined in new ways, not the least as a national resource to be maximized.”²⁹ The Report reflects this shift, which Kathryn Ellis noted was “connected to a shift in corporeal governance, in which public policies of different kinds were motivated to secure physical efficiency, usually through measure to protect existing and future labor power.”³⁰

The emergence of total war, and the realization that the battle was one of attrition, placed victory less in the hands of individual soldiers and more in the power of the nation’s populace. By pointing to an “already declining” birthrate, and the “diminution of the best manhood of the nation, due to the losses of the war” the Commission raises the threat of a decline in population and the “number of efficient workers” in order to position public health as “a matter of para-

²⁷ Final Report of the Commissioners, 65.

²⁸ *Ibid.*

²⁹ Cox, “Compulsion, Voluntarism, and Venereal Disease,” 98.

³⁰ *Ibid.*

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mount national importance.”³¹ The Commission consequently situates its findings as vital to the success of the war and to the success of the nation in the future world of industrial warfare. Having expressed a serious concern that their recommendations will not receive “the immediate attention their national importance demands,” because “all public activities are preoccupied in fulfilling the manifold needs of war,” the Commission appeals implicitly to notions of the populace and warfare to ensure its relevance.³²

The conclusion goes on to reference the “special character of these diseases and the moral stigma attaching to them” as barriers to accurate estimates of prevalence and effective distribution of treatment.³³ Having identified, through significant medical evidence, that “early and efficient treatment” could allow venereal diseases to be “brought under control and reduced within narrow limits,” it argues that removing the social stigma is of utmost importance in the battle against venereal disease.³⁴ The second part of the battle involves the creation of patient-friendly government infrastructure, in which “adequate facilities for the best modern treatment” are available in contexts that allow the afflicted to maintain confidentiality and their reputation, while still receiving treatment.³⁵ Rapid and effective treatment is depicted as a necessity for the health of the nation.

The tone of the report is largely directed at “the old and barbarous idea that persons suffering from ‘dis-

³¹ Ibid.

³² Ibid.

³³ Ibid.

³⁴ Ibid.

³⁵ Ibid.

graceful diseases' should be punished rather than relieved," an idea that was "enshrined in the by-laws of some of our great hospitals, as well as in the hearts of their subscribers."³⁶ Treatment is no longer characterized as the alleviation of well-deserved symptoms, God's visitation on the immoral, as it was once depicted. The report appears to position itself as neutral and scientific, prioritizing treatment over moral commentary, and deriding the moral condescension of the past. In keeping with its purported moral neutrality, the conclusion asserts that "the terms of our reference have precluded consideration of the moral aspects of the questions with which we have dealt;" however, it goes on to make appeals to all the existing social reform movements and moralizers in society. Commissioners are described as "deeply sensible of the need and importance of appeals to conscience and honor which are made by religious bodies and associations formed for this purpose," and offers evidence of "the terrible effects of venereal disease on innocent children and other persons who have no vicious tendencies" in order to support this work.³⁷

The conclusion goes on to say that "evidence tends to show that the communication of disease is frequently due to indulgence in intoxicants, and there is no doubt that the growth of temperance among the population would help to bring about the amelioration of the very serious conditions which our inquiry has revealed."³⁸ Similarly, "overcrowded and insanitary

³⁶ Royden, "Report of the Royal Commission on Venereal Diseases," 185.

³⁷ *Ibid.*

³⁸ *Ibid.*

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dwelling” are cited as contributing factors in the spread of disease, along with “improvement in the moral standard and social conditions.”³⁹ The report panders shamelessly to the variety of interest groups participating in the effort of lifting up the poor, deranged and diseased from their pitiful moral condition. It is difficult to avoid connecting the language of social rescue and moral education with the women on the commission, who dedicated their lives to such endeavors and undoubtedly influenced the direction of the discussion.

Perhaps the most important indication that the RCVD report is not neutral is evident in the promotion of the National Council for Combatting Venereal Disease, a private organization created in 1914 with the explicit purpose of implementing the educational measures of the Royal Commission Report. Pointing to the need for “continuous and consistent efforts to keep the complex question of combatting venereal disease before the public mind,” the commission expressed hope that “the National Council established with this object will become a permanent and authoritative body, well capable of spreading knowledge and giving advice... and that it will be recognized as such by Government.”⁴⁰ With several members of the Commission also serving as founding members of the NCCVD, including Dr. Mary Scharlieb, this comment is particularly telling of the influence exercised by committee members on the ideological identity of the Royal Commission Report. The NCCVD was quickly recognized by government and established as the primary

³⁹ Ibid.

⁴⁰ Ibid.

body for promoting public health education, to the exclusion of other groups promoting different perspectives, particularly on prophylaxis.

While the Royal Commission Report did make use of well-positioned wording to explicitly promote a particular moral perspective on public health education, it similarly utilized silences to exclude certain techniques, topics and issues from the public discussion of venereal disease. Havelock Ellis described the conclusions of the final Report as being “conceived the most practical and broad-minded spirit,” emerging from a consensus that allowed the final report to be “signed by all members,” with “any difference of opinion being confined to minor points (which it is unnecessary to touch on here) and to two members only.”⁴¹ While the commission itself heard a wide variety of opinions and considered contentious debates concerning certain issues, the final work avoided selecting a specific side. The committee decided to “leave over for later consideration the question of notifying venereal disease as other infectious diseases are notified,” which prompted a public letter-writing campaign led by a series of prominent women, particularly feminist social purists, who still credited prostitutes with the spread of VD.⁴²

While avoidance of notification was utilized to maintain neutrality and relevance amid contentious public debates, the commission’s silence surrounding prophylaxis is decidedly partial. Despite its mission “to consider all means of prevention and treatment... from a strictly practical standpoint,” the Commission’s

⁴¹ Ellis, *Essays in War Time*, 133.

⁴² *Ibid.*, 133.

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report makes virtually no mention of Metchnikoff's work on disinfection.⁴³ In 1906, Metchnikoff had demonstrated that infection could be arrested by the application of calomel ointment immediately after exposure, and disinfection was consequently shown to "be highly effective against syphilis."⁴⁴ While Sir Frederick Mott, the most distinguished medical member of the committee, had wished to include chemical prophylaxis in the report, he bowed to "the interest of securing a unanimous report."⁴⁵ A contemporary observer remarked that the commission's silence "...was purposive, and attributable either to fear... of a presumed hostility of 'Public Opinion,' or to the prevailing disapproval of the spread of knowledge concerning the direct prevention of venereal infections by medical means."⁴⁶ While the need for post-infection treatment was beyond question, this author reflects the general belief that preventative prophylaxis would contribute to increased immorality, a perspective the NCCVD would later embrace.

The Royal Commission, comprised of many prominent doctors, also expressed a strong desire to quell quackery in the medical field, recommending the criminalization of treatment for venereal disease proffered by any non-medical professional. Sir Arthur Newsholme, a commissioner and prominent public health figure, led the commission in recommending that advertisements for venereal disease cures be

⁴³ Tomkins, S. M. "Palmitate or permanganate: the venereal prophylaxis debate in Britain, 1916-1926." *Medical history* 37, no. 4 (1993), 385.

⁴⁴ *Ibid.*, 384.

⁴⁵ *Ibid.*, 385.

⁴⁶ *Ibid.*, 386.

made illegal.⁴⁷ In the eyes of the Commission, the self-administration of preventative prophylaxis and disinfection measures not only encouraged immorality, it also threatened the primacy of the medical professional in the battle against venereal disease. This sentiment, the continual work of Arthur Newsholme and the avid support of the NCCVD led to the passing of the Venereal Diseases Act of 1917, which banned VD advertisements across the nation, and in districts where the Royal Commission had recommended public clinics be made available, banned treatment administered by the medically unqualified.⁴⁸ With its strategic silences, the Royal Commission Report denied certain treatments and topics the legitimacy of official sanction, while also inhibiting their access to the public discussion generated by the report. Preventative prophylaxis was excluded in part because of its public stigma, and in avoiding the topic entirely, the Royal Commission Report ensured the stigma would not change. The Royal Commission and its members also used their authority to define legitimate and illegitimate treatments, assigning legitimacy only to the medical profession and to clinics established through the commission's recommendations. In its role as a gatekeeper, regulating the direction of venereal disease treatment and public health education policy, the silences and endorsements of the RCR serve as important, if subtle, indicators of social purity and the medical profession as influences on its ideological identity.

⁴⁷ Eyler, John M. *Sir Arthur Newsholme and state medicine, 1885-1935*. (London: Cambridge University Press, 2002).

⁴⁸ *Ibid.*

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In its discussion of sexual health education, the report's bias becomes decidedly less subtle. It is described in the press as being "impressed with the need for some clear and systematic instruction in physiology;" however, hesitation was met "in deciding whom, at what age, and in what matter the instruction should be given."⁴⁹ While silencing the topic of physiological education, the Commission thoroughly approved of moral education, emphasizing the fact that "the public should have fuller knowledge of the grave evils" of venereal disease, the spread of which was due to the public's "want of control, ignorance, and inexperience."⁵⁰ In order to stamp out venereal diseases, the report insisted, "it will be necessary not only to provide the medical means of combatting them, but to raise the moral standards and practice of the community as a whole."⁵¹

The Report suggests "closer co-operation between religious bodies, the teaching and medical professions, and education authorities," who would be charged with the implementation of an educational program addressing "the urgent need for more careful instruction in regard to self-control generally."⁵² In this recommendation, the Report emphasized "moral conduct as bearing upon sexual relations," and asserted that sexual health instruction "should be based upon moral principles and spiritual considerations, and should by no means be concentrated on the physical conse-

⁴⁹ Royden, "Report of the Royal Commission on Venereal Diseases," 173.

⁵⁰ Final Report of the Commissioners, 60.

⁵¹ Ibid.

⁵² Ibid.

quences of immoral conduct.”⁵³ Public and secondary schools, training colleges, and voluntary associations like the Boy Scouts are assigned much of the burden for moralized sexual health education, but the Report makes sure to hold parents accountable for the “duty of warning and guidance which they should be willing to discharge.”⁵⁴ The Report goes on to discuss literature used to facilitate sexual health instruction and raises concerns about medically and morally unsound materials before declaring that “no such publications should be countenanced by education authorities unless issued with the imprimatur of the National Council for Combatting Venereal Disease.”⁵⁵

The official course of public health education concerning sexually transmitted disease is consequently limited to a strictly moralized perspective, with educational materials emerging from a single, government-sanctioned private organization. The Royal Commission Report ties its explicit support for moral education to recommendations for the provision of free and accessible treatment, which makes it “all the more necessary that the young should be taught that to lead a chaste life is the only certain way to avoid infection.”⁵⁶ In this discussion, the Royal Commission Report expresses a very moralistic notion of sexual health education and explicitly endorses the NCCVD, suggesting a far more comprehensive, symbiotic relationship between the two groups, with significantly greater crossover than ever discussed before.

⁵³ *Ibid.*

⁵⁴ *Ibid.*

⁵⁵ Final Report of the Commissioners, 61.

⁵⁶ *Ibid.*

The National Council For Combatting Venereal Disease

The Royal Commission on Venereal Disease developed a plan for prevention that was “anchored on a policy of widespread education and propaganda,” and in 1914, before the Commission’s Final Report was even issued, the National Council for Combatting Venereal Disease was created to fulfill this need. Founded as a “direct outgrowth”⁵⁷ of the Royal Commission on Venereal Disease and composed largely of its members,⁵⁸ the NCCVD was “expressly tailored to fit the pattern of the “independent society” that was recommended in the final report.⁵⁹ It seized a first-rate opportunity for organizational development and government financing⁶⁰ and envisioned its role as “giving effect to the policies recommended in the Report and acting as an independent society capable of stimulating the powers that be.”⁶¹ In an announcement in the *Times* in May of 1918, the NCCVD announced itself as “a representative body recognized by the government” and was in fact receiving government subsidies to “undertake the education about the diseases and their prevention, an enterprise recognized as a necessity.”⁶² Through a series of deputations to

⁵⁷ Towers, Bridget A. "Health education policy 1916-1926: venereal disease and the prophylaxis dilemma." *Medical history* 24, no. 1 (1980), 77.

⁵⁸ Hall, *Sex, gender and social change in Britain since 1880*, 317.

⁵⁹ Towers, "Health education policy 1916-1926," 77.

⁶⁰ *Ibid*, 78.

⁶¹ Towers, 77, citing The Final Report of The Commissioners, *Br. Med. J.*, 1916: i:385-7.

⁶² Hall, *Sex, gender and social change in Britain since 1880*, 316.

the Ministry of Health, the very young NCCVD managed to ensure that “they would receive not only financial backing, but also governmental endorsement for their policy,” in effect providing a “blank cheque of support.”⁶³

While the Royal Commission Report made attempts at neutrality, the National Council for Combatting Venereal Disease would adopt a staunchly moral approach to implementation of public health education and venereal disease prevention. The goal of NCCVD propaganda was “made clear in its very name:” A “founding member recalled that “prevention” had originally been intended for the council’s title, but was changed to “combatting” explicitly to “avoid suggesting that [medical] means should be taken to prevent infection.”⁶⁴ The NCCVD endorsed the immediate medical treatment of venereal disease, calling it prophylaxis, but *not* preventative or self-administered prophylaxis, for fear it would promote immoral behavior. In this regard, the NCCVD reflected what it saw as a moral and political consensus.⁶⁵ By 1919, a letter to the editor of the *Times* begged the NCCVD, in its propaganda, to lay more stress on “local cleanliness immediately after exposure to the risk of infection,” a prophylactic method that the writer insists “should not be confused with treatment,” and “does not absolve the person from seeking medical advice at the earliest moment.”⁶⁶ The NCCVD remained staunchly against preventative prophylaxis and any form of treatment

⁶³ Towers, “Health education policy 1916-1926,” 79.

⁶⁴ Tomkins, “Palmitate or Permanganate,” 386.

⁶⁵ Towers, “Health education policy 1916-1926,” 80.

⁶⁶ “Venereal Disease: Precautionary Methods: To the Editor of the *Times*,” *The Times*, Oct 6, 1919.

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not administered by a medical professional. As a result, the Society for the Prevention of Venereal Disease would splinter off from the NCCVD regarding the issue of preventative prophylaxis, but the NCCVD remained in the “prime position as the only organization in the field approved by the Ministry of Health,” with a particular monopoly during the war.⁶⁷

In keeping with its focus on early treatment and moral education, the NCCVD developed an implementation program that included leaflets, lectures, posters, newspaper advertisements promoting early treatment and free diagnosis clinics.⁶⁸ The military relied heavily on lectures organized by the NCCVD, which drew attention to “the medical consequences of promiscuity, but within a strongly moral framework.”⁶⁹ An advertisement in the *Times* that asks “Will you help stamp it out?” lists lectures given to “over a million and a half soldiers... showing how easily these diseases are contracted; how heavy are the penalties, how dangerous the delay.”⁷⁰ For most of the war’s duration, the NCCVD focused its work on the civilian population, which would likely experience an increase in disease rates after demobilization.

Council propaganda on the home front emphasized “abstention from exposure to infection as the only certain safeguard... continence is to be encouraged by every means and on every ground, both social and

⁶⁷ Hall, *Sex, gender and social change in Britain since 1880*, 316.

⁶⁸ Towers, “Health education policy 1916-1926,” 79.

⁶⁹ Harrison, “The British Army and the problem of venereal disease in France and Egypt during the First World War,” 139.

⁷⁰ National Council for Combatting Venereal Disease, “The Peril of Venereal Disease,” *The Times*, May 1918.

hygienic.”⁷¹ The public health education campaign outlined by the NCCVD focused on the message that “parents, schoolmasters, and schoolmistresses could do much to eradicate venereal disease by pointing out to the young people the dangers of deviating from the path of moral rectitude.”⁷² While the physical harm done by venereal disease was seen as important, the NCCVD’s sexual education program, targeted in large part at mothers and their children, would be “based upon moral and spiritual considerations, and would by no means be concentrated on the physical consequences of immoral conduct.”⁷³

Dr. Mary Scharlieb, a member of Royal Commission and a founding member of the NNCVD, emerges as one of its most prominent authors. Producing at least 6 publications for the NCCVD, and several more on the topics of sex, gender, and venereal disease, Mary Scharlieb is an undeniable force behind the Royal Commission Report and its extension into the National Council for Combatting Venereal Disease. As the President of the Ladies Council on the National Council for Public Morals, Scharlieb published “The Hidden Scourge” in 1916, primarily to educate women about venereal disease. In the piece she criticizes the measures like the Contagious Diseases Acts as “having the pernicious effect of intending to make wrong-doing

⁷¹ Tomkins, “Palmitate or Permanganate,” 386.

⁷² “Fight Against Venereal Diseases: Education Bill as A Weapon.” *The Times*, June 18, 1918.

⁷³ “Report on Venereal Diseases: Report on the Royal Commission on Venereal Disease,” *The Times*, January 1917.

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safe, to enslave women, and to dupe men.”⁷⁴ Scharlieb points to the “wave of patriotic feeling and general excitement that passed like a flame over the land during the first months of the war,” causing young women and men to be “too often swept off their feet by unrestrained emotion,” leading to “much wrongdoing.”⁷⁵ She insists that sufferers should not be condemned for their “mistaken ideas of morality,” because “the entire community is at risk.”⁷⁶ Scharlieb appeals to the argument that social stigma prevents people from receiving much needed treatment for venereal disease.⁷⁷ In her discussion of “mistaken ideas of morality,” Scharlieb implies the need for moral education, which she views as a foundational component of any sexual or public health education program.

Scharlieb emphasizes the importance of a gendered, maternal role in the fight against venereal disease with “What Mothers Must Tell Their Children,” a piece intended to help mothers discuss sexual health with their offspring. Scharlieb wrote extensively on the maternal role in sexual education, arguing that mothers “ought to be able in reverent and careful language to explain to [children], as they are able to bear it, the

⁷⁴ Dombrowski, Nicole A., ed. *Women and War in the Twentieth Century: Enlisted with or without Consent*. (London:Routledge, 2004) 57

⁷⁵ Scharlieb, “The Hidden Scourge,” in *Outspoken Women: An Anthology of Women’s Writing on Sex, 1870-1969*, ed. Lesley A. Hall, (London: Taylor & Francis, 2005).

⁷⁶ Dombrowski, *Women and War in the Twentieth Century*, 57.

⁷⁷ Dombrowski, *Women and War in the Twentieth Century*, 57.

great mystery of the transmission of life.”⁷⁸ Scharlieb’s discussions of “moral education” and “sexual physiology” are inseparable, and she insists that “ignorance is not innocence.”⁷⁹ For her, “the question is not whether children shall know or shall not know these things, but the question really is in what way shall they know them.”⁸⁰ A powerfully moralized, family-based sexual education emerges in Scharlieb’s writings, both before, during, and after the Royal Commission took place, informing the recommendations and actively shaping the mission of the organization (the NCCVD) that was officially sanctioned to implement them.

In “England’s Girls and England’s Future,” Scharlieb speaks directly to young women about the danger of venereal disease, insisting that “through one act of folly, once you ‘go wrong with a man,’ you may be infected with disease.”⁸¹ She recognizes that “the heaviest share of trouble falls on the girl” but also warns young women to “remember also that girls may lead boys wrong; and that it is cruel to excite in them feelings and desires that cannot be gratified without

⁷⁸ Scharlieb, Mary. “The Seven Ages of Woman” in *Outspoken Women: An Anthology of Women’s Writing on Sex, 1870-1969*, ed. Lesley A. Hall, (London: Taylor & Francis, 2005).

⁷⁹ Scharlieb, Mary. “Womanhood and Race Regeneration,” in *Outspoken Women: An Anthology of Women’s Writing on Sex, 1870-1969*, ed. Lesley A. Hall, (London: Taylor & Francis, 2005).

⁸⁰ Scharlieb, Mary. “What Mothers Must Tell their Children,” in *Outspoken Women: An Anthology of Women’s Writing on Sex, 1870-1969*, ed. Lesley A. Hall, (London: Taylor & Francis, 2005).

⁸¹ Scharlieb, Mary. “England’s Girls and England’s Future,” in *Outspoken Women: An Anthology of Women’s Writing on Sex, 1870-1969*, ed. Lesley A. Hall, (London: Taylor & Francis, 2005).

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injury to their bodies and minds.”⁸² Young women must avoid the tendency to “grow too fast and lose their heads” in order to avoid a “danger not only for [themselves], but for others.”⁸³ In rhetoric typical of the war period, which featured propaganda depicting Belgian babies skewered on German bayonets, Scharlieb insists girls must remain moral and sexually pure “for the sake of the homes of England and the little helpless babies who have never done any wrong.”⁸⁴ The imagery of the English home and its innocent occupants is reminiscent of the propaganda deployed in the battle against Germany, which Nicoletta Gullace argued was “used to market an evocative, sentimental, and deeply gendered version of the conflict to an international and domestic sphere.”⁸⁵ Just as battle propaganda utilized the deeply gendered image of protecting innocent women and children, Scharlieb’s writings deploy the gendered home in the war against venereal disease and sexual immorality.

The Final Report of the Royal Commission on Venereal Disease was a revolutionary document, bringing the discussion of the venereal disease to the public sphere with an unprecedented level of frankness and practicality. Its scientific approach framed venereal disease as a public problem, closely tied to fears of racial degeneration and the decline of the empire, and attempted to remove the social stigma

⁸² Ibid.

⁸³ Ibid.

⁸⁴ Ibid.

⁸⁵ Gullace, Nicoletta. *The blood of our sons: men, women, and the renegotiation of British citizenship during the Great War*. (Basingstoke: Palgrave Macmillan, 2002).

associated with infection. By recommending free and confidential treatment centers, consequently implemented by local health boards across the nation, the Report drastically altered the ability of a patient to obtain friendly, accessible medical care from an authorized physician. The scientific neutrality of the report was heralded in contemporary public discourse, and scholars since refer to the report mainly as a piece of humdrum, statistical reporting; however, as this paper has discussed, The Final Report of the Royal Commission on Venereal Disease is anything but neutral and humdrum. In its use of a strategic silence on the topic of prophylaxis, the Royal Commission affirms the medical profession and the official provision of treatment, while excluding preventative prophylaxis from the official discourse surrounding venereal disease. By avoiding discussion of physiological sex education and endorsing the moral education provided by the National Council for Combatting Venereal Disease, the report ensured the official public health campaign for venereal disease prevention would focus primarily on concerns for the moral purity of the public. Finally, the Royal Commission reaffirmed traditional notions of gender, in its support for the NCCVD's moral education, which almost exclusively targeted young women and emphasized traditional notions of sexual purity, gendered innocence and motherhood.

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