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SOCIAL HEALTH AND MORALS

An analysis and a plan

by

I. FRASER MACKENZIE

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‘Where there is no vision, the people perish.’

Proverbs xxix. 18

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PREFACE

WHEN THE shock of the outbreak of a second world war had worn off, and when we had been awakened, somewhat rudely, from dreams of an easy victory by the calamities of 1940 and 1941, we became aware that a new spirit was abroad in the land. The changed spirit was perceptible in various ways, and not least in the nation-wide interest in, and discussion of, plans for improving social conditions in post-war Britain. Some of this discussion is already bearing fruit in legislation which will profoundly affect the social structure of our country and the lives of millions of its inhabitants. In other spheres we have not yet arrived at the stage of actual planning, though earnest examination of the issues involved is in progress.

The subject of this book is a case in point. Much has been said and written already on various aspects of morals in relation to national welfare and personal well-being, but as yet we have not attained to guiding principles, much less to a certainty of the objectives towards which we wish to proceed. It is my hope, as it has been my aim, that this study may contribute a little towards the clarification of some aspects of the problem. I must, however, make plain at this point what will, in any case, be apparent to those who read farther—that there is throughout the succeeding pages a combination of induction and deduction. In the former, by drawing inferences from examples and instances, an attempt is made to establish principles. In the use of the process of deduction, however, the principles having been established already, it has been possible to start from general principles and apply them to particular circumstances. Later on, when our knowledge is further advanced and when inferences have been confirmed or refuted by the examination of additional material, it will become possible to rely solely on deduction and to adopt a more didactic style.

Meantime it is essential, under the uneasy conditions of the present day, that all sides of this highly important subject

should be freely and fully studied by as large a proportion of the population as possible. Furthermore, most people will agree that a certain minimum knowledge of the physiological, psychological, and religious aspects of sex relationships, and of the repercussions on social life of the functioning of human sexual powers, should be expected from all who have professional or leisure-hour opportunity to influence their fellows; and also from those who, by election or appointment, seek to serve the community in the spheres of central and local government.

PART I

THE PROBLEM INTRODUCED

There is a way which seemeth right unto a man but. . . .
Proverbs xiv. 12.

CHAPTER I

THE IMPACT OF NEW FORCES

IN THIS country the problem presented by recent changes in moral standards exceeds, in its possible effects on the well-being of the nation, that of any other problem at present awaiting solution. That the problem is a major one is apparent to all who have acquaintance with social affairs. Where once the issues involved were simple and clear-cut and the conduct of relations between the sexes followed well-defined lines, confusion now reigns. This is true especially among adolescents and young adults of both sexes. The impact of revolutionary changes in our way of life, the invention and subsequent widespread knowledge of new contraceptive techniques, the almost inevitable conflict of opinion on what constitutes a satisfactory moral code for a modern world, and the prevailing indifference to the warnings of the Church and to the claims of Scripture have resulted in the present chaotic state of our moral life and in the cynicism with which the efforts of reformers are received.

(I) CONFUSING COUNSEL

What makes the matter of even deeper significance and the attainment of an acceptable solution the more difficult is that most people, and especially those young people who are so closely affected, cannot easily give dispassionate consideration to the questions involved, and cannot approach them objectively, as they might other matters of social importance. This is partly because personal conduct in the sphere of morals has an emotional basis; partly because of the inhibitions and

associations arising out of experiences from early life onwards; and partly because our moral standards are so intimately connected with our religious beliefs and our social customs. An additional weakness which hinders a broad appreciation of the problem arises from the fact that no serious attempt has been made by the organised Church, or under the educational system, to place before our children at some time prior to maturity an analysis of the subject as it concerns and affects the individual and society. Such an analysis could serve as the foundation on which a rational, socially acceptable, and personally desirable code could be established. As a consequence the young have no body of information on which to base enlightened opinion or judgment, and they are unable to meet the challenge of specious argument or to confront the advocates of facile solutions with reasoned criticism. Yet, though most informed persons agree that all is not well, the solutions proposed are as varied as the persons propounding them. The latter range from individuals who regard sex urge as an evil, the release of which is justifiable only to effect procreation, to persons of hedonistic views, who look upon sex solely as a source of physical pleasure, to be employed quite independently of marriage and to be divorced at will from the responsibilities of parenthood. In between these two extremes is the great body of our people, most of whom follow a middle course in which due account is taken of the potentialities for good or evil which the use, or misuse, of this instinct entails. Nevertheless there are those who, for one reason or another, are swayed by the novelty or superficial attractiveness of new ideas, or who fancy they see in some of the proposals the solution of their personal dilemma and a way out of the welter of conflicting demands and desires which, to them, seem otherwise insoluble in the social and economic conditions of to-day.

Whether or not it is historically true that the wide acceptance of the traditional moral code in what could be called the precontraceptive period was mainly due to fear—for example, fear of conception, fear of social ostracism—it is certainly true that the use of fear as a means to coerce people to lead moral and chaste lives is nowadays almost a spent force. If the acceptance of the traditional moral code had had a firmer foundation, and if people had really understood the premises on which it was based, the sudden and otherwise inexplicable revolt of which we hear so much would not have swept through the community. Ignorance of the bases on which the tradi-

tional code was founded and the consequent absence of deep-seated conviction must have paved the way for its repudiation by a growing number of people. Conviction derived from intelligent understanding undoubtedly forms the foundation stone without which no enduring and generally acceptable system of sex morality can be built. Our failure to give clear and adequate information to each rising generation has meant that the process of moral development, which extends principally over the early formative years of life, has been inhibited or has at best been faulty or incomplete. In our approach to all questions of morals we must never lose sight of the fact that 'moral development implies the gradual establishment of standards of right and wrong conduct and the formation of habits of conforming deliberately, in some degree, to these standards'.

(2) 'A LANDSLIDE IN MORALS'

It is clearly impossible, under present-day social conditions that provide ample opportunity for clandestine conception-free relationships, to secure accurate or even partially complete information on such an essentially private and personal matter as physical relations between the sexes, and any attempt to obtain accurate statistical data on changes in sexual conduct during the present period would prove exceedingly difficult. Nevertheless, certain pointers indicative of the trend in sex morality are available, and these offer some clear evidence of significant changes. It is doubtless this evidence and other facts already available to interested persons which enabled Dr. Temple, then Archbishop of Canterbury, to use the phrase quoted above when, in 1943, he was addressing a conference on the occurrence of venereal disease.¹ The accuracy of his comment was not questioned at the conference, and, indeed, other evidence was produced which demonstrated that it was no over-statement.

Other persons in key positions which facilitated the making of assessments have reported in similar terms on the seriousness of the situation; while such an important body as the Medical Women's Federation decided that conditions justified the publication of its views on the admitted relaxation of moral standards.² These doctors, whose work brings them into

¹ 'Report of Conference on Health Education and Venereal Disease', 26th February, 1943.

² *Medical Women's Federation Quarterly Review*, October 1944.

intimate personal contact with people in all walks of life, recently listed the following evidence of serious social malaise.

‘(1) A lowering of the standards of honesty and of consideration for others.

(2) An increase in delinquency, including juvenile delinquency.

(3) A more widespread and growing habit of indulgence in alcohol among young people.

(4) The loosening of family ties.

(5) Sexual incontinence, promiscuity, an increase in soliciting, and a consequent rise in venereal disease.

(6) The toleration of a low standard of certain types of reading matter and of public entertainment.’

It would be difficult to dispute the accuracy of this sober and obviously considered judgment.

It is an open question whether the evidence relating to an increased freedom in sexual relationships concerns a minority or the majority of the people in this country; but that is perhaps of less importance than whether there has been an overall change in the attitude of the people to marriage as a social institution, and as a personal contract demanding a high standard of moral behaviour. Unless the section of the community dissenting from the standards of traditional sex morality increases to such an extent that the whole edifice of the marriage institution (the bulwark and ultimate basis of civilised family life), is liable to be overthrown, the landslide will be merely a temporary, though possibly a major, problem of social, religious, and philosophical significance. If, however, this section of the community does continue to increase, then, it is believed, the change will rapidly develop into a menace to the future of the family and of our country, and to the entire stability of community life.

(3) SOCIAL HEALTH AND MORALS

In modern usage the terms morality and morals connote the conduct of personal relations between the sexes. It is in this restricted sense, embracing the relations of the married as well as the single, that we shall consider social health and morals. The man-in-the-street displays an immediate interest whenever morality with this special meaning is mentioned. The wider aspects of morality, unfortunately, are of noticeably less interest to him. Sex morality, however, forms a subject for

thought and discussion for practically all people at some time or another. Every individual must, of necessity, make decisions arising from sex and face problems which are at once personal, insistent, and inescapable. What is permitted or forbidden by the accepted moral code is of deep significance to him even if he does not attempt to base his own conduct on the code. Of all the aspects of morals, that pertaining to sex is fundamental not only to the life of the individual but also to that of society. It is not surprising that the term morality has come to denote the morals of sexual relationships. In this study of social health and morals the sense in which the word is employed is that in which it is used in our everyday speech.

The modern concept of social medicine embraces a wider sphere than does that of the older but more descriptive term preventive medicine. Strictly speaking, the two terms should be synonymous, but developments in the practice of clinical medicine involving attention to the influences which determine the origin of disease, and particularly of diseases of broad social importance, have revealed that the scope of preventive medicine in the past did not include many factors known to cause ill-health of body or mind. Preventive medicine in fact concerned itself very largely with epidemiology and the bacterial and biochemical factors of disease; social medicine, while possibly including these, nevertheless regards as its legitimate and perhaps primary concern such other causes of ill-health as are inherent in the structure of society, in the domestic and personal habits, and way of life of members of the community, in working conditions, and, not least, in the general attitude towards those philosophical and religious problems which affect an individual's conduct.

A wrong technique of living readily facilitates the development of pathological conditions. It affects to a profound degree the functioning, vitality, and general well-being of the body; and it is believed to influence disease-resisting powers and recuperative capacity. Those with experience of life in the pre-war 'depressed' areas of Great Britain and in prisoner-of-war camps have emphasised the need for continuous measures to counteract the tendency to depressed functioning of the system resulting from the unavoidable or deliberate disuse or misuse of human faculties—whether physical, psychological, or spiritual. The aim of workers in the field of social medicine thus transcends any limited view of social health. It extends beyond a state of freedom from

overt disease, as far as the elimination of the remote influences which militate against the ultimate attainment of full health or 'wholeness'. As Sir Farquhar Buzzard has said, 'The aim of organised research conducted in an Institute of Social Medicine is to expose the influences of social, genetic, environmental, and domestic factors on the incidence of human disease and disability'.¹ Moreover, if we agree with Professor E. P. Cathcart that 'health and happiness are closely allied'² then anything which can be done to promote happiness—and conduct in the field of sex relationships is a potent factor in the production of happiness—will undoubtedly react upon social health.

The connection between morals and social health is more fundamental and extensive than is generally realised. The breakdown of the traditional standards of sex conduct has made it increasingly clear that there is a right and a wrong way to regard sex; that in the outcome the functioning of this instinct can easily become anti-social and devitalising and degrading in its repercussions on the individual. For sex can be a force which ennobles and expands life, but it can even more readily make mankind the victim of his own primal urges. Inasmuch as the highest good and fullest development of an individual life cannot be secured without regard to the satisfaction of all the basic needs—physical, emotional, or religious—it is clear that the health and well-being of the community will be the less complete if the premises upon which the accepted code of sex morality is based hinder the full development of each individual. Therefore those interested in social health must, of necessity, pay close attention to existing standards of morality and to the changes which the impact of war, of the wider dissemination of birth-control knowledge, and of the increased freedom of women and adolescents, are producing.

¹ *British Medical Journal*, 6th June, 1942.

² 'Communal Health', by E. P. Cathcart.

PART II

THE FRAMEWORK OF THE PROBLEM

. . . fearfully and wonderfully made.
Psalm cxxxix. 14.

CHAPTER II

THE PHYSIOLOGICAL AND PSYCHOLOGICAL BASES

TO PROCEED to the discussion of social problems having a direct bearing upon sex is bound to produce confusion and misunderstanding unless some indication of the physiological background is given. Therefore, sufficient will be said to enable an understanding to be gained of the changes leading up to the attainment of sexual maturity and the awakening of sex consciousness at puberty. The stimulation and excitation of sex desire will be touched upon; and the limits of the power or ability of the individual to direct or control the sexual urge will be considered. As a preliminary, some details¹ of the main functions of the principal sex-glands in both male and female will be given, and then reference will be made to the means whereby the activities of these glands are controlled.

(1) FUNCTIONS OF THE PRINCIPAL GLANDS CONNECTED WITH SEX

(a) *In the Male*

The testis—the principal sex-gland in the male—produces within its seminiferous tubules very large numbers of the male sex-cells which are called spermatozoa. These spermatozoa are the motile cellular bodies which are essential for the fertilisation of the ovum, the corresponding structure in the female. During the period from puberty to senescence spermatozoa continue to be formed in great numbers in the normal

¹ The subject is too vast to be dealt with adequately here. What follows will suffice to reveal how complex it is.

individual, irrespective of whether sexual intercourse has or has not taken place. There is no evidence whatever that abstinence from the sexual relationship reduces the power of the testis to make spermatozoa. What happens in such circumstances is that the semen—the opalescent fluid which contains the sperm-cells—is naturally expelled at intervals to make way for the storage in the seminal vesicles of the more recently formed sex-fluid. In this way the seminiferous tubules in the testes are in a state of continuous functional activity, and sterility or atrophy through abstinence is impossible. Sometimes youths are disturbed in mind by the occurrence of this loss of semen, which takes place spontaneously, and usually during sleep.

Sterility of male origin may be a sequel to testicular disease or to disease affecting the epididymus, which is closely related to the testis. Though there is no evidence to suggest that sterility of this origin is of more than occasional occurrence, it should be recognised that it may follow neglected or improperly treated venereal disease—both syphilis and gonorrhœa.

The examination of semen from the male partner of couples complaining of childlessness has in some instances yielded evidence of marked smallness in the numbers of spermatozoa present and of a diminution in their activity. It cannot yet be said if this abnormality is hereditary in origin or if environmental or dietetic factors are operative, but it may be that in some subtle way a nutritional factor is, in fact, involved, analogous to the effect on growing children of slight degrees of dietary deficiency maintained for prolonged periods. It has been demonstrated that, in the case of the formation by the testes of another substance—testosterone—there is a reduction in output when nutrition is defective, and especially when there is a deficiency of the vitamin-B complex.

Testosterone is classified as a hormone or chemical messenger. This substance finds its way from the cells where it is formed into the blood-stream, and it is conveyed by the blood to those glands or structures whose functioning it influences. Like all the numerous hormones of the human body, its action is both powerful and specialised, and its formation is dependent on 'higher direction'. In the case of testosterone the 'higher direction' is located in the front portion of the pituitary gland, which is a small endocrine or ductless gland situated within the skull at the base of the brain. The pituitary gland subserves several highly important functions in the body, and of the hormones which it secretes, two at least, in the case of the male, are

connected with the activities of the testes, one initiating and controlling spermatogenesis (the formation of spermatozoa), the other controlling the activity of the cells which produce testosterone. It has already been pointed out that disturbance of the production of testosterone may be a sequel to defective bodily nutrition, and it is thought that this is brought about by injury of the pituitary gland. Some indication of the part played by testosterone in normal sex physiology can be gained from consideration of its effects on the male in whom the hormone is deficient.

An interesting case which was reported in the medical Press, and which is quoted by Professor Wright,¹ concerned a young man who had received injuries involving the loss of both testes. On getting married he found that not only was sexual desire very weak in him, but that he was also physically incapable of playing the male rôle. The injection of testosterone had an immediate effect. His sexual desire increased and the physical changes which accompany excitation became almost equal to normal, so that consummation was made possible. Not all persons who have suffered this form of injury experience such marked diminution of sexual power and desire. In some this function is hardly affected, and it may be that the phenomenon known as erotinisation of the nervous system and the opening of reflex pathways to and from the erection centre in the spinal cord, as a sequel to previous sexual experience, account for this.

Where the deficiency of testosterone originates during the stage of sexual immaturity the accessory sex organs fail to develop and the changes normally expected at puberty do not materialise. Administration of the hormone brings about, *inter alia*, the growth of the external genitalia and the appearance of other characteristics of sexual maturity. In other words, testosterone is the switch which, when released by the pituitary gland, sets in motion the train of bodily and psychic changes included within the term puberty.

(b) *In the Female*

In the first place, it should be made clear that within the limits which we have set, allowing for differences in anatomical form and in function, a remarkably close similarity exists between the agencies which initiate and control the activities of the sexual system in both male and female.

¹ 'Applied Physiology', by Samson Wright.

Corresponding to the testes in the male (which, as we have seen, produce spermatozoa and a powerful hormone), there are within the abdominal cavity of the female two ovaries which form ova—the female reproductive cells—and a hormone whose effects on the female are analogous to those of testosterone on the male. Other hormones are known to be elaborated within the ovary or from structures which appear during the cyclical changes in that gland, which are concerned with menstruation, with preparation for conception, and with the maintenance of pregnancy during the gestation period; but as these matters are outside the scope of this study, no further mention will be made of them.

Ultimate control of the ovary rests with the pituitary gland, the anterior part of which, in the female as in the male, exercises its power by means of two hormones, one controlling the cycle of changes in the ovary (that is, the changes governing the formation and release of an ovum within each intermenstrual period), the other stimulating the formation of the two ovarian hormones. It is through the action of these two ovarian hormones—oestradiol and progesterone—that the rest of the reproductive organs have their growth, development, and activities regulated.

The course of events from the stage of puberty would therefore appear to be that the pituitary gland arouses the as yet dormant ovaries to action; ovarian hormones are formed which, in their turn, are responsible for the development beyond the infantile state of the uterus (womb), and the vagina (birth canal); the appearance of other, but more obvious physical characters which show the coming of sexual maturity, together with the changes which take place in the course of the menstrual cycle. The monthly cycle of changes in the sex organs of the female, which commences at puberty and to which the term menstruation has been applied, is also under the direct control of hormones. Throughout the whole of the child-bearing stage—that is, from the onset of puberty until the menopause or the ‘change of life’, when the ability to conceive terminates—the womb is, each month, prepared for the reception of a fertilised ovum. Should the ovum which is released during each cycle not be fertilised and conception not take place, then these preparations are wasted, the membrane lining the inside of the womb breaks up, and the menstrual flow begins. Of course, in the event of pregnancy supervening, this cycle of changes ceases throughout the gestation

period and for a varying time afterwards, the length of which depends in part on the individual's glandular constitution and in part on the maintenance of lactation.

Two further points in connection with menstruation are worthy of special notice. During the few days just before and immediately following menstruation many women and young girls experience a heightened interest in the male and a desire to attract his attention. Married women (and others also), have a stronger desire for consummation at this stage and, naturally, they yield the more easily to suggestion. Not only may consent be given more readily, but some women actually solicit, so pressing are the demands of physiological hunger at this time. The social implications of this phenomenon are evident.

The second point to which I should draw attention is that, having regard to the average length of the menstrual cycle in any one individual, a period—called the fertile period—can be determined throughout which the ovum is available for fertilisation. Outside the limits of this period, which, allowing for various physiological contingencies, is round about seven days' duration, it has been established that very many women can permit intimacy without fear of conception. Therefore that part of the intermenstrual stage which is outside the fertile period is referred to as 'the safe period'. The importance of this fact from our point of view is that if the heightened desire is experienced for a few days before the onset of menstruation, there is practically no risk of conception. On the other hand, assuming that menstruation continues for four or five days, hardly more than one day of the safe period remains after menstruation has ceased and before the commencement of the period of greatest risk.

There being good reason to believe that the peak of spontaneous desire appears most often after menstruation has ceased, it is clear that if a woman or girl yields to her natural desires at this time, such consent is fraught with momentous consequences. These facts partly reveal how a girl, who gives consent only because of the urgency of her desires and feelings, so readily conceives, sometimes even the first time; while another, having a pre-menstrual peak, may escape for a long time without recourse to artificial prevention.

(c) The Rôle of the Pituitary Gland

It has been seen that the pituitary gland occupies a place of peculiar significance and power in sex physiology in both the

male and the female; and, inasmuch as ultimate authority rests with it, it is probably correct to regard this gland as the seat of sexual desire. By sexual desire in this context is meant the inner capacity to respond to sexual stimulation. It should not be confused with the means by which desire is stimulated—that is, with the objects, thoughts, or ideas which rouse this desire into a state of activity, with its related physical and emotional accompaniments.

Though the pituitary gland is looked upon as being the fountain of sexual desire, nevertheless it is only one among several such associated glands (of the group of endocrine glands), and it would be incorrect to give the impression that the pituitary reigns supreme. In point of fact the endocrine glands work in close relationship to one another, and disturbance of one reacts upon the others. Any one of several glands can, in the event of disease or disturbed action, give rise to sexual abnormalities. For example, impotence, or even precocious sexual development in many cases, may originate not in the true sex-glands, but in one of the other endocrine glands, even in one which is rather remote in a physiological sense. Yet in spite of this co-operative activity of the ductless glands, the pituitary gland is correctly regarded in the present state of our knowledge as the fountain-head of sexual activity and, in the expressive phrase of a noted physiologist, as 'the leader of the endocrine orchestra'.

One question which rouses much speculation is, through what agency and by what means is the pituitary gland itself controlled? How does it come about that at ages ten or fourteen years the intimate relationship between the pituitary gland and the gonads or principal sex-glands comes into operation, with such striking effects on the structure, physique, and psychic character of the growing child? Were we to discover the means by which this very important gland is stimulated to action,¹ and by what means its output of sex hormones is regulated, much that is at present obscure in sex physiology would be revealed.

(2) THE ONSET OF PUBERTY

Puberty can be defined as the age at which the ability to reproduce commences, or as the period in the life of the human

¹ A nearby portion of the brain, called the hypothalamus exercises an influence, but our understanding of ultimate processes is not much advanced by this observation.

being in which those changes take place which usher in the power to beget in the case of the male, and to conceive offspring in the case of the female. As one would expect, a period involving such marked physiological change is fraught with considerable physical and emotional stress, and though breakdowns are rare, either in health of body or mind, parents, teachers, and all who have the supervision of children should be able to recognise the special characteristics of this stage of development and handle with understanding and sympathy such problems as arise.

In this country puberty usually begins at about thirteen or fourteen years of age. This is the age of onset for children of North European stock, but racial and climatic differences bring an earlier maturity in warmer latitudes. The changes denoting puberty do not appear uniformly among children of the same age. As a rule, girls mature at an earlier age than boys, and this is a fact of some social significance. Therefore, in any group of boys or girls between the ages of thirteen or fourteen years a proportion, which increases as age advances, will be found to be more sexually mature than the rest. The changes of puberty take place earlier and more rapidly in these individuals, and, inasmuch as this process is generally more advanced in girls than in boys, it can be assumed that in a co-educational school, classes of boys and girls of similar age will contain members who in physical development and in growth of sex consciousness are more adult in type than the rest of their class-mates; and that the proportion of these advanced children will be greater in the girls' section than in the boys'. This change to the adult type involves psychological adjustment to the demands of the awakening sexual system. Also, though usually in the later stages, there is a reorientation within the sphere of the emotional life.

Pronounced physical changes take place in the boy or girl during this period of transition. Some of them are more noticeable than others, and occasionally a sensitive child becomes embarrassed on account of the obvious nature of these changes, or resents the occasional jocular remarks which they provoke. In the case of the boy, the growth of hair on the face and the 'breaking of the voice' (as a result of the rapid enlargement of the larynx), and in the case of the girl, the increased size and prominence of the breasts together with the rounding-off of the body contours, especially of the hips, are the most easily observed changes. In addition come the

development and growth of the sex organs and the appearance of hair around the genitals and on the lower part of the abdomen in both sexes. The body as a whole enters upon a stage of quick growth. There is a deposition of subcutaneous fat in the case of the young girls, while boys become physically bigger and stronger and noticeably more muscular and active.

(3) PSYCHOLOGICAL DEVELOPMENT DURING CHILDHOOD

The psychological changes in boys and girls at puberty are not an isolated event or occurrence in the life of the child, but should be regarded as a stage—an important stage—in the process of psychological development from birth to the attainment of the complete adult character. The salient features of the process of development must be outlined because previous experience leaves its mark on the child, with the result that events and reactions at puberty bear some relation to earlier psychological conditions.

The Freudian interpretation of psychological development made an outstanding contribution to our ability to understand obscure characteristics of child life. Not the least important result of the pioneer work of Freud (and the influence of his teaching on modern psychology of sex is still profound, although later research has introduced important modifications), has been the discovery of the connection between many adult psychopathological conditions, especially sexual abnormalities and perversions, and unwise upbringing in childhood. Clear evidence is available that an anti-social attitude to sex in adult life is very frequently a sequel to disturbance of the course of psychological development in early life.

Among the several phases distinguished by psychologists in the course of normal development of that side of the psychological life which is sex-controlled or directed, there are three of particular interest to us for this study. The principal feature of those stages—indeed, their distinguishing characteristic—is the object to which the child's love is directed. Each of these phases is important in its own way to the course of psychological development. Furthermore, the attainment of full psychological maturity may be frustrated and abnormal reactions and attitudes in adult life may arise from the effects of early psychological mistakes. In fact the problems of the social misfit, of the juvenile delinquent, of the prostitute, and of the promiscuous, are largely bound up with faulty psychological development; while those features of character and tempera-

ment which lead to instability in marriage, and which are a fruitful source of divorce, separations, the broken or unhappy home, and of cruelty to or neglect of children, can frequently be traced to violence unwittingly committed by parents on the child in the delicate and formative period. For it is an established fact that some of our modern social and domestic customs may adversely affect the psychological development of the child from even the earliest stages.

The first of these stages is that of babyhood, in which the love-object is the mother or the person who looks after the child's fundamental needs, satisfies his demands for food, warmth, and comfort, and provides him with that feeling of security which his personal helplessness and his infantile autocratic nature require. As a result, his love is directed to that person in so far as it is not directed inwardly after the manner of narcissism. The importance of children receiving full satisfaction at this early age is well displayed in the case of those who suffer from deprivation. It is, for example, recognised that the restless habits, the anxious facial expression, and the constant seeking after elemental satisfaction by genital manipulation and excessive sucking, are some signs of this state. These are all too frequently in evidence in child welfare clinics.

The babyhood stage of complete dependence gradually recedes as the child's physical strength and intelligence develop, as his self-reliance grows, and as his sphere of interests widens, but the seeds of good or ill will have been sown, and their fruits may appear early or late. It is difficult to exaggerate the importance of this earliest phase of psychological development or to over-stress its significance to the community of which the children will later be adult members.

During the interval between babyhood and the onset of puberty several different phases have been recognised and described. For example, some children pass through a clearly distinguishable phase characterised by antipathy to one or other parent. In the case of a boy he may entertain a strong dislike of his father, whom he regards as a rival for his mother's affections, the mother, for the time being, constituting his love-object. In a few children this phase, to which the name *Œdipus* has been attached, may become so pronounced as to give rise to open antagonism between father and son. Fortunately, this tragic outcome is rare, and in many children no *Œdipus* phase can be distinguished.

This last point is also true of other phases which have been

recognised in children, and particularly in some older children. It cannot yet be maintained that all these minor phases are part of the general course of psychological development through which all children pass, or that their influence on after-life is significant, except in a very few persons in whom the process becomes fixed at one level or later regresses to it. One of the more important of these phases is that which is characterised by homosexual tendencies. Among children, true sexuality does not enter into relationships of this type, and the fact that they have a basis in sex is a point which is beyond the comprehension of the participants, as it is usually outside the knowledge of the child's parents. Of this nature is the close, inseparable companionship of a pre-adolescent boy or girl with another member of the same sex, or the infatuation (the 'crush'), of a school-girl for her class mistress, or the almost absurd loyalty and admiration, often approaching adoration, of a schoolboy for the youth or man who most closely resembles the hero in sport or adventure that he himself would like to be. As psychological development proceeds, the strength of these homosexual tendencies wanes and, later on, the normal heterosexual character of the sex instinct manifests itself in an increasing interest in members of the opposite sex.

Taking into account these intervening minor phases in the course of psychological development which are of major significance only in connection with psychopaths and perverts, it will probably be generally accepted that the two main periods in a child's life are, firstly, that of early childhood and, secondly, that which coincides with the physiological changes of puberty. Of the two, it would appear that the period of infancy and early childhood is the more important, because proper 'handling' then makes for a smooth and easy transition to psychological maturity during and after puberty, while the effects of psychological trauma in infancy and early childhood may be carried forward and may mar the whole of later life.

(4) PSYCHOLOGY AND PUBERTY

It is clear from what has already been said that a boy (or girl), reaching the age of puberty will have gained already a vast amount of experience of considerable potential importance at this stage. Part of that experience he remembers and is conscious of, but most of it is retained in his mind below the conscious level. His reaction to the attainment of sexual maturity will depend, to no small degree, on the nature of these

early experiences. In other words, in connection with his reactions at puberty, a lot depends on the success of the early efforts of the sex instinct to secure satisfaction in those forms in which it revealed itself in the infant and child. The other facts of his experience are, of course, also important because such powerful character-building influences as the training he received at home or at school on the subject of sex, and the attitude he has observed in the adults or youths in his immediate circle, will inevitably colour his own attitude to the sex problems which puberty thrusts upon him, and may, in fact, condition his reaction to them. Again, due allowance must be made for glandular make-up. For the psychological changes which occur bear an intimate relationship to the functioning of the endocrine glands, and, as these glands tend to vary with the individual, psychological development is, at an earlier age, of a more adult character in certain boys and girls. The fundamental psychological changes of normal children at the advent of puberty are essentially the same, though, superficially from child to child, considerable difference may mark the transition stage. Such individual differences are of degree only; the nature of the psychological change is the same in each member of the sex. This point is stressed because all too often inappropriate and even harmful distinctions are drawn between members of the same family by parents or friends if one child reveals a greater interest in sex at the stage of puberty than the others. Usually it is not a question of the child having a salacious mind, but that the instinctive forces are more vital and insistent. Not infrequently the really salacious child is one who, having less active glands and a less strongly developed heterosexual bias, can approach sex without the personal emotional factor being powerful enough to restrain his prurient chatter.

A sympathetic parent observing a son or daughter during the stage of puberty will probably discern various alterations in character and conduct, and among them the following will be particularly in evidence.

(a) *The Advent of Sex Consciousness*

This is revealed in various ways, though the parents might first of all become aware that their child was 'growing up' by the power of the opposite sex to attract. Whereas a boy (or girl), may in the past have regarded a member of the opposite sex as a playmate and judged her (or him), solely on this basis,

now the sex of the playmate takes on a personal significance, and an emotional element enters into the friendship. The essential difference in the boy is that he has attained to an adult consciousness of sex, and that now his feelings play the major part in the relationship. Prior to this stage his attitude to sex and its problems would have been cold, detached, objective; now there is a quickening of the emotions, and sex takes on a personal, intimate, even passionate character.

Simultaneously an obvious change of attitude to members of the opposite sex in general will be observed. There will be a heightened interest in them and a new appreciation of their company, which may be now sought with as much zest as it may have been avoided or despised in the pre-puberty period. In some boys and girls, often the sensitive and imaginative types, this heightened interest may be concealed beneath an affected disinclination to associate with members of the opposite sex. This cultivated prolongation of the homosexual usually gives way to the full heterosexual stage after a varying length of time. It should be understood that there is in this no suggestion of true retardation of psychological development. An adult interest in the opposite sex has already appeared, but conscious control has been introduced mainly because of shyness or a lack of confidence.

Coupled with this changed manner towards the opposite sex, sex consciousness will be revealed by the fact that all the varied aspects of the sexual side of life possess a new power to evoke interest and attention. Hobbies, or activities which hitherto absorbed all his spare time, may be discarded, as the boy's taste for them is lost or weakened. The pure adventure tale may become second choice to one having a love interest; while pornography and studies of nude or partly clothed figures receive more than passing attention. Later on, the bedroom or snuggery may show on its walls or furniture that the youthful occupant has become a victim of the pin-up craze. Pictures of pretty girls find favour with the boy, and his photographs of former favourites—the football star or the boxing champion—take a back place. The modern miss when passing through this stage appears to direct her imagination preferably to stills of film stars in the act of kissing. All this is probably in the usual course of things. Certainly many experts regard it as a normal phase of psychological maturation.

(b) *An Urge Towards Self-Display*

It is well known that the boy in whom the first stirrings of

manhood are aroused begins to take a greater pride in his personal appearance and in his physique. Very often he also attempts to excel on the playing-fields or to become prominent in some particular activities. The desire to impress the girls in his school class or in his social circle provides the incentive.

Girls also share in this desire to appear at their best before the boys of their acquaintance. The tomboy spirit gives way to a feminine anxiety to enhance appearance; and it is not uncommon for school-girls who are indulged by their parents to affect adult styles of dress and to use cosmetics while still so young as to look quite ludicrous in consequence.

Self-display of an abnormal degree may have in it the beginnings of exhibitionism—a psychopathic state which is characterised by an urge to expose the genitals. Usually, and even in cases in which the love of self-display is quite marked, there is no element of pathological divergence, but sometimes incidents occur which are socially undesirable and may have serious consequences.

(c) *Reorientation of the Affections*

The capacity for 'falling in love', in the ordinary adult sense of the phrase, with a member of the opposite sex first appears at puberty. It is at and after this stage that the young widen the range of their emotional attachments. Hitherto affection tends to be restricted to members of the immediate family circle, and possibly to a few other persons with whom a bond has been built as a result of prolonged and close social contact. Now, suddenly, and, as is the nature of these youthful 'love affairs', for no apparent reason, a boy may find that an emotional attachment has formed between himself and a girl, and that his affections have been bestowed on her with such strength and abandon that, should his parents object, estrangement with them—formerly the sole recipients of his love—may easily occur. From any point of view the awakening of this capacity is indeed a remarkable feature of the stage of puberty, and it is regrettable to find it usually treated far too lightly and not accorded the attention its possible effects on the future life of the child would justify. The course of many a boy's or girl's life has been permanently altered, sometimes for better, sometimes for worse, by attachments formed during the 'teens when the sex urge was strong and the call of love and romance irresistible.

CHAPTER III

EXCITATION UNDER MODERN SOCIAL CONDITIONS

THE SOCIAL conditions of to-day, as compared with those existing before the 1914-18 war, are characterised by the much greater opportunity for persons of both sexes and of all ages to meet and mingle on a footing of almost absolute equality and in circumstances of personal freedom, in which no control or restraints on conduct, other than those voluntarily and consciously applied by the individual, are applicable in so far as organised society is concerned. Of course this is true only if one does not overstep the bounds set by the law, or if one does not offend the susceptibilities of members of the social group or circle in which one moves. Looking at human nature as revealed in the great mass of our fellow-men, disregarding those exceptional human beings in whom a power of restraint higher than the normal is exhibited, and overlooking those who appear to have little or no powers of self-control, few persons would sincerely maintain that in jurisprudence, evidence which clearly demonstrates desire and opportunity should not be regarded as evidence that sexual intercourse has taken place. If the point of view taken by the law is in general correct, then, as social conditions nowadays provide innumerable opportunities for sex consummation, should desire be aroused, it is obviously important for us to consider the means by which sexual desire is ordinarily stimulated.

For the sake of clarity it is convenient to discuss the subject of sex stimulation under four main headings, but it should not be imagined that these subdivisions are in actual practice clearly separated from one another. Usually several factors operate simultaneously, and the importance of a particular factor and its power to stimulate vary according to external environmental conditions and the physiological and psychological state of the individual. The four subdivisions are: first, factors having a constitutional basis; secondly, factors which can be grouped under the heading psychical; thirdly, those factors which are predominantly physical and in which excitation of the senses occurs; and, lastly, a number of miscellaneous factors.

(1) FACTORS HAVING A CONSTITUTIONAL BASIS

The state of a person's physical health undoubtedly has a bearing on the functioning of the endocrine glands, but, as was pointed out by Walker and Strauss,¹ physique alone is no guide to the strength of the sex urge, for an office clerk in poor training and of indifferent physique may be more highly sexed than an athlete in prime physical condition. In the absence of disease or frank ill-health, the functioning of the endocrine glands and of the gonads depends principally on constitution—that is, on the general temperament of the body as determined by inheritance. This has been made clear by Burt's investigations into the sexual history of the parents and older relatives of girls under supervision because of sexual delinquency.² The evidence showed that there was an abnormally strong sexual capacity or urge in the family. The importance of this observation is that boys or girls may inherit a constitution with a greater sexual capacity and a stronger sex urge than the average person possesses; this heightened capacity makes them immediately more susceptible to sexual stimulation and more liable to yield to erotic persuasion. In other words, underlying our consideration of this subject is the assumption that the degree and speed of response to sex stimulation depend, in the final analysis, on glandular constitution.

This factor should always be taken into consideration when dealing with problems of sexual behaviour, and especially of sexual misdemeanour. Otherwise justice may not be secured for an offender who succumbs to a temptation that most others could resist. Bound up with this aspect of the problem is the whole question of the ubiquity of sources of sex stimulation and of agencies calculated to arouse sex interest in modern community life and the consequent effects on these young persons whose inherited, easily stimulated powers are so difficult to control when once aroused.

Contrary to the opinions held by past generations, women can be and, in fact, are as highly sexed as men. Formerly it was widely believed that it was exceptional for a female to experience sexual desire and pleasure, and those who did exhibit signs of eroticism were apt to be regarded as abnormal and as potential whores. Nowadays people are more enlightened. It

¹ 'Sexual Disorders in the Male', by Kenneth Walker and Eric B. Strauss.

² 'The Young Delinquent', by Cyril Burt.

is generally agreed, following the publication of data secured by questioning large numbers of married and unmarried women, that the capacity for sex among women approximates to that found among men, and that variation from the highly sexed to the under-sexed is as much a feature of the female sex as it is of the male. Certain essential differences do exist between the male and the female in the response made to, and in the effectiveness of, different forms of stimulation, but that will be dealt with later. What it is important to emphasise at this point is that some boys and girls are brought into a state of sexual excitement more readily and more powerfully than others, so that in formulating a policy designed to safeguard and protect youth during the stage when they are sexually mature, but still lacking in adult powers of self-control, care would require to be taken lest measures which met the needs of the more highly sexed were unduly restrictive on the rest.

If men and women are, in general, of equal sexual endowment and have an urge or a need for sexual satisfaction which is not significantly greater in the male sex than in the female sex, it follows that there is no justification on purely sexual grounds for recognising a different code—that is, a more free code—of sexual ethics for men. Hence I regard as invalid, arguments, based on a supposed difference in the fundamental needs for sexual satisfaction of men and women, which are raised in support of prostitution.

(2) FACTORS WHICH ARE PSYCHICAL AND PHYSICAL

In the matter of sex stimulation it is patently impossible to separate from the physical those factors which pertain to the human mind and spirit. The experiences of everyday life reveal that in sexual phenomena the psychical and the physical are inextricably associated. Therefore to attempt to draw a dividing line would involve the introduction of a note of artificiality and unnecessary complexity. Take, for example, the act of kissing, which occupies such an important place in what is called in modern terms 'necking'. Beginning as a physical act in which the lips are brought into contact, thoughts of a sexual character are aroused, the imagination is quickened, and sexual stimulation and excitement follow. Ideas of a sexual nature may not have been present in the mind until the lover's kiss was received. On the other hand, the physical element can be, and often is, secondary and subsidiary in the early stages.

(a) *The Imagination and the Memory*

The imagination undoubtedly exercises a substantial influence on the stimulation of sex desire. A person who possesses powers of vivid and quick imagination reacts readily to erotic suggestion, while the occurrence of an opportunity for sexual indulgence is more quickly appreciated by an imaginative individual. Walker and Strauss¹ have expressed the opinion that, in so far as there are recognisable differences in the strength of the sex urge between members of various occupations, those who follow an avocation which is broadly artistic—for example, musicians, artists, actors—occupy a leading place. Two inferences can be drawn from this. One, that persons having a strong artistic sense are gifted by nature with a biological endowment which causes them to exhibit an exceptional capacity for sex experience—the artistic aptitude and the sexual capacity both being related to the functioning of the endocrine glands. The other possibility is that it is the highly developed state of the imaginative faculty which is the fundamental reason for the sexual excess and irregularity attributed to this social group. If these findings are confirmed it will raise an interesting point regarding the investigation and attempted reformation of the juvenile sex delinquent and what should constitute proper treatment for those older but mentally normal persons whose promiscuous sexual habits have anti-social repercussions. The point is also not without significance for the advocate of sublimation.

The memory of previous sexual experiences or the recollection of related incidents or situations appear to have sexually exciting powers, especially for young persons. Clear evidence of this has been secured from patients in attendance at venereal disease clinics. Certain complications of gonorrhœa are more prone to occur if there is venous congestion of the genitals, and though these complications are usually the sequel to actual physical relations during the period of active disease, in some instances they result from sexual excitement with the associated venous engorgement which has been brought about by the patient re-living in his imagination past sexual adventures.

(b) *The Faculty of Sight*

The faculty of sight has, in our modern civilised life, assumed a place of paramount importance in sex stimulation. Possibly

¹ *Op. cit.*

it has always played a leading part, but, relative to other factors, its importance has certainly increased in recent years. Man, even more than woman, has always laid stress on physical beauty when selecting a mate. The perceptions of the mind have in this connection throughout history been accorded less attention than they merited; and even the warnings of the intelligence have been turned aside in deference to æsthetic appreciation and the subtle influence of sex appeal. Beauty, it is said, is in the eye of the beholder; but were the mind of the beholder to be subjected to examination it would all too often be made clear that beauty of form and face does not always give rise to that wonder and æsthetic pleasure which one would naturally expect; for physical beauty attracts not only the noble and high-minded, but also the seducer and the lewd and vicious of both sexes. There is, however, good reason to believe that there is an inborn disposition towards the choice of the beautiful and physically well-built as a mate. It may be that this basis of selection, which has greater opportunities for fulfilment under present-day conditions, is eugenically advantageous as it is bound to lead to a more beautiful and well-formed racial type in course of time.

The widespread employment of sex appeal by business and advertising interests by the display of the female form in a setting calculated to evoke sex interest has meant that at every turn to-day, on the hoardings and in journals or magazines, a person is confronted with the sight of beautiful girls arrayed in flimsy and more or less intimate apparel, or of handsome couples in some amorous situation. Film interests have long recognised the box-office value of sex and have used it unhesitatingly and without apparent thought for moral or social considerations. Of recent years many journals of the highest rank have succumbed to the example set by less reputable periodicals, and their advertisement pages are now brightened by pictures which attract attention by appealing to the sex interest.

I am not suggesting that this exhibition of pictures of beautiful girls in various stages of undress has of itself the qualities of an aphrodisiac, that it actually arouses sex desire. In some circumstances it may, and probably does, act in this way, but from the point of view of morality the importance of this modern practice derives from two facts. One, that persons who are sexually mature but who lack opportunity for the normal and natural outlet for the biological urge tend to be kept in a

state of partial sex excitement and tension by the frequent sight of suggestive, if not actually disturbing, pictures. There is an emotional reaction, too, to all degrees of sex excitement in the mature human being, which, though it may not be sufficiently pronounced to be noticeable to the individual concerned, is, if prolonged and unrelieved, none the less a menace to his mental health and to his physical well-being. This is one of the particularly undesirable features, from the angle of social health, of the present-day adoption of sex appeal as a publicity measure, because its impact falls most heavily on the sex-conscious adolescent and young adult, and on those who, through conviction or necessity, are fighting against the allurements of an extra-marital liaison. Such individuals are the potential direct casualties; those others, both men and women, who take the easy way out by forming irregular relationships may also be harmfully affected in indirect ways.

In view of these possibilities it would be valuable for all who are interested in moral and social problems to learn to what extent the widespread display of the partly clothed female figure, by the mental images and sex tension provoked, has contributed to youths and girls embarking on a career of promiscuity. A strange but none the less interesting fact is that some women experience an immediate quickening of their sexual awareness and responsiveness by displays of this kind, even those portraying a female figure. It probably arises through the intervention of the imagination, inspired by the subconscious desire to appear in an amorous situation in a similarly scanty but attractive *négligé*.

The subject of women's fashions merits a short examination because changes of fashion of the character usually described as 'daring' come within the scope of this study. For many years it has been the custom for any changes in women's fashions which involved the display of parts of the body previously covered to be decried in no uncertain terms by persons of more conservative outlook. Control of the extent of permitted changes has fallen largely on public sentiment, but restrictive legislation has been introduced in the past without much real success. For example, in Eire a ban on the wearing by women of swim-suits of certain specified designs was imposed during recent years; but in this country and in the United States it is generally agreed that such measures are not only futile as an aid to the maintenance of moral standards, but that they are really detrimental because they do not

receive wide public support and are regarded with amusement or irritation.

Accustomed as we are to the display of a length of leg, which would have evoked horror and consternation forty years ago in the period of the ridiculously long dress, we no longer entertain the fears then held that the public exhibition of these parts would of itself lead to moral degradation. It takes more than the extent permitted by present-day short skirts to do that. However—and this is a crucial point—under the conditions of partial sex excitement which are nowadays unavoidable except for the recluse, many an unmarried man's powers of control over his instincts may suddenly collapse as an immediate and direct consequence of viewing, for instance, partially revealed breasts or thighs. There is no doubt but that some instances of attempted rape and of prostitution have been precipitated in circumstances in which this factor played a leading part.

The social desirability of women realising that, in connection with sex stimulation, vision affects men more acutely than it does their own sex, and that once passion has been aroused, the male sex finds control much more difficult to maintain, should require no emphasis. In addition to this, most responsible citizens would agree that dress designers should not only regard their profession as providing an opportunity for them to assist in making life more bright, beautiful and happy, but that it should also place upon them a social obligation not to produce fashions of so daring a design that the difficulties of the present phase of disturbed moral standards are thereby aggravated.

The disquiet and harm which can be created unwittingly by dress are illustrated in a young man of about twenty-two years of age who came to see me because he suspected that he had contracted venereal disease. Examination showed that he had in fact contracted syphilis. He was a quiet-mannered, intelligent fellow who held a post with good prospects and who was engaged to be married. During the course of the examination I remarked that it was very foolish to expose oneself to such infection, as the chances of contracting it nowadays were very great indeed. He thereupon recounted this story which I give in his own words so far as I remember them.

'I was travelling to London by train on the firm's business, and sitting opposite me in the carriage was a girl with wonderfully shaped legs. I think she knew they were beautiful, damn

her! for she kept them stretched out or with one knee crossed over the other and her dress pulled up, showing several inches of silk stocking above the knees. I couldn't keep my eyes off them. Whenever I glanced round the carriage they were always in my line of vision, and even when I looked out of the window, my eyes dropped to their reflection. There was a middle-aged man in the far corner, whom I saw darting glances at them too. So I wasn't the only one who was attracted. By the time I got to London I was all keyed up. Later in the evening a snappy-looking girl waiting in the entrance hall of the hotel smiled at me. We chummed up, and this is what I got. My first experience too.'

All I could reply to this was, 'It's a pity you didn't have a book to keep in front of your eyes to occupy your attention.'

To which he replied, 'I did have a magazine, but I don't think it helped much, rather the other way. It was one of those monthly magazines for men, and it had a couple of nudes and one or two other sexy pictures which certainly didn't make things easier for me.'

I may add that he did not strike me as being a man with a 'dirty mind', which is possibly how he would be described by many people on hearing his story. Anyhow, that is beside the point.

There, in epitome, we have one aspect of the human side of the problem created by the deliberate flaunting of sex either through personal conceit or for financial return. Health, morals, and personal happiness are involved; business policy in connection with the circulation and advertising value of publications plays a part; and in the conduct of the young woman we see either ignorance of elementary sex psychology or a regrettable lack of consideration for the possible disturbance of a chance passer-by.

(c) *The Perception of Sound*

In civilised society, sound and the sense of hearing in general fill a rôle in connection with the social aspects of sex stimulation which is quite unimportant. Music is believed to have a sex-exciting effect on some apparently normal persons, but whether this is merely an accompaniment of a general heightening of æsthetic appreciation or a consequence of the environment and the associations, I am not able to say. Certainly the blare and quick tempo of jazz in the characteristically exciting atmosphere of the modern dance-hall, or the

haunting melodies of a lover serenading on a summer evening under a moonlit sky, or the soul-stirring beat of the primitive music which precedes the sexual orgies of savage tribes, are potentially stimulating, but apart from music in the dance-hall they are of little significance for us. The occasional instance of a person, like the woman described by Dickinson and Beam,¹ who experienced a powerful welling-up of sex desire when listening to music, even to classical music, does not really alter the position.

(d) *The Sense of Smell*

From the dawn of history scents have been employed by women to increase their power to attract the male, to maintain their influence over him, and, upon occasion, to stimulate his amorous propensities. Anything which accentuates femininity and adds to womanly charm can be regarded as increasing sex appeal, either directly or indirectly. By increasing attractiveness scents, in effect, make members of the fair sex appear even more desirable. They come into the category of aids to personal attractiveness, and the art of utilising them to the best advantage is one which is of noticeable interest to the modern young woman. Individual tastes vary, of course, with regard to scents, but as a rule the more delicate are favoured by people in Britain and the United States, while the stronger ones are generally found distasteful.

The excitation of the nerve-endings in the nose causes nervous impulses to be conveyed to certain parts of the brain. The reception of these impulses is interpreted as smell. Pungent odours can excite such disturbance of the sensitive brain-centres that nausea or lesser degrees of revulsion may follow in some instances. It may be that a similar but less violent overflow of excitation takes place upon the perception of scents which are believed to have aphrodisiac properties; from which overflow stimuli may ultimately reach the excitation centre in the spinal cord. Apart from this possible sequence it is probable that the erotic effects of particular scents arise from association, or from enhancing physical attractiveness. Havelock Ellis believes that an intimate relationship exists between the olfactory (the odour-sensitive), membranes in the nose and the whole genital apparatus.² This is certainly the case in

¹ 'A Thousand Marriages', by R. L. Dickinson and L. Beam.

² 'Psychology of Sex', by Havelock Ellis.

the animal, but the connection in the human is less easy to demonstrate.

In our modern civilisation the manufacture and sale of scents constitutes a major part of the lucrative trade in cosmetics. Practically all women nowadays, and an increasing proportion of young girls, many still in attendance at school, look upon cosmetics, including scent, as an essential part of their preparation for the day's activities. Provided that excesses are avoided, the practice is to be commended. It increases the sum total of human beauty and pleasure, and it is therefore beneficial, on æsthetic and psychological grounds, to the user and to those with whom she comes into contact. Any erotic properties which scents possess are in any case of lesser significance to social health or to morality than other agencies or factors, because they usually occupy a subsidiary place, though, of course, they may give powerful aid by 'furnishing impressions which easily change emotional tone and colour'.¹

(e) *The Sense of Touch*

The sense of touch plays a very important part in the preparation for sex consummation; indeed, it is hardly possible for the act to be successfully undertaken and completed unless the sensations of feeling communicated by nerves in the skin have been employed to induce or augment the essential preliminary erotic stimulation. Touch may involve contact which is close, firm, and prolonged, as in the passionate kiss so often portrayed on the screen, or it may be light and fleeting. In general, almost any part of the surface of the body can serve as the medium for mutual stimulation, but the fingers and hands, the lips, the thighs, and the tongue appear to exercise the most potent influence in the early stages; while later, external genitals in both sexes and the breasts in the female, being exquisitely sensitive and erogenic, induce overwhelming excitement in the moments immediately preceding consummation.

But from the point of view of the social problem, the kiss—the typical example of the touch phenomenon—assumes greatest importance. For, in the words of Havelock Ellis, 'Second to the sexual parts, the kiss is the most powerful means for directing nervous energy into the sex channel'.²

The art and practice of caressing between lovers or friends of

¹ Havelock Ellis, *op. cit.*

² *Op. cit.*

opposite sex (though not exclusively of opposite sex), almost always entails the stimulation of sex desire. Even though sex desire may not be aroused or consciously sought, the practice of caressing is based on the utilisation of a function of the skin which has an extremely intimate connection with the sexual side of life. This fact of the relationship of the skin to sexual excitation deserves emphasis in view of our increasing indulgence in certain socially permitted forms of touch stimulation, such as casual kissing and petting.

A curious characteristic of the emancipated woman, and a noteworthy consequence of the personal and social freedom to which she has attained in the modern world, is the ease with which she submits to skin contact of this nature. Many, indeed, invite it in a way and in forms which would have been wholly repugnant to them, or to girls in the same social circle, only a few years ago; indeed, had such contacts occurred, they would have been sufficient to warrant complaint of attempted violation, or at least of being treated with indignity. Whether this change in our conceptions of modesty and of propriety is socially desirable depends in part on physiology and psychology and in part on possible repercussions on social health and on morality.

It stands to reason that a boy and girl between whom a bond of mutual love has arisen have a longing to caress and to be caressed in return, which is as natural and as psychologically justifiable as is the desire in the case of adult lovers. But many girls who have reached puberty have a well-recognised longing for caresses quite apart from being in love; and some will even allow a man for whom they possess no affection whatsoever to caress them merely for the pleasurable sensations which it brings. General recognition has not been given to the fact that in young girls the purely physical side of sex desire is characteristically expressed and satisfied in and by the act of caressing. Indeed, practically all young girls, and many women also, have no wish to go beyond the stage of caresses to full consummation; while the possibility that the male friend may not be so easily satisfied, and that he might look on caresses only as a means to an end, is something that would not even occur to most of these girls. To quote the American author Ira S. Wile, 'Petting carries with it an idea of cheapness, of breaking down resistance, of selfish, soulless, emotional exploitation with no goal but sexual gratification'.¹

¹ 'The Man Takes a Wife', by Ira S. Wile.

It may be advantageous to list some of the features of this particular alteration in our standards of personal conduct.

(1) Acceptance of this change and habitual indulgence in tactile stimulation is not confined to adolescents, though it can be more generally observed among 'teen age boys and girls. It seems that many youths in this country and in the United States of America expect girls to be 'game' for this type of caressing, which they commonly refer to as necking or petting.¹ Girls who are un-co-operative are not popular with the group.

(2) For the most part petting would appear to occur mainly between friends or close acquaintances. On the other hand, the ease with which the natural reserve on meeting strangers is overcome and the speed with which new acquaintances embark upon necking and kissing merits mention. I have been informed—with what accuracy I cannot say—that it is not uncommon for an acquaintanceship between a boy and a girl struck up at a party or dance to ripen, in the course of a few hours, into a friendship which permits of quite intimate contact on the way home. This comment referred solely to sophisticated boys and girls of the High School and College class. With the older person behaviour of this character would amount, in effect, to frank promiscuity, but with the adolescent the mutual pleasure and excitement of skin stimulation with a new partner are what is sought.

(3) The 'teen age attitude to casual kissing and caressing is quite definitely not serious. They are looked upon as fun.

(4) Though it is admittedly difficult to obtain concrete information on the degree of touch and contact permitted in petting parties, there is some evidence that full sex excitement may be roused and that the special erogenic zones may be touched. The circumstances and the situation under which the petting takes place must obviously influence the extent to which it is allowed to go. Alone, in the dark, or in a car, the opportunity for a boy and girl to proceed almost unconsciously from stage to stage as pleasurable excitement develops makes it increasingly more difficult for a halt to be called.

The point was stressed in a recent broadcast discussion by members of youth clubs. The consensus of opinion among these boys and girls was that petting should not be encouraged, and their main objection to it arose from the difficulty of deciding what could be permitted and what should not. 'How

¹ The distinction between necking and petting appears to be that in the latter any part of the body can be touched.

am I to decide when or where to stop?' That was the question which aroused most concern.

Two incidents which are within my own personal experience reveal some of the difficulties and dangers which are inseparable from this superficially innocent form of pleasure play.

When out walking one afternoon over the sand dunes near one of our large coastal holiday resorts, I chanced upon two boys and two girls lying on a sandy hollow beside the path. As the path ran along the edge of the hollow, I had a clear view. The boys appeared to be about fifteen or sixteen years of age, while the girls seemed to me to be younger—about fourteen. The four were lying together, a coat covering each couple. One boy and girl were lying motionless in each others' arms, cheeks in contact, eyes closed, obviously in a state of quiet enjoyment. Things had advanced much farther with the other pair. They were kissing and the coat had become disarranged, revealing the girl's thighs and underwear and the boy's hand in the act of exploring this very sensitive region. My passing did not appear to disturb them. So engrossed were they that I do not think they either heard or saw me.

The youth of these boys and girls, the place where they were lying—beside a popular pathway—and the fact that the couples were together in the same hollow, suggest that their object was pleasurable excitement without the intention of sexual consummation. One pair was keeping to the rules—if there are any rules—the other pair could not, and so were being aroused to a physiologically and socially undesirable degree of sexual excitement.

The second incident is potentially more serious. It concerns the two daughters of a Civil Servant (one a bright, attractive girl of about fifteen years of age, the other a gawky child of about ten or eleven years), and two secondary school-boys both on the point of completing their school life and expecting to embark on a university career. I was acquainted with all of them, as they lived in the same street as I did at that time. The older girl was frequently to be seen with one of the two boys, in the company of other boys and girls, fooling around on seats in the park or along the promenade. One evening I came across the second boy having a country walk with the younger sister, and this, in view of her youth, surprised me. A day or so later, on meeting him, I jocularly referred to this and asked him if he had taken up baby-snatching. I found, however, that the matter was no joke to him; in fact, it became clear

that he had something on his mind, and he told me this extraordinary tale. His pal and the older girl had been necking and flirting for a long time, and on the day before I had seen them his pal had said that he was going to try to go a bit farther with the girl, and that he wanted her young sister to be kept away the next evening. That was how I met them on the road. I thought this tale was an example of adolescent bravado, and said so, but the boy replied, 'Oh no, it wasn't. He had got hold of one of those things for protecting the girl, so that she wouldn't have a baby. I am sure he meant to try to use it. I wish I hadn't agreed to take the sister away.' Comment is obviously superfluous.

Though petting may be looked upon by many people as a harmless amusement, it cannot be gainsaid that it is in essence a form of sex-play. As such, it is, in several respects, both undesirable and harmful.

(1) It can create a longing or awaken in the young and immature an appetite for the pleasurable sensations which arise from skin stimulation by a member of the opposite sex.

(2) It conditions the system, in a physiological sense, to touch stimulation, and in this way renders more easy and effective the overtures of a skilful but unscrupulous older person.

(3) It accustoms an adolescent, at an impressionable stage, to treat lightly and almost carelessly something which can be an elevating and ennobling experience for two persons if approached and conducted in a manner respectful of the personality and dignity of both.

(4) It is in the nature of things that not all boys and girls can confine their necking within those limits which most people would regard as the maximum permissible. The first incident illustrates this.

(5) That there is danger in petting is self-evident, for no male who is sexually mature in a physical sense (and adolescent boys are included here because in them the act of caressing takes on a genital component), can be expected by a girl consistently to restrict his amorous activities to the caressing which is all she desires or permits. Attempted rape by youths still in their teens has, time and again, been provoked by conduct which began in this so-called innocent petting.

(6) The evil of partial sexual stimulation without relief of tension, and the risk of an emotional attachment developing which is not reciprocated, must be taken into account.

In view of the greater freedom nowadays accorded to adoles-

cents of both sexes, and especially to girls, to mix with friends of the opposite sex away from parental or adult supervision, it is of the highest importance that it should not create an opportunity for furthering practices liable to become anti-social and prejudicial to mental and physical health.

This section would not be complete without reference to the possibilities of tactile sex stimulation during dancing. The phenomenon of touch stimulation undoubtedly operates in modern dances to increase the pleasure produced by the rhythmic movements, by the music, and by the characteristic atmosphere of excitement associated with the dance-hall. Many people think that the pleasures the dance-hall yields to adolescents and to adult men and women are derived less from the sexual than from the æsthetic and physical aspects of dancing. Though this opinion may be substantially correct, it is nevertheless true that practically all modern dances necessitate fairly close contact between couples—so close, in fact, that very often they are ‘dancing cheek to cheek’ and the thighs of the partners lightly touch from time to time. Only those who are biased and wish to avoid the issue would refuse to admit that in situations like these very real possibilities exist for the stimulation of sexual desire. In fact, in American slang, the word ‘shimmying’ denotes the deliberate bringing of the thighs and pubic region into touch with her partner, by which a girl, in the course of a dance, communicates to him the fact that she desires intimacy later.

(f) *Miscellaneous Factors*

Other factors which influence the speed or the degree of response to stimulation are the following.

(1) *Food*.—In so far as diet contributes to good nutrition and good health it is bound to enhance the powers of the sexual system up to the point where it varies for each individual according to his (or her), inherited constitution. Certain dietary changes, and especially an increased consumption of animal protein, have been found by some persons to evoke a temporary rise in their desire for more frequent coition, and in their physical ability to sustain it. Eggs are thought to be particularly effective, though this may be pure supposition, because at the time of the year when eggs are most plentiful other possible factors simultaneously come into operation. Nevertheless, as eggs are a rich source of vitamin B, their potential powers in this connection should not be ruled out.

We have seen that in the presence of a deficiency of the vitamin-B complex, the formation of testosterone—a testicular hormone—is defective. Our national dietary has been shown to provide an amount of this vitamin complex which, in respect of several of its fractions, is less than the recognised minimum. Because of this deficiency proposals were advanced during the early war years for the addition to bread and flour of substances rich in vitamin-B fractions. Therefore, even if we take into account the elaboration of small quantities by intestinal organisms, the available evidence indicates that on our pre-war diet we were, as a nation, receiving insufficient quantities.

It stands to reason that with an improved standard of living and with the continuation of our present more enlightened national dietary policy, involving as it does a better distribution of protein and vitamin-rich foods, we can reasonably expect not only a measure of increase of sexual potency, but also a more rapid and stronger response to erotic suggestion and stimulation.

(2) *Alcohol*.—The consumption of alcohol is, by repute, credited with aphrodisiac properties, and some beverages—for example, champagne—have in this way earned possibly undeserved notoriety. Very thorough and elaborate investigation has established that the effects of alcohol on the brain are not those of a true stimulant, but that they have a depressant action on the higher centres. The powers of judgment, self-criticism, and self-control are weakened after even small quantities have been drunk, and by virtue of this loss of conscious control the instinctive urges can more easily secure outlet. Erotic suggestion is therefore not treated with customary discrimination, and consent is granted with greater facility than would have been the case if the higher intellectual faculties had not been dulled by alcohol. It is not surprising to find that a substantial proportion of venereal disease is transmitted under the influence of alcohol; and that the mothers of illegitimate children not infrequently attribute their misfortune to the effects of alcoholic drinks on their power to resist sexual advances.

The alleged extension to younger persons of both sexes, and especially to young girls, of the habit of frequenting public-houses, as a consequence of war-time conditions, is worthy of consideration in connection with the relationship of alcohol to sexual promiscuity.

(3) *Exercise*.—Exercise sufficient to promote physical fitness and to induce that exhilaration of spirit and joy of life which

all of us have experienced after invigorating outdoor activity, is found by many young adults to create in them a more or less conscious desire for sexual relations and a responsiveness to suggestion or stimulation which is greater than their usual. Exhausting exercise, on the other hand, materially reduces sexual capacity until the fatigue has been overcome. One reservation requires to be made with regard to the former observation. Physical fitness and regular exercise cannot overcome the lack of sexual vigour which is found in so-called under-sexed individuals if this weakness is of hereditary or constitutional origin; though it may, as in the normal person, temporarily raise the level of potency and desire.

With regard to the emphasis on games, on outdoor exercise, and on physical fitness generally, which is a feature of our educational planning and of proposals for the extension of the Youth Club movement, it remains to be seen whether or not any such untoward effects will materialise. I regard it as improbable that any considerable number will react in this way, mainly because these new activities and interests will play a substitutional rôle and will provide an outlet for the increased energies of adolescents and of young adults.

The effects of weather, and of sunshine in particular, are inter-related with the effects of outdoor exercise because opportunities for outdoor activities depend to a large degree on atmospheric conditions. The tonic action of sunlight, both natural sunlight and artificially produced rays, on persons who are suffering from deprivation is well recognised, and it has been observed that the sexual function shares in the physically bracing action of solar irradiation. This being the case, it is all the more important that those who administer the various recreational organisations catering for youth, from Youth Club leaders to Cycling Club and Youth Hostel organisers, should make consistent efforts to maintain full programmes during the spring, summer, and autumn months.

To lend what weight one can to this recommendation, three points need to be mentioned. First, a substantial proportion of the births, both legitimate and illegitimate, which take place each year are conceived in the months of June, July, and August. Secondly, it was found by Burt¹ in his investigations into juvenile delinquency that, in a group of sexual delinquents, the peak periods for the occurrence of sexual offences were spring-time, June, and October. Lastly—and this point is

¹ *Op. cit.*

included with some diffidence, because, as has been pointed out, it is only at great risk that analogy can be drawn between the animal and the human—research has revealed that the exposure of ferrets to light rays stimulates the sex-glands to renewed activity; the channels through which the effect is produced being the retina, the central nervous system, and the pituitary gland.

(3) SEX AS AN APPETITE

Some reference must be made to the possibility of sex desire increasing in intensity and force not as a consequence of external stimuli, but through the operation of those inner systemic conditions which are covered by the term appetite. For, as A. E. Garnett has pointed out in *The Mind in Action*, sex is both an instinct and an appetite, the latter operating as a result of forces from within which are not affected by the avoidance of stimulation. In this way a hunger for sexual satisfaction gradually mounts up as deprivation continues; a hunger and a longing which is a very real experience to explorers, deep-sea sailors, and soldiers on campaign who are so placed that they are away from the possible influence of outside stimulation. A similar experience was the lot of many wives whose husbands went on national service overseas. This phenomenon is the ultimate explanation of the sexual perversions reputed to have been practised on sailing-ships during the very protracted voyages of past centuries; and it may also be held accountable in part at least for some infidelities among separated married couples, and for the vigour with which prostitution flourishes in ports and shipping centres.

CHAPTER IV

TENSION PATHWAYS

(1) THE PURPOSE OF SEX

SOME SHORT consideration must be given to the function of sex in human life, because the purposes which this instinct is intended to serve have a bearing on our opinion of what constitutes its proper use and what is to be regarded as misuse.

First of all sex is essentially a form of energy which must be utilised or dissipated in some way, either through its natural

biological channel or by other means such as those referred to in the section on sublimation. Not only is the degree of physical activity normally exhibited by an individual, and the ability to undertake exhausting and exacting work, probably related to sexuality (witness the experiments of Professor Crew,¹ which revealed that the bodily and mental activity of rats is heightened during œstrus—the period of sexual excitement; due note being taken of the danger of drawing analogy from the animal to the human), but this same energy can be employed to increase the output of mental work, to stimulate latent creative capacity in many spheres, or to provide material for sustained emotional effort. The forces inherent in, or arising out of, sex can thus extend their influence over almost every aspect of human existence.

Bearing this fundamental fact in mind, we can look upon sex in the human being as having the following major functions:—

(a) *Procreation*.—Opinion on the relative importance which should be accorded to this function is subject to considerable variation among individuals and social groups. By some it is regarded as the sole justification and purpose of the sex act; by others it is relegated to a very minor place. In my opinion both these extreme points of view are erroneous and arise from a misconception of the other functions of sex—functions which profoundly influence personality and character and have important social implications, but which cannot achieve their full effects and purposes if procreation is voluntarily and unnecessarily denied.

(b) *'Fostering love'*.—The word is used in the sense of emotional, affectionate attachment between man and woman, boy and girl, parent and child, with all it connotes in the realm of social life—for example, home, marriage, parenthood, etc. Sex is undoubtedly the principal source or fountain-head of the emotional attachment known as love; and were sex differentiation and sex attraction lacking, the lot of mankind would be but a purposeless existence—cold, harsh, and unhappy, because loveless. The value of a permanent love relationship to the individual, to family life, to children during their formative years, and to society in general as a consequence of the foregoing, is so supreme that every effort must be made to promote the accomplishment of a sex relationship on a love basis by as many young persons as possible who are over the age of eighteen years; and to combat the present tendency to

¹ 'An Introduction to the Study of Sex', by F. A. E. Crew.

set up admittedly impermanent and more or less purely physical relationships. The contribution to the welfare and harmony of community life which comes from true and lasting love should make us realise that any outlay successful in increasing the number and quality of love-relationships in the community will pay a handsome dividend.

(c) *Promoting the Development of the Individual into a Social Being Capable of Reasoning and Acting More in Terms of the Social Good than of Personal Aggrandisement.*—The truly human sex relationship is, as Havelock Ellis¹ has pointed out, a union of bodies and personalities. Where this fusion has taken place a fundamental change occurs in the personality of both—a change which is, in a sense, a completion or a fulfilment. A sexual relationship which achieves less than this, or does not have this aim, is lacking in certain essentials. Such relationships are socially disadvantageous because, instead of diminishing emotional insecurity and restlessness, they may increase them, and even lead to aggravation, disillusionment, and depression. For one of the beneficent features of a relationship which has love as its binding force, and in which the physical only adds strength to the bond, is that life is enriched by quiet confidence and a sense of security free from emotional restlessness. Those who are fortunate enough to reach this stage (and it must be admitted that many married people never do), are able to make a positive contribution to social confidence and tranquillity, and to produce work of a correspondingly high quality. Society suffers at present, and the interests of social health are prejudiced, by the contagious nature of emotional restlessness. The principal offenders are not those who are economically insecure, but those who are emotionally unsatisfied and who communicate their disturbed state to others. A sex relationship characterised by mutual enduring love brings about revolutionary changes in such individuals. I need hardly add that anxiety states of psychopathic origin are outside the scope of this observation.

Apart from any other consideration, society, especially in these days of social upheaval, in which the pace of life has been markedly increased, must encourage by all means in its power the type of sex relationship which is most productive of those characteristics that are socially desirable.

(d) *Wholesome Pleasure.*—This function of sex is one which is given undue prominence at the present time—I say that with-

¹ *Op. cit.*

out wishing to infer that the possibilities of the sensuous enjoyment arising from sex are either of negligible social and personal importance, or that they should not be given their due place. Nevertheless, it is only too clear that the current trend is towards looking at sex from a purely hedonistic angle, and towards giving first place to its pleasure-giving potentialities to the detriment of the other important functions of sex.

These, then, are the principal purposes of sexuality in the human being.

When regard is had to the relative importance of each function, it is difficult to see how a normal and psychologically balanced person can treat sex casually without simultaneously doing violence to the capacity to benefit emotionally, in growth of personality, and in social awareness and adaptability. To separate the pleasure-giving aspect from the affectionate elements and from procreation—as do many who advocate so-called free sex relationships, and who look upon promiscuity and prostitution as of little social consequence if venereal disease and conception are avoided—cannot be undertaken without a coarsening process setting in. For man is a psychological unity. He is not able to keep his experiences in water-tight compartments. Indeed, as Professor Drever,¹ the eminent psychologist, has admirably stated, ‘An experience is not something that simply happens and is done with, leaving the individual and the universe to which the individual belongs precisely as they were before. . . . With a living organism, everything that happens to it affects in a greater or lesser degree its whole subsequent history. Especially is this true where experience is involved. Every experience leaves behind some sort of trace which is conserved and retained and which affects to a varying extent subsequent experience and subsequent behaviour.’

When the sex relationship is considered in the light of an intimate and exceedingly potent experience, it becomes all the more clear that the finer and nobler attributes of man, such as sympathy, kindness, understanding, generosity, self-denial, are endangered in the person who embarks, either through conscious design or because of circumstances, on a sex relationship in which the love-promoting and ennobling forces inherent in human sexuality are stifled. This is one of the most serious consequences, to society as well as to the individual, of the misuse of the sex instinct.

¹ ‘The Psychology of Everyday Life’, by James Drever.

(2) ABSTINENCE AND SUBLIMATION

Having completed a rapid survey of the principal means by which sex desire is roused to action, we have some idea of what our healthy and active young people under existing social conditions are destined to face in the period after sexual maturity. If there were reasonable grounds for expecting that a major alteration in these social conditions was likely to take place, involving less provocation and incitement, one could, with some confidence, hold the view that the common sense and powers of self-control of the majority of our young adults and our adolescents would prove equal to the strain. Unfortunately, no such prospect appears to lie ahead. Instead we must face the possibility that conditions will remain substantially as they are for an indefinite period.

The science of social medicine must therefore bear some of the responsibility for planning to relieve the strains and stresses of these conditions, to prevent the worst forms of excess from becoming more widespread, and to discover and advocate practicable means by which the existing difficulties can be overcome without recourse to expedients which contain the seeds of different and perhaps graver trouble. It is of considerable importance to us to know if, in view of the powerful sex stimulations outlined above, satisfactory means are available by which tension can be relieved, without involving secondary results which are anti-social, which involve exposure to the risk of disease, or which react harmfully on mental or physical health. In addition, in the interests of social health, it is important for us to ascertain if it is possible for a person to remain to all intents and purposes unaffected in spite of the impact of potentially sexually exciting elements or factors. This is important in the case of those individuals to whom a socially permissible form of biological relaxation is not available.

What, then, is the position? Public opinion, the Christian Church, the majority of members of the teaching profession, and the great body of social workers and of people with a knowledge of social problems, adhere to the view that pre-marital and extra-marital sexual relations are either morally wrong, are harmful to the personality and best interests of the individuals concerned, or are detrimental to the welfare of society. This point of view is strongly maintained not only in personal statements, but in official pronouncements by responsible persons and organisations, fully aware of the revolu-

tionary changes which have been taking place in the sphere of morality. Not all people in this country, by any means, give even lip service to this thesis, and, though articulate objection is restricted to a minority drawn from literary, dramatic, and philosophical circles, very many others who are not given to expressing their views reveal by their habitual conduct either that they disagree or that they are unable to conform because of their physiological make-up. It is therefore substantially correct to say that were a young man or a young woman who has had difficulty in controlling the insistent demands of an awkward sex urge, or who has become conscious of the bewildering attractions of the call of sex, to seek advice from almost any authoritative source, the reply given would incorporate one or more of the following contentions, which are regarded as being of universal application, and do not permit of modification according to age, state, social circumstances, or marriage prospects of the person advised. The contentions are:—

(a) that biological consummation should be deferred until marriage has been solemnised;

(b) that relief by resorting to prostitution or to promiscuity is morally and socially reprehensible;

(c) that the avenue of sublimation provides a way by which the difficulties of the situation can be overcome or mitigated.

In support of my argument that this is the fundamental basis of approach to the problem by writers of varying experience and training who desire the maintenance of a high standard of morality, I would cite five representative works in which this line of reasoning is implicit or clearly developed. The titles and authors of the books are as follows:—‘The Mastery of Sex’, by Leslie Weatherhead, a clergyman; ‘Modern Marriage’, by E. F. Griffiths, a medical practitioner; ‘Does Sex Morality Matter?’ by D. R. Mace, a doctor of Philosophy; ‘Sex Education’, by Cyril Bibby, an educationist; and ‘The Relation of the Sexes’, Copec Commission Report, Vol. IV. These examples are selected from a large number of authors of widely read books of the so-called popular type. The majority of British writers on morality and on sex problems are in general agreement that, for those who are, for whatever reason, unable to marry, continence should be enjoined and sublimation advocated. Now, in the light of

present-day conditions, is strict adherence to this rule justifiable or really adequate? Does it meet the needs of people living in the modern world, which differs so widely from that of even a half-century ago in respect of practically all aspects of sex? Is it not true that the changes which have taken place have all been in the direction of making it more and more difficult for the average unmarried person to lead a chaste life? It can be maintained that though external conditions have become more difficult, man's physiological make-up has not altered. He is as prone to passionate response as were his ancestors. Yet the strain placed upon him exceeds by an enormous degree the most that they had to contend with in the sphere of sexual stimulation and temptation.

If therefore I am asked whether sublimation constitutes for a substantial number of our young people a practicable solution of the personal dilemma created by the advent of sexual maturity under present-day conditions, I am bound to reply in the negative if I look at the question from the point of view of social health. In this opinion I am fortified by my own observations and by such statistics as are available.

Lest it be thought because of this that I personally favour greater freedom in the sexual relation, let me say quite categorically that I do not. On the contrary, I support sublimation in principle, but with the proviso that I do not regard it as suitable for all physiological and psychological types, and that I consider that its value in relation to the social problem tends to be over-rated by many writers. Nevertheless I am not happy with the existing position; indeed, I am disturbed, because I fear serious adverse effects on social health from a continuation of our insistence on pre-marital sexual abstinence at a time when, with the revolutionary changes in moral standards and with the average age at marriage being still well on in the twenties, it is becoming increasingly difficult for young people to adhere to this ideal.

Before proceeding to discuss the necessity for a wider approach to the problem, something must be said in explanation of the underlying mode of action of sublimation. Sublimation in relation to the sex instinct is essentially a re-direction of the inborn urge from its normal biological channel into another channel which provides an outlet personally satisfying to the individual and yet does not bring him or her into conflict with the interests of the community. In

so completely absorbed in some activity that sex has, as a result, ceased to constitute a personal problem for him, then, for that individual, sex has been sublimated. This process is in no way harmful to a person, nor to society. Should the circumstances arise, the instinct can be restored to its natural channel with complete success. As is very well known, the community would be much the poorer were it to lose the social service, the creative capacity, or the self-denying labours which a sublimated sex instinct engenders. Sublimation is in no sense a perversion in which the instinct is debased and directed into channels both unnatural and socially undesirable; neither does it involve repression—a term which implies a damming up of energy without any means of outlet—a state often leading to psychological disharmony.

The types of activity which a sublimated sex instinct may utilise are innumerable, and selection of a particular one depends on social circumstances, natural bent, or psychological constitution. No one outlet is universally acceptable, and perhaps never in the history of mankind has there been a period which provided more opportunities for complete sublimation than the present, in which the arts and sciences are the privilege and the possession of the common people. In spite of this fact, sublimation is no easy accomplishment, and its staunchest supporters do not conceal that it can be achieved only after a long and perhaps painful process. Leslie Weatherhead, in his book 'The Mastery of Sex', refers to it as a 'discipline which may take years to accomplish', and simultaneously he makes the important statement that 'except in people of exceptionally high character it is not easy to make the sublimation so complete as to use up all the instinctive energy which needs directing'. Moreover, it is implicit in the treatment of this matter in the Copec Commission Report that the members of the Commission believed a high degree of religious devotion was essential for the attainment by people of 'a vision and a purpose in life large enough to satisfy the whole of their instincts'.

What do these authoritative statements on sublimation by leaders of the Christian Church really mean in the social and economic conditions of the present day? One logical deduction from them is that very few indeed of those who are denied marriage can be expected to find in the device of sublimation a panacea for those disturbances which arise from an unsatisfied sex urge.

However much scope there may be in modern community life for the pursuit of worth-while objects as a counter to the sex instinct, it is quite clear that comparatively few people will be able to achieve a satisfactory degree of sublimation as long as there is so much in our civilisation which works in the opposite direction—that is, which excites, disturbs, or awakens the sexual urge. Havelock Ellis¹ described the position accurately when he referred to those features of the social system making tumescence (the physical changes from sex excitement), 'sometimes almost constant'. It must be extraordinarily difficult for a normal, healthy, active unmarried man or woman (or, for that matter, youth or girl), outside of a monastery or convent to remain indifferent to, or unaffected by, the attractions of sex. Consider for a moment the effects on a young man of the ever-recurring erotic suggestion in advertisements; of the changed attitude to the purpose and function of sex; of the freedom of action which contraception, improved travel facilities, and the new independence of women occasion; and, not least, of the additional difficulties of self-control arising from the improved health and nutrition of the individual (as compared with that of a person of corresponding age living in the unhealthy and frequently impoverished environment of the past). Is it a fair, sane, or even practicable policy to allow young people to be disturbed, I should say tantalised, in this way and yet, because of economic necessity or social custom, deny them the natural beneficial outlet in marriage? Is it fair to offer them an alternative which must, by contrast, appear cold and unattractive, and hold out for many an ardent lover a bleak prospect of years of self-denial unless refuge is taken in some irregular relationship?

In the first place, it does not do justice to the Christian Church, the principal advocate and exponent of the practice of sublimation, whose prestige wanes and whose influence in the life of large numbers of young persons is weakened because of the failure of this side of its teaching to meet a deep and clamant need. It is not fair to the many hundreds of thousands of young men and women also set off with high ideals in connection with sex, but who succumb, before marriage is economically possible, either to the power of the urge within, or because of the irresistible attraction of modern methods of enhancing sex appeal. Neither is it just to the community in general, because deep and irremediable harm is done to very

¹ *Op. cit.*

large numbers of people—harm which is reflected in much indefinable ill-health, in the statistics of venereal disease, and in the increasing occurrence of neurasthenia. Though much of this ill-health is not at present capable of measurement, it is a reality of which the observant physician is fully aware. Unfortunately, many social workers do not yet appreciate the profound influence on the deeper origins of this disturbance of the natural harmony of body and spirit which is exerted by prolonged sex deprivation and thwarting in the face of continued stimulation.

I have omitted to distinguish between the physical side of sex and the affectionate, emotional side because in ordinary social life the emphasis placed on one or the other varies from individual to individual. Nevertheless, sex deprivation may reveal itself in some young persons more as a need for opportunity to receive and bestow love, and less as an urge to actual sexual intercourse. Other persons whose biological make-up is different or whose capacity for love and affection is less developed, probably as a consequence of their home training or of their experiences in early youth, find that for them the primary need is for a physical relationship. Such individuals very easily drift into irregular sexual relationships. In the interests of social health, the needs of the one type of individual are no less deserving of satisfaction than the other. From the long-term point of view, the community's highest interests are probably prejudiced more by a continued lack of emotional satisfaction than by the relief of physical tension through socially undesirable sexual relationships.

In this connection enlightening observations were made by Dr. P. H. Newman during a period he spent in a prisoner-of-war camp. Writing in the *British Medical Journal* of 1st January, 1944, he stated that 'there can be little doubt that in this broader sense of lack of affection, sexual deprivation is not only a fundamental but the fundamental factor in the formation of the prisoner-of-war attitude'. By the prisoner-of-war attitude he means the abnormal emotional and behaviour reactions of which 'practically all prisoners of long standing will present symptoms to some degree'. He suggested further that 'the importance of the absence of actual sexual intercourse probably depends a great deal on the temperament of the individual'.

Some of the conditions in a prisoner-of-war camp have their counterpart in the ordinary civilian sex life of many un-

married people. The barbed-wire fences are replaced by the barriers of social-economic conditions, the restraints are imposed by social codes and religious beliefs; there is a similar urge to break out and obtain freedom of action and relief of pent-up energies, and the fear of community or family ostracism takes the place of fear of recapture and punishment. In addition, there is very often no apparent end to this enforced restriction of action, for marriage is indefinitely delayed through economic circumstances. Both the war prisoner and the social prisoner are daily reminded of their unhappy lot; and in the case of the social prisoner there is provocation and open encouragement to escape from the confines of complete sexual restriction by irregular or clandestine routes.

(3) COMMENTS ON EXTRA-MARITAL RELATIONSHIPS

We have seen that, by and large, society in Britain disapproves of any form of irregular sex relationship and requires that the sex instinct be sublimated if it does not secure a permissible outlet in marriage. In spite of this social approval which is given to marriage and to the practice of sublimation, it is plain that tens of thousands do not desire or never achieve either of the two; and many more, in the years which elapse before marriage becomes possible, drift hither and thither, now drawn on by their passions, now restrained by social or religious scruples. Many are exasperated by the indifference of society and by the stupidity of a system which permits unlimited excitation and makes little practical effort to assist towards marriage, yet forbids extra-marital sexual connections.

There are, in point of fact, four ways in which people respond to the sex urge, four courses which may (in theory), be followed by any individual at the present time. Because not only the individuals concerned, but society as well, has an interest in the ease with which one course or another may be taken, it is worth our while to consider the alternatives which confront unmarried persons. The four courses which may be taken are:—

- (i) Marriage—permanent, monogamous.
- (ii) Abstinence, with sublimation of the sex force.
- (iii) Abstinence, with sexual frustration and the associated emotional strain.
- (iv) Formation of an irregular sexual relationship.

Each person requires to follow one or other of these courses. Though one line may be taken at a particular stage, a change of outlook or environment may lead to an alteration. The important point is that as long as the average age of marriage remains as high as it is at present, only courses (iii) and (iv) are really feasible for large numbers of our young people. We have seen that the possibilities of successful sublimation are remote for all but a few high-minded souls, so the second course is not really of much practical significance, not only because the numbers able to follow it are probably small, but also because it is not at all welcomed by young people as a solution to their problems.

For society to permit any substantial number of young people to suffer from that sense of disappointment, defeat, and thwarting which arises from sexual frustration, is certainly detrimental to a stable, progressive, balanced social life, yet it is all too clear that nearly everybody, including most of those who ultimately enter wedlock or drift into irregular relationships, passes at least several years in this very harmful and, to my mind, largely avoidable state. Apart from health and social stability, the economic usefulness of many citizens is diminished through the effects of prolonged frustration on their character, effects which can change a person from an asset into a partial liability to the community by reducing his personal contribution and by causing him to be a source of irritation to his neighbours.

When we come to examine the opportunities for forming irregular sexual relationships presented by the circumstances of modern life, we are at once struck by the fact that a subtle, but none the less distinct change has taken place since the pre-1914 period. Up to that time a woman was either chaste, or immoral, or what was called a 'fallen woman'—a prostitute; while a man was either chaste or immoral. That is, in relation to sex conduct there were three classes of women and two of men. Nowadays, because of the influx of what are believed to be large numbers of girls and women into the ranks of those who either subsist solely on their immoral earnings ('being kept' by one client or by many), or who augment their income by this means, the distinction formerly drawn between the prostitute and the merely immoral is academic and has no practical meaning. In fact, in this country no satisfactory dividing line can be drawn between what is frank prostitution and much that is loosely included in the term promiscuity,

unless we include in the ranks of prostitution a substantial number of young women who would be shocked at the idea and who are not ordinarily looked upon as coming into that category.

For it is only too true that many girls who would scorn to accept money will, in return for intimacy, permitted or promised, readily take a gift or an evening at the theatre or a week-end trip, as the case may be. But does the fact that the transaction takes the form of barter really alter the nature of the relationship between the man and the woman? Buying and selling takes place, even though it is given the appearance of a mutual bestowal of gifts, the truth of the matter being that a bargain has been struck (more by consent than by arrangement), and as there is no love or affection or intention of marriage to hold the couple together, failure to keep the bargain means breaking off the business connection. The essence of prostitution consists not so much in the misuse of the sex instinct (though it is that), as in its wrongful use for selfish ends, either through sheer economic necessity, mere greed, or thoughtlessness. A sexual relationship which is not ennobled and purified by love and affection, or at least rendered socially inoffensive by conforming to the recognised marriage pattern, comes perilously near to, if it is not actually already within, any logical definition of prostitution. This is a sobering thought, for the implication is that the large numbers of young people who, we are led to believe, have been swept away by the 'moral landslide' which has overtaken us, are technically prostitutes and the clients of prostitutes. By all standards the future of our country is black indeed should events prove that an important section of our adolescents and young adults, by their conduct and habits, are eligible for inclusion in these categories. The evidence at present available is probably less ominous than would at first appear, so the danger for the future arises more from influence by force of example on the next generation than from the effects on existing social conditions of those who have already adopted this way of life. It is in the nature of a landslide to gather momentum and to add to its size as it proceeds; therefore, if the analogy is valid, we must bear in mind the possibility of things getting still worse and, in the course of a few years, of our coming to be a nation characterised by almost universal prostitution. In the face of this menace it is surely folly to gloss over what is, in the long-term view, a serious situation, by using euphemisms such as 'sex

freedom', 'irregular relationships', or even 'promiscuity', in place of the term prostitution, which is the more appropriate and the more correct description of many current types of liaison.

(4) PRINCIPAL FORMS OF EXTRA-MARITAL RELATIONSHIP

The principal types of the human relationships involved are in three main divisions. First, there is the true pre-marital group, in which intimacy is a preliminary to later marriage. There is every intention of permanency in the relationship, though, of course, in the outcome, some are short-lived. In the second are those associations which begin with the vague hope, but not necessarily the intention, of permanency. Trial and companionate marriage and progressive monogamy are the principal types concerned.

The third group is more complex than the others, but its several types have this feature in common, that when they begin there is neither the intention nor the expectation of permanency. Such are the habitually promiscuous and those whose occasional lapse arises from nature asserting herself where there is no marital opportunity for relief of tension. Then there are those whose needs differ in that they have experience of marriage, but through death, protracted illness, separation, or divorce have lost their mate, and therefore seek consolation in short-lived liaisons. In again a different class come those who are guilty of infidelity while the marriage is still in being, at least outwardly, or during temporary separation through the demands of their occupation.

(a) *During Engagement*

Under this heading are included those cases in which intimacy takes place only as a prelude to, or foretaste of, marriage. It presupposes actual engagement, or at least the full intention of formal marriage, and it is understood that a bond of mutual affection and sympathy exists. In view of this it is pertinent to inquire if there is reason to believe that this form of extra-marital relationship has adverse effects on social health, because if it has not, then it is clearly outside the scope of this study. Before proceeding farther along this line there are two points which I think I should stress. First, the Christian Church, with the great fund of accumulated experience on social and personal problems which it possesses, is insistent that pre-marital fornication is harmful to the couple even though

affection exists and marriage is intended and is, ultimately, solemnised. This standpoint could not have been arrived at lightly or, to say the least, it could not have been consistently maintained throughout the centuries had not prolonged acquaintance with the lives of the people revealed some justice in it. Secondly, social workers who have an intimate knowledge of the present-day social and economic circumstances which make postponement of marriage inevitable and the initiation of pre-marital intimacy often unavoidable are almost unanimous that there are disadvantages inherent in the practice which make it incumbent upon them to oppose its extension even as a temporary expedient.

What, then, are the harmful effects? Objections to the practice are based on four considerations which are believed to detract from the full personal and social value of sexual intimacy.

(1) It introduces an undesirable element of emotional stress. For example, in all but the exceptional case, domestic circumstances make it essential that the act be undertaken furtively, either out of doors, in a car, or in an hotel. Secrecy, concealment, and even deceit play their part almost of necessity, and the beauty and happiness of the love relationship are lost or partially destroyed by the anxiety to preserve appearances. Some may argue that society itself stands condemned by demanding such a strict standard of morality that even lovers must resort to furtive concealment of the fact that they have consummated their love, or that they wish to consummate it without waiting until marriage enables society to bestow its approval on the union. This criticism, however, cannot alter the existing position, where even the bolder spirits who profess to ignore public opinion endeavour to maintain a cloak over any activities which might bring unfavourable or vulgar comment on a relationship that possesses deep personal significance because of a bond of affection.

(2) Many girls, and not infrequently the higher types, have an instinctive uneasiness that, by 'giving themselves' before marriage has taken place, they are simultaneously weakening their power to hold their lover and to retain his love and interest. The underlying reason for this fear must rest on the so-called hunting instinct which the male possesses, by which while the chase is on he is eager, vital, and attentive, but once the quarry has been seized, he relapses into indifference until the next quarry appears. Translated into terms of sex, once

the urge of sex desire has achieved its immediate object, the girl feels that her lover may lose interest in her; having succeeded in attaining his objective, her value to him is lost and she is discarded. Hence the fear of 'cheapening herself'. There is good reason to believe that this is frequently the real cause of many a broken engagement, as it is also a source of frequent trouble in wedlock unless the husband maintains effective self-control aided by an enduring affection.

(3) Physical initiation may encounter unexpected difficulties. Even under the most satisfactory environmental and emotional conditions, the first consummation requires care, patient understanding, and a complete absence of any haste if even partial success is to be achieved. All expert sexologists agree on that point, and many advocate giving instruction on the hygiene of intercourse to those about to marry in order that the pitfalls may be avoided. All too often a revulsion to sex which originated in an unsatisfactory pre-marital essay is carried over to mar the harmony of married life.

(4) Fear of an unwanted pregnancy is often very real, for without at least a working knowledge of contraceptives the possibility of conception always looms in the background, more especially in view of the unpropitious circumstances that frequently surround the couple. Though conception may occur in only a very small proportion of cases, yet the constant uncertainty ruins the relationship by rendering impossible the physical abandon and the spiritual unity which make human coition an uplifting experience.

(5) There is the ever-present danger that conception may occur. Even in these days of almost universal knowledge of contraception it is worthy of comment that many intelligent young people have sexual intercourse either without sufficient knowledge of how to protect themselves or without putting into application what they do know. The extent of this ignorance of the methods of contraception is in part revealed in the illegitimate birth rate, in the numbers of pre-marital conceptions, and in the recourse to illegal abortion, which is probably much in excess of that shown by the statistical evidence available. Of course it is admitted that even married persons, having opportunity and facilities for the taking of full precautions, experience every now and then an unexpected failure. This fact should cause those unmarried people who are indulging to pause and think again, for it demonstrates that effective contraception is not easily achieved (especially under un-

favourable conditions), that initial success does not justify complacency, and that inexperience coupled with powerful passion may over-ride caution at a vital moment and cause the protective measures to be disregarded. However, among the group which we are considering, the lack of knowledge and of self-regard which lead to conception is something that should evoke our sympathy, because, surely, it reveals an absence of crude calculation and preparation, and betokens a guileless and unsophisticated approach to the consummation of their love by these betrothed and almost invariably youthful lovers. Some, indeed, have to bear all the worry and distress of unsought parenthood as a result of their first attempts at physical union.

That pregnancy does occur relatively frequently will be shown later, and though many of the children are born legitimately through the marriage of the parents before the confinement, others are born out of wedlock and subsequently legitimised. Consider for a moment the feelings of an unmarried girl who comes to realise that she is pregnant—the mental shock, the sense of helplessness, the anger against her lover, the recriminations, the uncertainty about her parents' reaction, and the possibility of giving birth to an illegitimate child while lacking the support of a husband and the solace of marital status. Even in those instances in which marriage can be hastily proceeded with and a home set up, a less auspicious beginning for married life, psychologically, is difficult to conceive, for the chances of satisfactory adjustment and the growth of a spirit of unity and affectionate understanding between the partners are markedly reduced through the worry and emotional exhaustion due to the approach of the confinement and the normal stresses arising from home-building.

(6) It may lead to the physical side of the human relationship assuming too great an importance.

Among the unmarried it is a common misconception of the intimate personal life of married people to fancy that physical relations continuously play a leading rôle, not only in maintaining the bonds which hold them together, but in their actual day-to-day existence. Investigations such as those of Dickinson and Beam¹ and of Hamilton² go far to prove how erroneous is this assumption, though, of course, they also demonstrate the necessity to a full and happy married life of a balanced attitude to the physical side. For this reason it is

¹ *Op. cit.*

² 'A Research in Marriage', by G. V. Hamilton.

contended that pre-marital intercourse is unwise, inasmuch as it is apt to occupy a position of exaggerated importance, to the detriment of other highly significant things, such as getting to know and to understand one another on the emotional and intellectual planes. Advocates of a period of sexual experimentation prior to wedlock would probably deplore any excessive concentration on the physical side of marriage by engaged couples, as that was not what counted most in achieving success in wedlock, yet it must be recognised that that is one of the implications of their proposals. During youth the fires of passion burn vigorously. Therefore to give the impression that it is either essential to, or that it necessarily assists towards, connubial harmony to have full sexual experience of one another during the engagement stage is not only going beyond the facts as they are at present known (for physical responsiveness can be assessed without coition), but may actually hinder that full understanding and ultimate fusion which is the supreme prize of marriage. In practice as well as in theory a marriage based on physical adjustment without sufficient regard to temperamental incompatibility and to possible disharmony arising from differences of outlook and aims in life is much more liable to end in disaster.

(b) *Prostitution and Promiscuity*

There is a sufficiently close resemblance between present-day casual sex relationships and prostitution (excluding regulated prostitution and licensed brothels), to permit of our considering both together; moreover, such differences as do exist between them are minor and are unimportant to social health. Therefore in this section I shall adhere to the point of view already advanced, that the problems of prostitution and promiscuity in this country (and possibly in the United States, too), should be regarded as one problem in respect of their causes, their social effects, and the essential preventive and rehabilitation measures required. That being so, we shall proceed at once to the discussion of the various ways by which harm can arise from such practices.

Certain of the objections raised in the last section to the commencement of coition during the engagement period are applicable here, such as, for example, the harm done by anxiety and by the fear of pregnancy, discovery, and exposure. In many instances, and especially in those of people with long experience, there is little anxiety and no fear, for many men

and women care little about discovery and the possible estrangement of relatives; while the possibility of conception, in the case of some women, is as a long-forgotten nightmare, the after-effects of acute gonorrhœa being a more effective contraceptive agency than any of the devices they may have used in the early days. But to many girls of promiscuous habit conception is a very real danger, and the continuing high illegitimate birth rate presents a warning as well as reinforcing the view that anxiety enters into the casual experience (for almost everyone is acquainted with some girl who by an unwanted pregnancy has had to pay dearly), thereby nullifying, or at least reducing, both the pleasure and the physical value of the act. The large numbers of unmarried mothers who are uncertain of the identity of the father of their child make it almost a criminal stupidity in a girl not to heed the warning which rational fear provides.

(i) *Danger of Contracting Venereal Disease.*—As venereal disease is nowadays widely disseminated throughout the whole civilised world, there is a very considerable risk involved in indulging in sex relationships of a casual character. For all practical purposes an equal risk confronts both men and women in spite of anatomical differences. The facility with which infection may be contracted depends on epidemiological conditions. Sometimes a first exposure may result in infection, sometimes habitual promiscuity within a restricted group is not attended by venereal infection, while examples are known of prostitutes remaining free from active disease for years in a remote disease-free district. But—and this is the important point—casual fornication can no longer be indulged with impunity from venereal disease, for it is nowadays more widely scattered in the community than ever before, and travel facilities make it more likely than hitherto that one member of a limited group may be exposed outside the group and be a danger to all the others. The result of this is that he (or she), who indulges in free sexual relations is, under existing conditions, courting almost certain eventual infection.

(ii) *Deleterious Effects Arising Out of Casual Fornication Regarded as Personal Experience.*—Persons who say that they 'see no harm' in casual intercourse provided that venereal disease and conception are avoided overlook the vital fact that the sexual act is perhaps the most intimate and potent experience that falls to the lot of the ordinary man and woman. Hence the circumstances in which the first experiences are secured carry a

profound significance for the whole subsequent sexual life, and colour the general behaviour towards the opposite sex. In this respect the crudity of an initial intimate experience with a casual pick-up (a not uncommon event in these days of dance-halls and public-houses packed with unaccompanied men and women), should be compared with the beauty and spiritual value of the embrace of a love-attracted and mutually trusting couple. Arguments based on the erroneous assumption that any experience is something through which we pass and which leaves us unchanged in any permanent or important respect (almost like having a drink of cold water when thirsty¹), are especially harmful in the realm of sex life if they are aimed at promoting a freer code of morality, and if their impact strikes heavily on the young and immature. For it is quite false for anyone to imagine that a deep and moving experience such as coition—in which there is a combination of external forces working through the senses and a reaction or response from within—can leave a person exactly the same as before. Professor Drever,² is quite clear and precise on this point. He states that 'every experience leaves behind some sort of trace which is conserved and retained and which affects to a varying extent subsequent experience and subsequent behaviour'. He adds that 'what is conserved is not the experience, but a definite change in the structure of the nervous system and of the mind brought about by the experience, what psychologists call a disposition'. A disposition being a trend or tendency 'by virtue of which we experience and act in a particular way'.

Bearing this in mind, and remembering that some experiences are detrimental, while others are clearly beneficial—for 'there is a negative as well as a positive in the algebra of our experience'—the value of casual sex relationships must be judged very largely on the basis of the general psychological, emotional, and environmental conditions which precede and accompany the act and on the known after-effects. Some pertinent questions are: Do these experiences lead to a well-adjusted, regulated, and efficient member of society? Do they increase the chances of full development and the attainment of a state of full or positive health? As a result of such experiences is an individual likely to become a better marriage partner and a better parent? Do these experiences increase

¹ Lenin's simile used during a^c discussion on the harmful effects of promiscuity on Communist Party members.

² *Op. cit.*

the stability and intrinsic soundness of social life by adding to the number of happy family units within the community? If sufficient evidence is available for these questions to be answered in the negative, then a strong case can be made for determined opposition to be launched, on the practical utilitarian grounds of the promotion of social health, to counter the trend towards a looser morality.

It may be argued, with reference to the last question, that that which detracts from the welfare of the family unit is, of necessity, detrimental to the highest interests of society, for, we believe, the family trinity of father, mother, offspring, united under a system of monogamy, constitutes the best pattern of family grouping in relation to organised social life. Others, supporting the theory that the tribe or some form of group sex association was the natural and the primary social unit, and that the family unit developed later, may raise objection to this line of thought. Nevertheless, in view of the well-established place for this order of things in all civilised and primitive social life (witness the researches of Westermarck, Malinowski, and other sociologists), it would be inappropriate to enter into a lengthy discussion of that particular point here, so I shall content myself by quoting from a recent essay by Professor F. A. E. Crew,¹ of the chair of Public Health and Social Medicine at Edinburgh University.

‘There are those who argue that species survival could have been secured just as well if no family grouping had existed and if all the males of a large assemblage looked after all the females and their offspring by any male. In the light of what is known it would seem to be more reasonable to accept the view that the family, which implies the continued cohabitation of a mated pair and the care of a particular male for his own mate and his own progeny is a better grouping than such a large assemblage when judged by its effects in increasing the chances of survival of offspring.’

With all the evidence at our disposal telling of the adverse effects on the health of children of birth outside of wedlock or from the loss of the loving care and guidance of a parent, it would be foolish to turn a blind eye to any influences which may weaken the capacity for permanence and cohesion in home life. On this account the lasting effects of experiences

¹ ‘Rebuilding Family Life in the Post-War World’, contribution by F. A. E. Crew.

arising out of casual sex relationships, even should they do no more than reduce the chances of subsequent happy marriage and successful parenthood, come clearly within the range of our scrutiny. What evidence is there that the interests of social health are being prejudiced by the cumulative effect on individuals of experiences arising from the wider indulgence in 'free' sex relationships by large sections of the community? Rather than restrict our consideration solely to the evidence of the impairment of social health by these extra-marital experiences it will be more fair to the reader if I discuss the principal claims advanced for and against them as educative experiences, and leave him to decide for himself.

Sexual experience obtained outside of marriage and with partners with whom there is no intention of marriage is believed to be disadvantageous to the individual and to society for several reasons.

(a) Because the experience is sought and entered into with a purely selfish aim. It permits of no real self-denial; altruism is not admitted; and, as the relationship is on a more or less purely physical basis, the possible evolution of love from lust, which can be a distinguishing feature of human sexual union involving the intermingling of body and personality, is improbable even with prolonged experience. The association of sexual experience with a self-seeking attitude, and with no more than a superficial consideration for the partner, is apt to be carried over into marriage, where any policy of gratification at whim is fatal to success.

(b) It strengthens the inborn tendency towards variety of experience. Besides seeking fundamental security and permanence, mankind has a natural bias towards variety, and can with unfortunate ease become bored even in a sex relationship which is otherwise fully satisfactory. All marriage is subject to this risk, but, as many have found, the risk is very much greater if the desire for variety had been strengthened by a sustained policy of flitting from partner to partner. One can imagine how disruptive of home life and affection any strong urge towards variety (whether frustrated or satisfied), can be if retained after marriage. Agreements between couples permitting freedom of action are more likely to be a source of friction (human nature being what it is), than to lead to the strengthening of the bonds of wedlock.

(c) The development of a disposition for casual intimacy may increase the difficulty of achieving a successful marriage and

maintaining marital fidelity by earlier indiscriminate erotic practices making sex desire able to be stimulated only under familiar conditions. Thus a man who has come to associate sex with the technique of the prostitute finds that his response is inadequate in the entirely different conditions of the conjugal chamber; whereas, soon after marriage, maybe, he finds that he is still the prey of his desires when faced with the familiar temptations outside of the home, even though he is eager to remain faithful to his wife.

(d) It makes a permanent fixation or attachment to one individual very difficult. This is apart from actual sex desire and consummation, for the development and maintenance of a sustained interest in a single member of the opposite sex appear to be inhibited in the depth of the personality by the effects of years of experience of casual relationships. Continuation of the bachelor state long after marriage had become economically possible is attributed by some single men of wide sexual experience to their not having met anyone they liked sufficiently well or were attracted to in that way. The real reason very often lies deeper and is within themselves. Marriage for them would be full of additional risks, and should not be advised either in their own interest or in that of marriage itself as a social institution, for the collapse of the union is certain on account of their having become almost incapable of sustained emotional attachment. As it is, the evidence of divorce proceedings shows that many marriages fail to achieve permanence through the incapacity to retain interest in one partner, possibly, in some instances, as a consequence of a previous promiscuous way of life.

(e) Experience of sexual intimacy introduces a striking physical alteration in the female which is of very considerable social importance. The virgin female is possessed of well-organised powers of controlling sexual desire which are very much more highly developed than in the virgin male. This slowness in reaching the point at which subsequent sexual activity becomes semi-automatic is a valuable safeguard, but it also constitutes a responsibility, inasmuch as it confers upon her a superiority of personal control and an ability to refuse consent which, in the male, is lost very much earlier in the course of the preliminary mutual sex-play and excitation. Ill-advised determination by inexperienced girls to permit the boy-friend to go a certain length but no further is a noteworthy cause of attempted rape and of even more calamitous happenings.

One of the most tragic features of the period of occupation of this country by the United States Army was the execution of young soldiers under military law for rape or serious sexual assault. At least twelve men lost their lives, and others were given long stretches of imprisonment. Though I do not know the details of the cases, and am not therefore in a position to express an opinion on the justice or otherwise of the sentences, I confess to a feeling of failure, which I think I share with the rest of the community, failure to prepare our young people for the responsibilities of sexual maturity. To my mind, this amounts to collective guilt, for at least some of these tragedies may have been provoked by unwise personal conduct on the part of girls ignorant of elementary sexual psychology. But I must not digress further. The point which I am concerned to make is that following initiation and experience of sexual intimacy the female comes broadly to resemble the male, in that afterwards her powers to resist are diminished and her response to erotic suggestion is more powerful.

For the unmarried female who, because of social, professional, or religious barriers, cannot expect to obtain regular satisfaction through the natural biological channel, a resolution to have at least some experience of sex (it is said that certain girls permit first intimacy merely to see what it is like), is a very serious one. By it she makes control of desire much more difficult, and this may lead to mental disturbance, to conduct bringing her into collision with the barriers mentioned, or to her having recourse to unnatural Lesbian practices. Many girls are started off on a course leading to complete sexual irresponsibility by their first experiences of coition, sometimes when quite young or when unaware of what their first consent really involved for them.

These are the main objections which are raised against casual sex relationships when regarded in the light of experience. Contrary opinion, which seeks to justify such experience as being really beneficial, draws attention to several other considerations. For example, it is well established that ignorance of the technicalities of sexual intercourse mars the physical relations of very many couples for long periods after marriage, until eventually, by a process of trial and error, a moderate degree of success is attained. Why not, then, it is asked, obtain preliminary skill outside of marriage, and so enter upon wedlock unembarrassed by anxiety and ignorance? Though ignorance of what is to be expected at the consummation of marriage

must be deprecated most strongly, we should be careful not to confuse knowledge with experience. A sufficient amount of information on the practical physical aspects of coition, together with an acquaintance with the principal psychological factors involved, enables marriage to be embarked on with an adequate understanding of what is involved. This should undoubtedly be secured by all couples prior to marriage, but the preliminary preparation need not include actual trial. Practical experience can, in theory, promote the acquiring of a good technique, but there are serious disadvantages inseparable from sexual intercourse of a promiscuous or purely physical character which far outweigh any benefits that preliminary trials may confer. Dr. Crichton-Miller¹ holds this view very strongly. His opinion, which is based on psychological principles, is that it is better for a man and woman to enter upon marriage without any previous experience of sexual intimacy whatsoever; and he affirms that such experience, if acquired, is always detrimental in one respect or in another to the achievement of maximum benefit from marriage.

Another claim which is sometimes adduced is that the experience gained through indulgence in promiscuous relationships prior to marriage has a purifying effect on the individual analogous to the 'clearing of the air' by a storm of wind and rain. Similar fallacious arguments were, in the Victorian era, brought forward to justify young 'society' rakes, especially those of aristocratic heritage, who, through having 'sown their wild oats', were regarded as being more likely to be good husbands and fathers and to develop in later life into examples to the community, if not into actual pillars of the Church. The point at issue is, does pre-marital experience further or detract from all-round success in marriage? There are those who assert that the experience gained enables spurious 'love' attachments, having only a physical basis, to be detected, that thus it works in the interest of genuine affection and of compatibility in marriage, and that, in consequence, it is socially beneficial, and should be permitted.

We must now turn to another socially disadvantageous effect of prostitution and kindred relationships.

(iii) *Casual Relationships as a Cause of Social Unrest*.—One of the least noticed effects on social health of the practice of casual fornication is the disturbing influence which it exerts on

¹ H. Crichton-Miller, quoted by Kenneth Walker in 'Preparation for Marriage'.

ordinary human relationships. Up to the Second World War there was, indeed, little opportunity for this disastrous consequence to be observed, except among persons living in circumstances involving close association of men and women, married and unmarried; but war conditions have provided such favourable conditions for promiscuity that this effect is now clearly visible to all. Where sexual irresponsibility and licence become widespread, doubt, suspicion, and jealousy destroy that vital bond of trust and good faith which links each one of us to the other members of our social group. Men come to suspect the intentions of other men in relation to their wives and sweethearts, and to be unwilling to trust their spouse or lady friend out of their sight if there is any opportunity for some other man to pay her attention. Women, too, will learn that other women, married or unmarried, cannot be depended on not to try to obtain sexual experience from their husbands. Perhaps more nowadays than ever before have men had reason to suspect the fidelity of their wives, and wives of their husbands, when circumstances separated them and supplied convenient opportunity for marital unfaithfulness. But that is not all. The seeds of suspicion can create discord in numerous social situations, ranging from ordinary business contacts to close personal friendships, and even apart from marriage the spread of habits of sexual promiscuity can destroy that belief in good intentions which is the heart-blood of ordered society. In short, it will gradually sap the vitals and destroy the roots of social life.

Fortunately, conditions have not yet reached this pass, but there is quite enough evidence available to make us sure what the outcome will be should the present trend in morality continue. Who can doubt the evil potentialities of the situation who knows the tragic story of all too many husbands and wives and sweethearts separated by the calls of national service? The sorry tale of broken homes and blasted hopes is one which points a moral, but for many the most poignant feature is that it was someone who was a friend, an acquaintance, a workmate, or a neighbour who was the cause of the estrangement. With the cessation of hostilities, of course, opportunities will be less numerous, but the point which I am concerned to make is that current changes in moral standards (making people less careful of fidelity), coupled with a wide knowledge of contraceptive technique, render it easy for those who are so inclined to cause suspicion in the minds of those who believe they have the right to be jealous.

One further point. The saying 'once promiscuous, always promiscuous' has more than a grain of truth in it. Therefore if any substantial proportion of the community ever adopts a code of 'free' sexual relationships, the cumulative effects on social life, particularly in the creation of social unrest, will be very considerable. This fact is very clearly demonstrated in a sociological study of the Tikopia, a Polynesian tribe, by Dr. Raymond Firth.¹ Custom in this tribe permits of free and unrestricted intercourse for all bachelors and spinsters, but marriage is required should conception occur. Not infrequently marriage also takes place of free consent as a sequel to 'falling in love'. Husbands and wives are inclined to be jealous of the former particular favourites of their connubial partner, and should copulation with one of them by chance take place after marriage, serious domestic trouble is certain to arise. Many married couples appeared to be happy and contented during the year 1928 to 1929 which Dr. Firth spent with the tribe, but the sex factor was always present as a worry for both men and women—a fear of the infidelity of their partner when the other was temporarily out of the way. Among the members of this tribe promiscuity did not lead to faithfulness in marriage and to social stability. The tendency was the other way, though of course the presence of so many persons with whom sexual connection had earlier taken place increased the difficulty of trying to replace sexual promiscuity by marital fidelity. Hence the jealousy, suspicion, anxiety, and unrest noted by Dr. Firth.

(iv) *Causes of Prostitution and Promiscuity*.—It would be inappropriate to leave this subject without referring to the causes of prostitution and promiscuity, yet to do justice to the importance of the subject (for no effective attempts at prevention can be made unless the causes are taken into account), would necessarily involve a somewhat lengthy disquisition which would be quite out of place in a general study of this type.

In the past the problem has, on the whole, been approached from the angle of the female as the purveyor rather than from that of the male as client. I imagine that this is because of the assumption that man is inherently polygamous (this justifying his part), and that women are by nature monandrous. It follows from this, so it was argued, that some economic, environmental, or temperamental factors must determine a

¹ 'We, the Tikopia: A Sociological Study', by Raymond Firth.

woman's becoming polyandrous. Though in the case of some women, and especially young women of romantic outlook, affection or admiration for a particular male is a *sine qua non* of consent, and though in the case of many men affection does not appear to be essential either to selection or to consummation, it would be wrong to classify men and women as a whole into distinct types on this basis. Much that has happened in this country during the war years has served to throw doubts upon this historical conception, and pre-war studies in the Soviet Union pointed to the previously unsuspected existence of in-born tendencies to polyandry in about 33% of apparently normal women. One must, of course, bear in mind that it is notoriously difficult in studies of social phenomena to distinguish between cause and effect, and that the risk is infinitely greater when one is dealing with groups selected on behaviour characters.

Having said that, I think that the purposes of this study will be best served if I give the principal factors believed to be of material importance in causation, but before doing so I would like to quote the opinion of Professor Cyril Burt.¹ 'Prostitution,' he says, 'is not due to one or two main causes, but in nearly every case to a multiplicity of causes, the causes being very largely different in different individuals'.

(a) Prostitution is related in its origin to the causes of the commoner types of delinquency and crime. The effects of emotional insecurity, of lack of love, of being reared in a broken or incomplete home, or of being under harmful influences either in the home or through outside companionships, are important contributory causes.

(b) The personality of the girl is a leading factor, though never the sole one. Where there is instability of temperament there is serious risk that at or after the advent of puberty a girl may drift into habits of sexual irregularity which lead later to frank prostitution. As a large number of such unstable individuals are intellectually backward, the danger of their drifting into prostitution is clear. It has been stated by Tage Kemp² that the combined evidence of several inquiries has revealed that over 50% of all prostitutes are backward, dull, or feeble-minded, but it is believed that comparatively few of the pros-

¹ International Bureau for the Suppression of Traffic in Women and Children: 'Report of Conference on October 22 and 23', 1943.

² League of Nations Advisory Committee on Social Questions: 'Report on Prevention of Prostitution', contribution by Tage Kemp.

titutes in this country are certifiable under the Mental Deficiency Acts.

(c) The influence of a strong sexual inheritance is a well-established cause, especially where the girl is also physically attractive.

(d) The influence of economic necessity has been accorded varying degrees of importance by different writers. There is no doubt that it is of material significance in very many cases, especially in poverty-stricken countries; in individual instances it is relative to other factors, such as physical laziness, expensive tastes, environment, and sexual inheritance.

(e) A not infrequent precipitating factor is the birth of an illegitimate child, especially where this involves estangement from relatives or loss of employment.

(f) Some writers lay great stress upon male complicity and responsibility through the creation of a demand, but the arguments raised are in several respects somewhat weak.

In the course of this book several of these factors will be dealt with more fully as part of the general problem of social health and morals; and, later, the proposals advanced with a view to mitigation of the most urgent of these problems will be found to have some bearing upon reduction of the occurrence of prostitution.

(c) *Trial Marriage.*

Trial marriage, so far as I am aware, does not at present constitute a menace to social health for the sole reason that it is not yet a popular form of irregular relationship. Under present-day conditions it is difficult for young couples to cohabit on a trial basis, even though both may be earning; and few trial couples are in a good enough financial position to live together in a furnished house, in circumstances comparable with those of ordinary home life.

Many liaisons which are referred to as trial marriages are, in fact, incorrectly named. The average person is sufficiently intelligent and intellectually truthful to realise that an association between a man and a woman, though it may be referred to as trial marriage, does not merit the name of marriage, because it possesses no resemblance to our marriage pattern beyond the fact that the couple share the same living quarters on terms of intimacy during the 'trial' period of several weeks. Even when this form of irregular association is undertaken

under the most realistic conditions, the resemblance to marriage falls short in the most vital particular—namely, that in marriage an irrevocable decision is made which from that moment alters to a fundamental degree the emotional and physical bases of the relationship. In marriage neither partner is a free agent, there being legal obligations which cannot be cast off lightly, while in so-called trial marriage the right of each to contract out is retained. The knowledge that the relationship need not be permanent introduces an element into the association which defeats the purpose and colours all other efforts of the couple to imitate the connubial state. Trial marriage, to be worthy of the name, requires that the couple entering upon cohabitation do so with the full intention to make a success of their trial, each being fully convinced that the other is equally sincere. When this is the initial position, there is from the very outset what amounts to an undefined bond of mutual loyalty binding the two together and compelling each to make sacrifices and adjustments for their common good. Only when such conditions are satisfied can trial marriage even remotely resemble the intimate emotional relationship charged with mutual trust, which is our Western ideal of marriage. A trial marriage of this character approximates to ordinary marriage to a sufficient degree to make it unlikely that material harm will result to the partners; and as there is almost as much likelihood that this type of association will be permanent as there is with many legal marriages which are lightly entered upon and as lightly broken, it is improbable that social health will suffer should the popularity of this form of marriage increase. After all, a tie which has the power of an inner compulsion behind it is infinitely more binding than a mere legal restriction or obligation can be if it lacks the full conscious assent and support of both parties.

No doubt must be entertained about my attitude to those liaisons which are incorrectly called trial marriages, but which fall short of what I regard as the minimum requirements. In their nature and their effects they do not differ in essentials from an ordinary loose but protracted sexual relationship. They may in fact be even more harmful than an admittedly casual affair, because they provide a greater opportunity for the development of an affectionate attachment, the girl, in view of her nature, being the more easily affected in this way. Of course, should love spring up between them and their relation be subsequently regularised through formal marriage,

the alliance bears the hallmarks of the pre-marital group, and could be placed in that category.

An example of the risks which are involved in entering upon a connection of this type came to my notice last year. A couple, both approaching thirty years of age, commenced an association which they spoke of as trial marriage. They were earning good salaries, and life in a furnished flat in London did not involve excessive financial strain, so from 1942 to 1944 it seemed that there was much to be said in favour of this novel relationship. As the association was dignified by the name of trial marriage, the couple was accepted into the homes of relatives, and even provided with a double bedroom on the occasion of their visits. After two years of trial which appear to have been harmonious and outwardly successful, the man was still undecided about formal marriage, though the girl was eager for it. He thought he would like wider experience, and some time later he terminated the trial and 'took up with' another girl. Unfortunately his trial partner had become deeply attached to him, and the transfer of his interest elsewhere was a severe blow to her. In a condition of general depression, inability to concentrate on her work, insomnia, and loss of appetite, she went to the home of relatives in the English West Country to recuperate.

The principal menace of this form of sexual experimentation lies, of course, in the well-recognised fickleness of some men and women. Legal obligation and the knowledge of social disapproval constitute not only safeguards for couples united in wedlock, but really make it easier for them not to 'throw in the sponge' on the slightest provocation. They persist in making the mutual adjustments which, with acts of self-denial, contribute to the building up of that community of thought and feeling which characterises true marriage.

Perhaps more closely related to trial marriage of the ephemeral type than to any other form of extra-marital relationship are those boy-and-girl friendships which proceed unintentionally, though perhaps unavoidably (where petting activities are permitted), to intimacy and conception. Not infrequently marriage takes place, before the birth or afterwards, either because of the personal desire of the couple or through the insistence of parents and relatives that the stigma of illegitimacy (an important consideration in some social circles), be avoided.

The outcome of such marriages depends largely on the

character and temperament of the couple and on their economic circumstances. Some appear to be successful, while others are doomed to failure. On balance, under present social and economic conditions the chances are weighted against successful wedlock, because the practical and psychological difficulties inherent in pre-marital fornication are, naturally, also operative in this group.

PART III

EFFECTS OF FAILURE TO SOLVE THE SOCIAL PROBLEMS OF SEX

To deliver thee from the strange woman,
Even from the stranger that flattereth
With her words; . . . for her house inclineth
Unto death, and her paths unto the dead.

Proverbs ii. 16, 18.

To deliver thee from the way of the evil man.

Proverbs ii. 12.

CHAPTER V

DISSEMINATION OF CONTAGIOUS DISEASE

VENEREAL DISEASE is part of the burden society has to bear for its inability to direct the sexual impulse into channels inimical to prostitution and to habits of promiscuity. Furthermore, these diseases would speedily die out were sexual relations confined to the marriage bond, for there is no known reservoir of venereal disease in nature. Mankind having purged itself from this plague could not be re-infected from a non-human source with the organisms of any of the existing true venereal diseases.

The principal diseases spread by sexual contact are syphilis and gonorrhœa. Others, such as chancroid and lymphogranuloma inguinale, are of infrequent occurrence in this country, and, though there was an increasing incidence of the latter in shipping centres during the interwar period, neither at present constitutes a menace to the health of the community.

(1) HISTORICAL NOTE

Evidence is available which indicates that gonorrhœa was prevalent in the Near East in Biblical times and that it was known to Greek and Roman writers. In contrast, syphilis was

comparatively recently introduced to Europe. Its importation from the New World is attributed to Columbus and his sailors, who are said to have carried it from Santo Domingo to Spain. Spreading to Italy and to other parts of Europe in the wake of military campaigns, it ultimately became widely distributed. London and Bristol are believed to be the first places in Britain in which this disease made its appearance. That was about the year 1497.

It is worthy of notice that the two factors which contributed most to the dissemination of syphilis throughout the Continent—namely, war conditions and the movements of persons of itinerant habit (such as seafaring people and those unfortunates who are displaced by warfare)—are of considerable significance in connection with our present-day problem.

(2) SALIENT FEATURES OF THE PRINCIPAL VENEREAL DISEASES

An acquaintance with the outstanding facts of gonorrhœa and syphilis is essential for understanding the problems created by their increased incidence.

(a) *Gonorrhœa*

The characteristic feature of gonorrhœa in the male is the production of a purulent discharge from the urethra or urinary canal in about two to ten days from the date of infection. The incubation period is usually short, and in the majority of cases the disease has shown itself within a week from the occasion of exposure to infection. If treatment is not provided, the discharge, in which large numbers of the causative oval-shaped organisms are to be found, continues for a variable period, then subsides without the disease being cured. Invasion of the other parts of the genito-urinary system by the organism is a not uncommon sequel when treatment is not immediately and effectively carried out, and further spread by the blood-stream to other parts of the body—for example, to the joints—may follow. Other sequels in the form of a crippling arthritis, a permanent sterility, or chronic ill-health, threaten the careless patient of either sex. It should be noted that the risk of the male carrying the disease by sexual intercourse does not end with the cessation of the profuse discharge, but continues as long as the organism is harboured in the various crypts or ducts opening or leading to the main passages in this part of the body. For this reason, the person who ceases to attend a clinic

prior to completing all the recognised tests for freedom from infection is a particularly serious menace to the community.

In the female the principal sites of infection are the cervix—which is the lower end or neck of the womb—the urethra, and the bartholin glands at the entrance to the vagina or birth canal. As is to be expected, anatomical features account for the different character gonorrhœa takes in the female. In some instances the cervix is the main, if not the sole, site of infection, and in view of its location at the upper end of the vagina the gonorrhœal discharge may not be noticed, or may not occasion a woman such discomfort as would make her seek treatment. Acute inflammation of the urethra produces a painful state which cannot be disregarded, and this also applies to the bartholin glands. In other cases the bartholin glands, like the cervix, may be infected without causing much local irritation to the patient. This is particularly true of the sub-acute or chronic infections of these glands. Nevertheless they may constitute a very real danger to the woman's sexual partners, for, in the process by which these glands secrete lubricating fluid during erotic excitement and tumescence, gonococci are conveyed to points where infection of the male sex organ is easily accomplished. A chronic and virtually symptomless infection of the cervix plays an even more important part in spreading gonorrhœa.

Without elaborating the point further, it is easy to see how a girl whose personal hygienic habits are not of the highest—and there is reliable evidence from war-time hostels for women that these standards are not infrequently much too low—may be unaware that she is suffering from disease or that her vaginal discharge is abnormal. Should she be of promiscuous habit she quite unwittingly scatters disease widely. The possibility of a latent or undetected gonorrhœa in the pregnant female, which might lead to the infection of the infant's eyes during the process of birth, is the reason for the practice of instilling an antiseptic into the eyes of every new-born infant as a precaution against gonococcal ophthalmia which so readily causes blindness.

(i) *Accidental Infection.*—The causative organism of gonorrhœa is very susceptible to drying and cooling, and cannot survive in unfavourable conditions for longer than two hours. It may, however, live in pus on clothing for about two to three days if the clothing is kept in a moist, warm atmosphere. Contamination of the eyes of an adult or of a child produces a

dangerous ophthalmia ; while infection of the genital organs of the female infant, such as easily occurs through the use of contaminated utensils or linen, is followed by an acute inflammation. Apart from infection of the eyes, informed opinion is opposed to the possibility that the adult male or female ever contracts gonorrhœa except through coition. The lavatory seat is not infrequently cited as the source of infection by persons who come to venereal disease clinics and who are unwilling to admit extra-marital relations, but no evidence exists that the possibility of this means of contracting gonorrhœa is more than theoretical. In spite of this lack of evidence, I personally am not satisfied that, with some designs of lavatory seat, a certain degree of risk does not exist of discharge dropped from one man contaminating and infecting the urethra of another.

(b) *Syphilis*

This disease may be either acquired or inherited. In the former type the causal organism, the *treponema pallidum*, is conveyed from one individual to another by contagion ; in the latter type, which is commonly called congenital syphilis, infection of the individual occurs prior to birth.

The *treponema pallidum*, a motile corkscrew shaped organism, is a complete parasite which dies rapidly when removed from the body. It penetrates the human tissues easily, especially if the skin surface is abraded ; and a painless ulcerated sore appears at the point of entry at the end of the incubation period, which varies from ten days to ten weeks. In the majority of cases the period elapsing between infection and the appearance of the primary sore—the first sign of syphilitic disease—is about fifteen to twenty-one days. In most cases the site of infection in both male and female lies somewhere in or about the genitals and external parts of the urinary tract. Other sites in which the primary sore not infrequently develops are the lips, tongue, tonsils, fingers, breast, or nipple.

In course of time the organism invades the deeper tissues, reaches the blood-stream, and is carried throughout the body. Following entry into the blood-vessels and the development of a generalised infection, a skin rash usually appears. Where the primary sore has not been noticed, or has been disregarded because it has not caused pain or because it healed spontaneously, the appearance of the syphilitic rash may be the first indication that the patient has this disease. Unfortunately in the two to three months which frequently elapse between

infection and the eruption of this rash the organism gains a more extensive and more secure hold on the body. Treatment to eradicate the infection must, as a consequence, be more protracted.

Should anti-syphilitic treatment not be provided, natural reaction on the part of the tissues enables the activities of the organism to be somewhat curtailed, but localised areas of infection continue to persist in the blood-vessel walls, in the brain or nervous system, or, in individual cases, in almost any other part of the body. After a latent period of some five to fifteen years or longer the third-stage (tertiary), signs of syphilis show themselves, and, as these are characteristically degenerative in nature, and not infrequently involve specialised structures or tissues, it is obvious how this disease can produce disability, crippling, or death in the prime of life. Infection contracted in early youth and either not treated at all or else insufficiently treated can, after the lapse of twenty to thirty years, bring a promising life to an untimely end or consign the victim to years of ill-health in his own house, in institutions for the chronic sick, or in mental hospitals. Treatment commenced in the late stages of syphilis is usually unavailing for the restoration of normal function or for repair of structural damage where specialised tissues have been destroyed.

(i) *Infectivity and Accidental Infection*.—The degree of infectivity of persons suffering from syphilis varies with the stage of the disease and with the presence or absence of certain forms which it may take. The serum exuding from the primary sore invariably contains numbers of the syphilitic organism, and transfer of some of the serum from such a sore to the skin of another person entails the simultaneous transfer of the treponema. Two of the more highly contagious manifestations of this disease, which develop after the infection has become generalised, are *condylomata lata* or moist papules and *mucous patches*. The former is a soft, moist, warty growth which develops at junctions of skin and mucous membrane—for example, at the mouth, nose, or anal orifices or around the female external genitals. The mucous patch, on the other hand, affects mucous membranes only, and it is most frequently seen on the inner aspect of the lips, on the palate or on the tongue, or on the fauces—the upper part of the throat.

Large numbers of *treponema pallidum* lurk in the moisture which is a characteristic feature of these two conditions, and it is this fact which makes them such dangerous conditions from

the point of view of spread of the disease. Little use of the imagination is required to visualise the potentialities they possess. Even the act of kissing alone may involve, for the unwary, the contraction of this loathsome disease. Whether or not transmission of the organism is, in ordinary life in this country, ever effected by the use of crockery contaminated by contact with an infected mouth is open to question, but the element of risk must in any event be very small. This is not the case, however, among those Asiatic peoples who favour common drinking-vessels which are passed from hand to hand. Syphilis may be transmitted in this way. The accidental infection of dentists' fingers in the course of their professional duties is a reality which has been fully established.

(ii) *Syphilis in Pregnancy*.—In congenital syphilis the child is born diseased, the infant's tissues being invaded by the organism while still in the womb. Death of the infant takes place before, or soon after, birth in about 60% of untreated cases. The remaining 40% are infected to a greater or lesser extent at time of birth, some being obviously diseased, others so lacking in the gross signs or stigmata of this disease that suspicion of its presence may not be aroused until adolescence, when some of the later effects appear. The child born of a woman who has contracted syphilis during or shortly before pregnancy exhibits the most marked pathological evidence. Children born in the years subsequent to infection tend to be progressively less affected, so that even an untreated syphilitic woman who has had a succession of still-births or borne children with little power of survival may ultimately give birth to a child to all appearances healthy. Blood tests from the child, however, will later almost certainly yield positive evidence of infection.

There is reason to believe that the course of syphilis in the pregnant woman may differ from the usual sequence in that there may be suppression of certain phases which makes it less obvious to a woman that she has contracted disease. As a consequence, the child is born in a diseased state, owing to ante-natal treatment not having been carried out. Advocacy of the routine testing of samples of blood serum taken from the pregnant woman has as its basis the knowledge that many diseased children are born each year in this country, and also that many others, apparently healthy at birth, later develop signs of congenital syphilis. Treatment soon after birth can prevent progress of the disease in most of these unfortunate

children. If anti-syphilitic treatment of the pregnant woman is commenced by the third month following conception, it is almost certain that the child will be free from syphilis at birth. Both these measures—the testing of maternal blood and the anti-syphilitic treatment of positive cases—would, if universally applied, reduce the incidence of congenital syphilis.

(3) STATISTICAL EVIDENCE OF THE EXTENT OF THE PROBLEM OF VENEREAL DISEASE

It is frequently stated that increase in the incidence of venereal disease invariably accompanies war conditions, the higher incidence being a direct result of an extended demand for, and resort to, prostitutes and women of promiscuous habit by civilians and members of the Forces. The truth of this statement is not challenged; indeed, it could not be questioned in the light of data available from the 1939–45 war, the 1914–18 war, and from earlier records of European and overseas campaigns. Furthermore, the commencement of the new era in relations between the sexes which was ushered in by the opening of the 1914–18 war saw an increase in the number of men and women who, though not habitually promiscuous, yet contracted disease as a result of a single or an occasional lapse and exposure. Clearly, the disturbance of settled home life and the mental unrest of civilian and service-man alike which are inseparable from a state of war are unfortunately conducive to the dissemination of venereal infection. The war that has recently ended has but underlined earlier evidence of this association.¹

It would not be correct, however, to attribute to war-time unsettlement the sole responsibility for the spread of venereal disease which is at present facing us in this country. To do so would be contrary to the evidence, and would as a result lessen the effectiveness of any counter-measures adopted. The argument that 'war and venereal disease go together—when the one ceases the other subsides', is comforting, but under modern social conditions it might be dangerous to base future policy upon it.

Let us examine the facts in Table 1 on page 88.

This table has been prepared from data taken from the 1939–45 Report of the Chief Medical Officer to the Ministry of Health. The information relates solely to civilians who attended treatment centres for the first time in the years stated.

¹ It has been calculated that the occurrence of syphilis during the recent war in troops stationed at home has been only about one third of the average for troops in Britain during the 1914–18 war.

TABLE I
Persons attending Venereal Diseases Treatment Centres

Year.	<i>Number of cases (in all stages) dealt with for the first time at any centre.</i>					
	<i>Syphilis.</i>	<i>Soft chancre.</i>	<i>Gonorrhœa.</i>	<i>Total V.D.</i>	<i>Other than V.D.</i>	<i>Total.</i>
1925	19,167	1,075	30,518	50,760	20,671	71,431
1926	19,251	1,091	31,951	52,293	22,351	74,644
1927	19,946	1,006	35,004	55,956	24,897	80,853
1928	19,141	1,081	38,235	58,457	27,451	85,908
1929	18,106	1,224	39,608	58,956	27,565	86,521
1930	18,884	1,261	40,156	60,300	30,684	90,984
1931	18,112	1,062	37,007	56,181	31,240	87,421
1932	17,493	874	35,856	54,223	32,331	86,554
1933	16,767	848	37,752	55,367	32,141	87,508
1934	15,453	886	36,986	53,325	36,311	89,636
1935	14,161	1,027	35,238	50,426	36,230	86,656
1936	13,352	909	35,852	50,113	36,624	86,737
1937	13,234	839	37,037	51,110	38,265	89,375
1938	12,818	904	35,693	49,415	41,263	90,678
1939	11,878	838	31,300	44,016	39,008	83,024
1940	11,319	908	26,939	39,166	32,886	72,052
1941	12,762	1,037	27,886	41,685	35,535	77,229
1942	15,071	996	26,369	42,436	42,492	84,928
1943	16,750	805	28,258	45,813	71,549	117,362
1944	15,918	656	27,275	43,849	72,689	116,538

The Public Health (Venereal Diseases) Regulations, 1916, defined the venereal diseases as syphilis, gonorrhœa, and soft chancre. These—the principal venereal diseases—are therefore listed separately and also combined under the heading 'Total venereal disease'. The numbers entered under the heading 'other than V.D.' represent persons who have been exposed to infection and have attended clinics on account of suggestive symptoms, or because of fear, but in whom the causative organisms of the venereal diseases, as defined, have not been detected. Looked at from the clinical angle (and apart from the few cases of lymphogranuloma inguinale), many of these patients have probably been suffering from gonorrhœa, but because the gonococcus has not been identified they are placed in this special category. Examination of specimens from other cases reveals the presence of numerous organisms of a type

which is not normally looked upon as pathogenic, at least in the genitals. The explanation of this finding is not wholly satisfactory. Such cases are usually referred to as non-specific urethritis, and they are correctly recorded in the 'other than V.D.' group.

The social problem created by venereal disease is not really affected by this, because all the persons in this group had been exposed to infection (I exclude the occasional unexposed neurotic who comes seeking reassurance), and because it is only a matter of chance that these 'other than V.D.' patients either did not contract true venereal disease or could not be diagnosed as suffering from venereal disease. It is therefore appropriate that the Ministry of Health should furnish these figures annually in this form. Otherwise the data available for study would be incomplete.

Looking at the totals first, it is seen that the lowest figure recorded was in 1925, and that the years 1925 and 1926 had the lowest number of new attendances (apart from the year 1940), throughout the twenty-year period under review. In subsequent years there was a rapid rise up to 1930, when the 90,000 mark was reached. This high level was maintained with minor fluctuations up to 1938, the years 1937 and 1938 being consecutive years with exceptionally high annual totals.

The seriousness of the position in the pre-war period is clearly brought out by indicating that over 6.5% additional cases attended the venereal diseases clinics in the seven years immediately preceding the outbreak of war in 1939 than in the seven-year period prior to that. The actual figures for the years 1925 to 1931 inclusive were 577,762 new attendances; and 617,144 for the years 1932-38.

Examining the table more closely, we see that the records of persons attending for the first time on account of syphilis declined steadily up to 1941¹; and that the occurrence of soft chancre has remained stationary throughout the twenty years. In the case of gonorrhœa the picture differs slightly, in that after an initial rise from 1925 to 1930 the annual totals continued at about the 36,000 level until 1939, when the period of exceptionally low records began. When we consider the case of persons placed in the 'other than V.D.' category we see at once why—in face of a rapidly declining incidence of syphilis and an occurrence of soft chancre and of gonorrhœa which up

¹ Collateral evidence that there was a real and not an apparent fall in incidence is provided by the lower occurrence of fresh cases, by the fall in congenital cases, and by the reduction in syphilitic infantile mortality.

to the outbreak of war had been, to all intents and purposes, stationary—there has been a 6·5% increase in new attendances at the clinics. The data reveal, between 1925 and 1938, an annual increase of ‘other than V.D.’ patients of such a magnitude that the total for 1938 was double that for 1925. If we look at these official statistics from another angle we find that the new attendances during the seven-year period 1932–38 were in excess of those for the preceding seven years to the extent of 37%—the earlier period producing 184,859 cases; the later 253,165. In the light of this observation it is surely abundantly clear that war-time unrest only accelerated a tendency to promiscuous extra-marital relationships which had already attained calamitous dimensions almost a decade earlier. Therefore, when seeking a solution of the problem we must give primary consideration to peace-time social conditions.

One reason for the decline in syphilis—probably the main reason—is the efficacy of the remedies available. No equally effective form of treatment was available for gonorrhœa until the employment of sulphonamide drugs from 1938. Later derivatives of these sulphonamides have proved to be so potent in their action against the gonococcus that one is not surprised to note that, even though there was a sharp increase in the occurrence of syphilis and of the ‘other than V.D.’ cases in the years 1941–43, the incidence of gonorrhœa was lower than at any time from 1925. Cure of this disease can now be effected so speedily and easily that the opportunity to spread infection is very much less than formerly.

In addition to those cases of syphilis which never receive treatment and of which we learn only through the death certificate and the Registrar-General’s Returns, an unknown number of individuals are treated privately by their own doctors. This number is probably small in the case of syphilis, but may be large in the case of gonorrhœa. In the absence of notification, statistics founded upon clinic records are only approximate. Tentative figures of the probable total can be arrived at by using the ratio of syphilis to gonorrhœa occurring in the Services where concealment is an offence. In H.M. Forces serving at home there were, according to Ministry of Health records, about five cases of gonorrhœa for each case of syphilis occurring during the later war years.

If therefore we consider the 9,318 new cases of syphilis of less than twelve months’ duration occurring in civilians in the year 1944 and multiply by five, we arrive at an approximate figure

of new cases of gonorrhœa among civilians, the two diseases together giving a total of 55,908. To this should be added the 656 instances of soft chancre and the 72,689 'other than V.D.' cases, the grand total now being 129,253. In the course of thirty years—the period between the ages of fifteen and forty-five years, when most venereal disease is contracted—we can, by multiplication, arrive at the tentative figure of 3,877,590 persons who will actually suffer from venereal disease or will attend a clinic because they fear they have contracted it. This amounts to approximately one in twelve of the population of the British Isles. Using data for 1942, Dr. Taylor¹ calculated that in the same period of thirty years about one in every twenty of the population would have contracted one or other of the three true venereal diseases. My figures have a wider scope.

It should not be thought that every sexual exposure with persons of promiscuous habit is followed by disease; far from it. Many appear to escape infection for quite a long time either by chance or by prophylaxis, but the individual wilfully exposing himself (or herself), sooner or later finds that he (or she), is a victim of venereal disease. When account is taken of this additional factor in the epidemiology of venereal disease it becomes obvious that exposures which actually incurred infection, together with those in which the risk was taken but in which disease did not arise, must, in the aggregate, attain enormous proportions in any one year at the present time. Social medicine should take cognisance of this latter aspect of the problem of venereal disease. Far too little statistical evidence relating to this point is available. Yet it is of material importance. I have several times found, on questioning youths suffering from venereal disease, that, having escaped infection on their initial exposures with girls with whom they were acquainted, they became bolder and more indiscriminate. Though they knew about the danger of venereal disease, they thought this danger had been over-emphasised because they had been safe so often, so they went farther afield with their sexual adventures and eventually found that they had to attend a venereal diseases clinic.

To sum up, even though the overall incidence of civilian and Service syphilis in 1944 was still 120% above the 1939 level, this was less than the previous year's excess over 1939 by 19%. Yet, because the occurrence of syphilis and gonorrhœa is kept lower than it otherwise would be, by improved methods of

¹ 'Battle for Health', by Stephen Taylor.

treatment, we must, in the interests of social health and morality, face the fact that nowadays very little, if any, reliance can be placed on a fall in the incidence of these diseases as an index either of a decrease of promiscuous conduct or of reduced recourse to prostitution. The significance in this connection of the 'other than V.D.' figures may be greater than is realised; and the data may be worthy of more attention in future years than is accorded them at present.

(4) CONGENITAL SYPHILIS

The statistics relating to congenital syphilis, apart from those connected with treatment provided at venereal disease clinics, are admittedly and unnecessarily incomplete. We have, in these circumstances, to rely on estimates and on careful calculations. By these means it has been determined that in any one year in England and Wales there are approximately 6,000 pregnant women suffering from syphilis, and that, though many of the babies die before birth and others are protected by treatment of the mother, over 3,000 are nevertheless born alive each year with syphilitic infection in their tissues. Dr. D. Nabarro¹ regards the position as being even more ominous than these figures reveal. In his view, in addition to the 8,000 who die before birth or in the first year afterwards, there are 10,000 or 20,000 who survive and in whom the ravages of the disease become apparent later. An indication of the size of the problem can be secured in another way. Tests of the blood serum of groups of pregnant women in this country have demonstrated that between 1% and 2% are affected with syphilis. For example, the 1939 figures from the Glasgow Ante-Natal Clinics² was 1.2%, while in 1943 in the same clinics, out of 11,000 women, there were 1.8% of positive tests. If, using the provisional figure for live and still births for 1944, we calculate the total for England and Wales, it is clear that there may be between 7,000 and 14,000 syphilitic women pregnant at any one time. As no account is taken in this calculation of the substantial number of abortions or miscarriages, and as there is some variation from district to district in the percentage of syphilitic women in the community, 6,000 or 7,000 is probably a fair figure to accept.

¹ 'Report of Conference on Health Education and Venereal Disease', 26th February, 1943.

² *British Journal of Venereal Diseases*, June, 1944.

TABLE 2

New Cases of Congenital Syphilis dealt with at Treatment Centres

<i>Year.</i>	<i>Under 1 year.</i>	<i>1 and under 5 years.</i>	<i>5 and under 15 years.</i>	<i>15 years and over</i>	<i>Total.</i>
1931	339	204	974	922	2,439
1932	302	180	857	805	2,144
1933	305	157	774	780	2,016
1934	296	165	708	839	2,008
1935	251	165	671	944	2,031
1936	241	132	600	935	1,908
1937	211	144	534	940	1,829
1938	216	123	448	951	1,738
1939	217	125	406	866	1,614
1940	191	101	357	709	1,358
1941	223	90	321	746	1,380
1942	245	122	309	788	1,464
1943	310	129	348	940	1,727
1944	346	113	271	822	1,552

From this table (obtained from the same source as Table 1), it can be seen at a glance that, in association with the decline in the incidence of acquired syphilis there has been a steady fall in the occurrence of congenital syphilis up to and including the early war years. Control and eradication of acquired syphilis are the most effective ways to reduce, and ultimately to banish, the congenital forms. Unfortunately, there is good reason to expect that high annual figures will continue to be recorded in the immediate post-war years. It is therefore all the more important that speedy action be taken to reduce the toll which this disease takes of our infant life, and to ensure that the suffering occasioned by inherited infection to the child and adolescent is reduced to the minimum. We may be asked, 'What can be done to bring this about?' To which we reply that the data in the table reveal at least one weakness in our present system which cries out for correction. Effective action would bring about marked improvement.

In each year of the fourteen included in the table a very large proportion of the sufferers from congenital syphilis did not make their first attendance at a clinic for treatment until they had reached the age of five years or more. If we examine the year 1943 more closely it will be observed that of the 1,727 children who commenced attendance, 1,417 (82%) were aged one year or more, and that 1,288 (74%) were over the age of

five years. In practically all these cases examination of the mother's blood during pregnancy would have provided sufficient evidence to warrant the commencement of treatment of the child soon after birth, or of the need to apply further tests to the baby itself to establish the presence of disease.

The sooner the infection of the mother is detected, the earlier can treatment be commenced, and the greater is the expectation of the birth of a healthy or of a slightly diseased child. On the other hand, the longer the delay, the more protracted will the treatment of the child require to be because of the firmer hold on the tissues which the *treponema pallidum* will obtain. It is extraordinarily difficult to achieve complete control of this disease in a well-established congenital case. Administration of curative drugs can, with benefit, be instituted within a few hours from birth. It is clear from the official figures entered in the table that in the fourteen years up to 1944 over 20,000 children suffered from unnecessary and entirely avoidable delay in the commencement of treatment. This figure is a conservative one, yet it is equivalent to the population of such towns as Dover or Kendal.

Consider the plight of a youth in early adolescence in whom the appearance of the painful and frequently blinding syphilitic manifestation interstitial keratitis is the first indication of the legacy bequeathed by his parents. Condemned to attendance at a clinic each week for several years to receive injections in his buttocks or veins, and under sentence, in the event of default, of recurrence of the eye trouble or of the onset of certain even more disabling sequels of syphilis. Such an inheritance is tragic enough even when detected and treated without delay, but if it escapes notice until adolescence it is little short of disastrous.

I can remember one of these unfortunate children, who, because of his bright and cheery spirit and his obvious courage (when preparing for the plunging of the stout injection needle into the muscles of his buttocks), made a lasting impression on all of us at the clinic. He was a slightly built lad of about sixteen years, who was not infectious, but in whose system the disease was well established. Week after week he came, took his place in the line of men awaiting treatment, winced and drew in a quick breath as the needle entered, then passed on. He was, as I have said, full of courage. He knew that he had the prospect of this weekly ordeal for a very long period ahead, with only short intervals for rest; yet, to say the least, the

examination of his mother's blood, even during the last few months of pregnancy, would in all probability have materially reduced the length of treatment.

The routine testing of blood taken from a mother, or, as some prefer to call her, an expectant mother, sometime during the course of pregnancy is therefore strongly advocated. This procedure has the advantage that should a positive result be reported, immediate administration of anti-syphilitic preparations will be of benefit to the mother and, in addition, may either protect the child completely or counter the progress of the disease.

Two disadvantages which may militate against full success are apparent.

(a) To be in any way effective and to give opportunity for the anti-syphilitic treatment (should it be required), to be commenced sufficiently early to make the birth of a healthy child a reasonable expectation, the testing of the mother's blood would be required to be done early in pregnancy. Unfortunately it is not unknown for a woman to contract syphilis in the months elapsing between the test and the date of confinement, and for this infection not to have been detected until after the birth had taken place. To provide for this contingency it is also advocated that two tests should be made in the course of ante-natal care, one early in pregnancy, the other in the later months. Published figures from an ante-natal clinic reveal that in 1941 in this clinic there were fifteen instances of women acquiring infection following the first test; and that there were twenty-seven in 1942 and thirty-two in 1943. Multiplication for the whole country of these figures from one district would yield a substantial total.

(b) If two such tests could be carried out it would undoubtedly be to the advantage of the unborn child and of the community, but in my opinion to make double venesection compulsory might defeat its object. Objection is certain to be raised, evasion would be practised, and the birth rate might be further reduced. Furthermore, false positive results for the blood tests occasionally occur in pregnancy, though where a high standard of laboratory technique is maintained it has been demonstrated that false positives are extremely infrequent. The repeat samplings for confirmatory tests, which are essential after the occurrence of a doubtful result, would certainly occasion distrust and annoyance.

In spite of these two disadvantages, the routine testing of blood from the expectant mother sometime during the course

of pregnancy constitutes 'the most important method of ascertainment at our disposal', as the Chief Medical Officer to the Ministry of Health stated recently in a circular letter on congenital syphilis sent to all Local Authorities responsible for maintaining the venereal disease services. The practice should unquestionably be extended. It should become the rule instead of the exception, as at present, for the blood of the expectant mother to be examined. Changes in moral standards have not been restricted to particular social classes, and the wider dissemination of syphilis in the community has had the effect of making class distinction a less reliable guide to the necessity of blood tests in any particular case.

Failing the elaboration of some new test we must, in the interests of the child, concentrate on increasing the proportion of pregnant women who undergo the present blood test, which, after all, entails for them only a very minor degree of discomfort. As samples of blood taken from the umbilical cord at the time of the birth do not give dependable results, and as the examination of the umbilical cord itself for the presence of the spirochæte, or of the infant's bones by radiography, are procedures which perhaps could be more widely employed, but which in the meantime are applied to selected cases only, there is really no alternative.

A measure which would effect marked improvement in the position, and which could be carried out relatively easily without imposing an undue burden on either the medical practitioners or the laboratories, is the blood testing of certain important classes of maternity cases as part of the ante-natal examination. Groups in which the test should be carried out are:—

(1) All first pregnancies; and at each subsequent pregnancy in those cases in which the presence of infection was previously established.

(2) Where the pregnant woman is unmarried, is a widow, is divorced, or, if married, where the father of the child is not the husband.

Progressive ante-natal clinics and maternity homes have already adopted a system similar to this as a matter of routine. Where we fall short is in domiciliary midwifery practice. It is impossible at present to ascertain how many practitioners take advantage of the facilities for testing which are provided as part of the free laboratory service; facilities which include not only the carrying out of the actual tests, but also the provision,

upon request, of sterilised equipment for the taking of blood samples specially packed for transmission by post to and from the doctor's surgery.

(5) AGE OF CONTRACTION OF VENEREAL INFECTION

The early period of sexual maturity is the age at which most venereal disease is contracted. This is what one would expect, because the activity and potency of the glands which control the sexual function are highest in early adult life, while self-control is less fully developed. Sexual adventures are the more readily embarked upon. In the case of both males and females most new infections occur in the age group nineteen to twenty-three years, and at least 60% of the men who acquire gonorrhœa do so before they reach twenty-five years. There would, unfortunately, appear to be a tendency for males to commence exposure at an earlier age than hitherto, and boys of seventeen or eighteen infected with venereal disease, which has been acquired by sexual exposure, are not infrequently encountered. Exposure is frequently even earlier in the case of the female. In fact, concern has been expressed in official quarters at the numbers of girls in the fourteen to seventeen age range who are not only of promiscuous habit, but have already contracted venereal infection. Such juveniles, when sexually awakened, have an insatiable appetite for sexual experience, and, if suffering from gonorrhœa, are credited with exceptionally high infectivity. Pepys comments on an outbreak of what would appear to have been gonorrhœa, in which about 400 soldiers were infected by one fourteen-year-old girl.

The Tyneside Experimental Scheme in venereal diseases control, which operated during the six months ending March, 1944, produced the following particulars relating to the age of women contacts.¹ It should perhaps be explained that in relation to venereal disease a contact is a person from whom the disease may have been contracted or to whom it may have been conveyed by sexual intercourse. Perhaps the most important fact elicited in connection with age of women contacts is that approximately 33% of these women were between the ages of twenty and twenty-five years, while about 11% were less than twenty years old.

It is probable that comparative data for ages of contacts for the country as a whole would approximate to those secured in

¹ Tyneside Scheme in Venereal Disease Control, 'Report of Joint Committee'.

Tyneside. Particulars for the years 1940-43 illustrating the trend in age of acquiring venereal disease in New York City¹ reveal that the percentages in the younger age groups (fifteen-nineteen years), are substantially higher for both sexes, and that the increase is greater in the case of young girls. In so far as social conditions in the United States resemble those in the United Kingdom, the American data would appear to support the view that many more young girls in this country are nowadays being infected with venereal disease.

(a) *Increase Relatively Greater among Women and Girls*

This is a particularly ominous feature of the increased incidence of venereal disease—the extent to which girls and young women (many of whom are married), contribute to the totals. This is true in respect of both syphilis and gonorrhœa, but especially so in the case of syphilis. As Dr. Fergusson Ross of Liverpool² has said in a recent paper, ‘The enormous increase that has occurred in the attendance of new patients at the women’s clinics is a reflection of the extent to which the ordinary rank and file of the womanhood of the country has become infected. It is indeed a sombre picture’. Workers in United States venereal disease clinics have the same tale to tell of an increased dissemination of venereal disease among women; and Dr. Rolf Hallgren of Sweden,³ commenting in 1944 on the problem presented by the increase of venereal disease in his own country, regarded as ‘alarming’ the greater proportion of women affected now than during a corresponding period of the last war.

Emphasis should be placed on the point that many of the married women (and some husbands), have been innocently affected. In one recent inquiry in a large clinic in this country 60% of the married women attending attributed the infection to the husband. There is a very real danger of a man infecting his wife both before the presence of the disease has become so clear as to make him seek treatment, and, in the case of gonorrhœa, after treatment has relieved the symptoms, but before the organism has been eradicated.

In the Tyneside Experiment already cited, seventy-two of the 169 women contacts were married women who admitted sexual

¹ ‘Venereal Diseases Information’, December, 1944. Article by T. Rosenthal and G. Kerchner.

² *Public Health*, September, 1944.

³ *Public Health*, June, 1944.

relationships outside of marriage. This is about 42% of the total, and it would seem to prove the accuracy of the estimate made in the large clinic mentioned earlier, that 60% of married women acquire infection from the husband.

(b) Causes of Increased Incidence

In view of the fact that venereal disease is contracted and disseminated principally, if not solely, by sexual relationship outside the marriage bond, and in particular by habits of sexual promiscuity or prostitution, it follows that the increase with which we in this country are faced is directly attributable to such sexual irregularity. The actual occurrence of disease is therefore secondary to, inasmuch as it is a direct consequence of, this irregularity. Hence the primary cause of the higher incidence lies in the changes in behaviour of the sexes. As some consideration has already been given to the question of present-day sex conduct, with particular reference to extra-marital relationships, it is unnecessary to discuss the matter further in the light of its established connection with the venereal diseases problem. Nevertheless, there may be some point in mentioning two issues which may affect policy in the post-war years. This is the much higher occurrence of both syphilis and gonorrhœa in some parts of the country and a disproportionate increase in syphilis in others. This raises the question of the necessity for more intensive efforts at control and eradication in these areas, supplementary to the more diffused national campaign. The other point is the particular menace arising from the introduction of new infection to hitherto disease-free or lightly infected districts. Closely bound up with this danger is the possible adverse influence on the incidence of venereal disease of the extension of facilities for easy travel at home and abroad which are to be expected in the post-war years.

(6) EFFECTS OF VARIATION IN THE SYPHILIS/GONORRHOEA RATIO AND OF IMPROVEMENT IN TRAVEL FACILITIES ON THE INCIDENCE OF THESE DISEASES

Inasmuch as venereal disease can be spread in the community only through extra-marital intercourse, it is obvious that the ultimate cause of the increased incidence is either that the proportion of persons engaging in sexual relations outside of marriage is greater than formerly, or that the proportion of exposures which result in the acquisition of one or other of these diseases is higher without the total number of exposures being

increased. Both factors are probably operative at the present time, and it is also probable that their relative responsibility for the increase varies from district to district. In some districts the lowering of moral standards may be greater than in others, and by implication more persons will be taking part in extra-marital relations. In other districts this number may not have been altered materially, yet, because of the introduction of new infection or its wider dissemination among the promiscuous, the possibility of contracting infection from a single exposure is higher.

By way of illustration the following examples are given. It is reported from Liverpool that not only are the attendances at venereal diseases clinics in excess of pre-war, but that the proportion of cases of syphilis to cases of gonorrhœa is now much higher.¹ Another town situated in Lancashire with a population of about 120,000 is stated by the U.S. Army to have contributed as many fresh cases of syphilis as the much larger centres of Liverpool and Manchester. It follows from this that the chance of contracting syphilis by exposure in such places is greater than it is in other places in which the syphilis/gonorrhœa ratio is unchanged. This factor must therefore be taken into consideration when assessing the significance of the national statistics covering the increased incidence of venereal disease.

There is another type of district—possibly rapidly disappearing—in which neither disease as yet occurs, and in which promiscuous fornication can be indulged with impunity in so far as venereal disease is concerned. An instance of this type of district was recently provided by an American Colonel.² The Colonel's comments concerned a unit of American soldiers temporarily stationed in a village in East Anglia to which one of these soldiers introduced the scourge of syphilis. The facts were that six soldiers and a group of girls had had indiscriminate sexual relations with no untoward result because the community was free from venereal disease. Then one of the soldiers visited London, contracted syphilis from a prostitute, and, returning to the village, was ultimately responsible for at least three girls and five men contracting the disease. From the epidemiological angle, the visit to and exposure in the highly infected metropolis, together with the failure of the soldier to establish his own freedom from infection prior to exposing others to the risk of being infected by him, con-

¹ *Public Health*, September, 1944.

² *Lancet*, 2nd December, 1944. Article by John E. Gordon.

stitutes the link between syphilis in London and the outbreak in the East Anglian village. The establishment of this link could have been and should have been prevented, but it was not, with disastrous consequences. If syphilis is not eradicated from this village, it is clear that even though the number of exposures within that small community remains unchanged, the possibility of contracting infection is greater now than hitherto. Another example of the recent introduction of venereal infection to a reputedly previously free area comes from a West Country rural district having an estimated population of about 10,000. Up to 1942 this district, so far as was known, was free from venereal disease. In 1944, thirteen young girls, all civilians, normally resident in the district, commenced treatment at the nearest venereal diseases clinic. The introduction of infection was attributed to soldiers stationed in two newly constructed camps. Persons of either sex of promiscuous habit in this district are faced with a risk of infection which did not exist before the camps were occupied.

Apart altogether from those conditions which facilitate or encourage promiscuous conduct or prostitution, due allowance must be made for the effect on venereal disease statistics of the sudden influx of venereal disease to previously free but not necessarily chaste communities. A sudden increase in recorded incidence does not, in such circumstances, necessarily imply deterioration in moral standards. The close connection between travel facilities and this aspect of the venereal disease problem is self-evident. The convenience of modern transport arrangements at home and to the Continent and the development of the taste for travel in young and old are new considerations which will require to be reckoned with in future policy. The examples referred to indicate their potentialities.

CHAPTER VI

CONTROL OF VENEREAL DISEASE

(1) LEGISLATION ALREADY IN FORCE

THE VENEREAL diseases are not notifiable in the British Isles. Existing legislation, apart from the well-known Defence Regulation 33B, is designed to provide facilities for free diag-

nosis and treatment, to give powers for controlling the public advertisement of drugs claimed to prevent or to cure venereal disease, and to prohibit any person other than a registered medical practitioner from undertaking treatment. The Public Health (Venereal Diseases) Regulation, 1916, and the Venereal Diseases Act, 1917, are the two measures upon which, up to 1942, the whole of our scheme for controlling venereal disease was based; and, as has already been implied, they did not include any means for enforcing treatment, for tracing the source of the infection, or for preventing an infected person from knowingly exposing others to risk of contracting disease. It should be understood that every other serious infectious or contagious disease in the country is notifiable, and that powers to insist upon a patient taking all reasonable precautions to prevent the spread of infection are provided by statute in the case of all the notifiable diseases with the exception of tuberculosis, where they are as yet restricted to the prohibition of a tuberculous person engaging in the milk trade (or endangering others). On the other hand, the venereal diseases are not only not notifiable, but also, as a consequence, statutory authority for enforcing the patient to take such action as will safeguard the health of others is lacking. Efforts to prevent the dissemination of infection are therefore, of necessity, placed on a voluntary basis. Because a number of persons of promiscuous habit who were known to be sources of venereal disease and who were not susceptible to persuasion had become a menace to the security of the State in the early years of the 1939-45 war, by spreading disease among members of H.M. Forces and among Allied troops stationed in this country, a modified form of notification, with provision for compulsory treatment, was introduced in 1942 under Defence Regulation 33B.

Through this regulation powers were provided 'for compulsion, where necessary, to bring under treatment the group of persons who are impervious to methods of education and persuasion and who refuse to attend voluntarily for treatment although known to be infected and to be spreading infection'. With these words the Minister of Health introduced this measure to the House of Commons on 15th December, 1942; and he further stated that 'the measure leaves the voluntary basis unchanged'. The principle on which it works is that when a person is named by two separate patients as the suspected source of infection, that person must attend for examination by a special practitioner and, if necessary, for treatment. Notifica-

tion, which is secret, is made to the Medical Officer of Health of the County or County Borough in which the suspected person resides. A register is kept in which all notifications are entered, and when two or more notifications are received in respect of an individual (even though several months may elapse between them), she (as it usually is), is approached and invited to attend. Refusal to do so can be met by court proceedings. In practice, persons named only once are visited and, very often with satisfactory outcome, invited to attend a clinic for examination.

Under the Matrimonial Causes Act, 1937, the Court can grant a decree of nullity if it is proved that the husband or wife was suffering from venereal disease in a communicable form when the marriage took place.

(2) ADDITIONAL LEGISLATION WHICH IS FREQUENTLY ADVOCATED

(a) *Notification and Compulsory Treatment*

Many persons in this country who have a thorough knowledge of matters relating to venereal diseases are dissatisfied with the results achieved by the voluntary method of control during its period of trial since 1918. Some of these persons naturally turn to compulsion, and they advocate the introduction of legislation providing for notification and obligatory treatment with penalties for failure to comply. Others, equally knowledgeable, are not at all certain that the disadvantages which they believe to be inseparable from any system embodying compulsion do not outweigh its advantages; or that the voluntary principle, if more efficiently applied than at present, would not secure even better results than those claimed for compulsion.¹

The drawbacks believed to be associated with the compulsory system are threefold.

It is objected to on moral grounds.

It is believed that it would lead to concealment of infection.

It is believed that it would react unfavourably on the giving of information needed to trace sources of infection.

The moral objection is based on the view that if venereal

¹ The relative failure of Regulation 33B to achieve even its limited purpose has increased their doubts.

disease is regarded in the same light as any other contagious disease, the implication to the public mind, and especially to youth, would be that the standards of personal conduct and the attitude to sex which are part of the social problem of venereal disease are regarded as a normal feature of life by those in authority in central and local government. To advocate the compulsory system would be, using the words of Dr. Temple,¹ 'to treat what is primarily a moral problem with a medical aspect as if it were a medical problem with a moral aspect'. In other words, the root of the problem being primarily moral, notification and compulsory treatment would act like the pruning-hook, the use of which would simultaneously stimulate more vigorous growth from the root and produce a more abundant crop of 'immoral' behaviour. The venereal disease menace cannot be removed in this way, it is argued, because the trouble is not attacked at the root, and new growths would constantly appear which in their turn would lead to a higher incidence of disease and later call for more extensive action than was at first contemplated.

This point of view does appear to receive some support from happenings in Sweden, the country which the advocates of the compulsory system regard as their best illustration. In spite of the fact that compulsion has been enforced there for over twenty-five years, in a country admittedly more suitable for its operation than the overcrowded urban centres of Great Britain, the increase in syphilis and gonorrhœa since 1942 had, by 1945, reached such proportions that the Royal Medical Board of Sweden recommended the introduction of further very drastic measures in the hope of restraining the rapidity of the increase. The measures recommended by the Board provided, *inter alia*, for the opening of free prophylactic centres, easier access to mechanical preventives, and increased use of existing powers of compulsion. Other medical opinion even urged the routine examination (and hence the registration), of prostitutes.

(1) *Compulsion in Sweden*.—With a view to combating the alarming increase in venereal disease which took place during the First World War the Venereal Diseases (Prevention) Act was passed in 1918 by the Swedish Government. From its title one can imagine that the legislators believed they had a panacea for this particular evil. Were their expectations fulfilled? The answer has recently been given by Dr. Rolf Hallgren of

¹ 'Report of Conference on Health Education and Venereal Disease', 26th February, 1943.

Gottenburg,¹ in an article specially written for British readers, on the legislative measures against the spread of venereal disease in Sweden. The salient points in his report may be summarised thus:—

(a) In 1918, 16,626 cases of gonorrhœa were notified. By 1921 the figure had fallen to 12,646, and for the succeeding nineteen years up to 1939 the annual total remained at this level with minor fluctuations. A fall to 10,000 in 1940 was attributed to improved diagnostic and therapeutic measures. During the next two years considerable increases were reported.

(b) The trend in notification of acquired syphilis has been steadily downward, the decline being such that the notifications received in 1939 amounted to only 9·5% of the 1918 total. During the 1939–45 war there has been a sharp rise in the occurrence of this disease, the notifications being three times as great in 1943 as in 1940.

It is clear from the data presented by Dr. Hallgren that in spite of a sudden decrease in the incidence of gonorrhœa following the introduction of the Act, the reduction did not continue, and after 1921 the occurrence of this disease was maintained at a fairly constant level. Syphilis, however, showed an almost steady annual decline.

The character of the changes in Sweden and Great Britain during the inter-war period are not dissimilar, as will be seen by reference to the table on page 88. The differences are essentially those of degree. In both countries there was a fall in incidence of syphilis and gonorrhœa after the 1914–18 war, a consistent fall in the case of syphilis, but, later, gonorrhœa was stationary in Sweden and slowly progressive in Britain. Success in the battle against venereal disease was undoubtedly greater in Sweden up to the outbreak of war in 1939.²

War conditions in Europe have, however, made it clear that the system of compulsory notification and treatment in Sweden was no more equal to the strain of disturbed social life than was our voluntary system. Indeed, being less flexible than ours, it may be more prone to breakdown in conditions of social instability and change.

The impression made on me after considering Dr. Hallgren's

¹ *Public Health*, June, 1944.

² In this connection the Ministry of Health's Commission of Enquiry stated in 1938 that 'compulsory treatment does not seem to us to be a major factor influencing the results of the anti-venereal measures in the countries in which it is employed'.

paper on the working of the compulsory system in Sweden is one of surprise that the results are not nearly so good as one could justifiably have expected, having regard to the small population (in 1935, 6½ millions as compared with 41 millions in Britain), the rural nature and low population-density of much of the country, and the popular support for law and order which is characteristic of the Scandinavian peoples. If this is the best that notification and compulsory treatment can achieve under such favourable conditions (and who can dispute that it is as yet very far from securing control, much less eradication?), we, in Britain, would do well to retain the voluntary system and devote more attention to increasing its efficiency and effectiveness.

(b) *Anonymous Notification of Diagnosed Cases*

Suggestions have recently been made that the time is ripe for the preparation of legislation for the anonymous notification of all diagnosed cases without provision for compulsory treatment. The aim is chiefly statistical. The information provided (which, in addition to the initials of the patient, would include the nature of the disease, possible source of infection etc.), would undoubtedly be valuable, but fears are expressed that legislation with this purpose might, in the outcome, prove to be but the precursor of a full-scale scheme of compulsion.

An alternative means for securing statistical data which has been employed in the U.S.A. and on the Continent with remarkable success is the method by which on a certain day each medical practitioner in the country completes a form setting out the numbers of cases of venereal disease he is in course of treating.

Similar data will be relatively easily compiled from the examination of the records which all doctors in the National Health Service will, I imagine, be under obligation to keep.

(c) *Notification and Compulsory Treatment of all Defaulters and of Cases of Congenital Syphilis*

Few members of the public or of the medical profession would be unwilling to support legislation to secure the treatment of all defaulters from attendance at venereal diseases clinics until they are rendered non-infectious. Likewise with cases of inherited syphilis. The treatment of children unfortunate enough to be born of syphilitic parentage should not be left completely at the mercy of the parent's whim. Some

parents tire easily of the task of taking the children week by week to the clinics, and some expeditious means for coercion is required. In connection with default from treatment, it should be made clear that the majority of those who give most trouble are irresponsible youths or adolescent girls. The need for legislation to ensure attendance at a clinic until the recognised tests for cure are completed is the greater, by reason of the well-known proclivity to promiscuous fornication which many of those adolescents display.

(d) *Pre-marital Examination for Freedom from Venereal Disease in a Transmissible Form*

This examination has much to commend it, especially under modern social conditions in which, in addition to syphilis being more widespread than hitherto, more young men and women of all the social classes are believed to obtain some sexual experience before marriage (and therefore to have incurred the risk of infection), than was the case in previous generations. It stands to reason, therefore, that, irrespective of the social standing of an engaged couple, freedom from venereal disease is not something that one can nowadays automatically assume. This is not to suggest that a higher proportion of our youth are infected; the available evidence does not warrant such a conclusion; but it does mean that the possibility of entering upon marriage with an infected person is sufficiently great for the wisdom of this pre-marital examination to be apparent. The number of marriages taking place after only short acquaintance is impossible to compute, but there are grounds for believing that it is substantial. Pre-marital tests would not only safeguard the personal interests of the couple, but could also form a potent measure for reducing the incidence of congenital syphilis. The average age at which marriage takes place in this country is twenty-seven for men and twenty-five for women, while the age range during which most venereal infections are contracted is nineteen to twenty-three years. A justifiable deduction is that many cases of congenital syphilis are the sequel to infection contracted by one or other or both of the parents prior to wedlock.

Interesting reports on the operation of this test have come from the U.S.A.,¹ in which country, following the example of Connecticut in 1936, thirty-two States had by 1941 passed a

¹ *Journal of the American Medical Association*, 29th November, 1941. Article by C. H. Peckham.

compulsory pre-marital examination law. In most cases examination is for the presence of syphilis only. The examination must be carried out not more than thirty days before marriage, and the certificate is valid for only sixty days. If the disease is present in a communicable form (the decision resting with the physician), the licence is withheld until treatment has been completed.

In one group of fourteen States 631,206 examinations were performed, yielding 1.4%, or approximately 8,436 positive reactions to the tests. Between 70% and 80% of these persons who were, in this way, found to be suffering from syphilis, were unaware of the fact that they were diseased.

The question may be raised, are we in this country ready for compulsory pre-marital examination? War-time experience of public response to new and drastic regulations suggests that we are, but it would certainly be wise for a preliminary nationwide campaign to be conducted, explaining the need for and the value of the tests. Meantime, much could be done on a voluntary basis; indeed, if our educational efforts were sufficiently direct and enlightening, recourse to legislation would hardly be required.

(c) Compulsory Blood Tests of Pregnant Women

The benefits which would accrue from the routine testing of the blood of pregnant women at least once during the course of gestation have already been mentioned. Provision would require to be made, if legislation were contemplated, for the compulsory treatment of all positive cases from the time of diagnosis up to confinement, and also, as a safeguard, during each subsequent pregnancy. Credit should be given to those Maternity and Child Welfare Authorities who permitted the introduction, on a voluntary basis, of ante-natal tests in past years and whose progressive outlook has now resulted in this test coming to be regarded by the women attending these ante-natal clinics as part of the normal routine.

Value has undoubtedly resulted from this innovation, and also from arranging that anti-syphilitic treatment could, if required, be given at the ante-natal clinics, and not solely at the venereal diseases centre. One can easily understand how appreciative a sensitive woman would be of this gesture of practical sympathy. Regular attendance for treatment is also probably facilitated by eliminating the necessity to visit two clinics.

Compulsory ante-natal examination to exclude the presence of venereal disease is conducted in about twenty States of the U.S.A.

(3) TREATMENT AS A MEASURE TO REDUCE THE SPREAD OF
VENEREAL DISEASE

(a) *Provision of Treatment Centres*

The provision of suitably placed treatment centres constitutes one of the principal measures for the control of the incidence and spread of venereal disease. Not only does treatment protect the patient by curtailing further progress of the disease, but it also plays an enormous part in reducing incidence by rendering patients non-infectious.

Centres are usually so situated that they permit of unobtrusive visits by patients, they are open at hours which make absence from work unnecessary, and waiting time is reduced to the minimum. These necessities must be complied with if the centres are to yield maximum benefit to the patients and to the community. Regulations controlling the appointment of Senior Medical Officers to venereal diseases clinics ensure that only those who have had sufficient practical experience of the subject, and who are therefore conversant with modern techniques, are placed in charge. In this way specialist facilities for diagnosis and treatment of the highest order, and worthy of the complete confidence of the public, are made available throughout the country.

It is the expressed desire of the Ministry of Health that, so far as is possible, clinics should be established in all parts of the country, and so distributed that ten miles is the maximum distance which a person may require to travel from his home to a centre. With a view to making the official facilities even more readily available, a person who has already attended a centre for diagnosis may have the intermediate treatment carried out near his home by a doctor in general medical practice, if the doctor selected has had, or is willing to undertake, such additional post-graduate experience of venereal diseases as to warrant his approval for this work by the Ministry.

This extension of the scheme is of most value in the rural areas, where it enables patients to have regular treatment who otherwise could not easily attend treatment centres. Expenses incurred through travelling to a clinic can be repaid to patients if they so desire. This has been officially authorised as a further

inducement to regular attendance. It is difficult to see what more can be done by the State or the Local Authorities in the way of providing facilities for treatment. Persons who desire it can nowadays secure free treatment without going to any considerable personal inconvenience. Credit is due to the Ministry of Health for the vigour with which it has furthered the cause of venereal-disease control by means of the establishment of treatment facilities.

(b) *Improved Methods of Treatment*

Considerable progress has taken place during the last decade in the methods of treating both syphilis and gonorrhœa. Up to the introduction of the sulphonamide drugs, the methods for treating syphilis were much more effective from the point of view of securing speedy and complete cessation of the infectious state than were those available for gonorrhœa. Part at least of the fall in the occurrence of syphilis in this country and in Sweden during the inter-war period is attributable to this fact. However, research on drugs of the sulphonamide group during the late 1930s raised gonorrhœa to the more favourable position; and the later discovery of methods for the large-scale production and extraction of penicillin placed in the hands of the medical profession a weapon against gonorrhœa which is even more potent, though perhaps not yet so convenient for out-patient use.

Preliminary tests lead one to expect that the spirochæte may be eradicated from the system (if treatment is begun early enough), almost as easily as is the gonococcus. Even if this expectation does not, in the outcome, materialise, improvements in older methods of treatment render an attack of syphilis a less serious eventuality than was the case only a few years ago.

(c) *Probable Social Effects of Improvement in Methods of Treatment*

How will this affect the social aspect of the venereal-diseases problem?

(i) It may lead to a fall in the incidence of venereal disease.

There are several factors which are subject to variation, and which may, therefore, influence the result of more efficient methods of treatment. One can reasonably expect that, should there be no material increase in the number of individuals exposing themselves to infection, or in the number of exposures per person in a stated period, or that if the proportion of

exposures which are followed by disease does not increase, then the shortening of the period of infectivity which can be achieved by modern methods will lead to less dissemination, and therefore to a reduced incidence.

(ii) It may lead to a higher occurrence of promiscuous sexual relationships.

Anxiety has been expressed lest the removal of the fear of venereal disease (which has undoubtedly operated in the past as a deterrent), may be equivalent to a release from a restraining influence, and thus encourage those excesses we all deplore. Even were this likely, few people would countenance the restriction of facilities for easy and effective treatment on the assumption that they might be abused. Yet there are reasonable grounds for anxiety. Officers attached to V.D. clinics are familiar with the type of person who has, over a period of years, had several attacks of gonorrhœa and been re-infected with syphilis soon after cure.

Increasing public awareness that reliable and speedy methods of treatment are to be had for the asking will naturally remove much of the dread of acquiring infection. Some evidence of this has recently been published in the United States,¹ where an investigation found that the development of methods for intensive treatment of syphilis had apparently increased the incidence of re-infection.

(iii) It will strengthen the case for compulsory treatment of recalcitrant patients and others.

As long as the treatment of venereal diseases involved a protracted series of attendances at a clinic, with the unavoidable courses of injections or sequence of irrigations and tests, the demand for compulsory treatment was prejudiced by the knowledge that regular attendance over extended periods would prove impossible to secure, even by coercion. New forms of treatment have altered the position both with regard to the period during which regular attendance must be maintained and the amount of personal trouble and discomfort which the prescribed courses involve. Obviously, members of the House of Commons, when considering legislation, will be the less likely to give support to a measure for compulsory treatment if technical difficulties would render its effective enforcement doubtful. Conversely, increased technical efficiency would further the cause of those who desire compulsion. To take the argument a stage farther, the discovery of an easily

¹ *American Journal of Syphilis*, 1943, 27, 108. Article by J. E. Moore.

applied, highly potent, and speedily effective remedy would convince many who are now opposed to it, and possibly even a majority of the House of Commons, that an Act providing for compulsory notification and treatment, operative for a maximum period of eighteen months to two years, would be advantageous to social health and reduce the venereal diseases to a point of virtual impotence.¹ Increasing efficiency in treatment is certain to be followed by greater demand for a trial of compulsion, unless the effectiveness of the voluntary system is 'stepped up'.

(iv) It may lead to an increasing advocacy of prophylaxis.

Already it has been said by some of the protagonists of prophylaxis that the ease with which cure can be effected nowadays makes it only a matter of academic interest whether the organism be attacked immediately it has been acquired and is still on the skin or surface (prophylaxis), or whether we should delay our attack until signs of disease have appeared (treatment), or even whether the organism should be prevented from reaching the skin by chemical or mechanical methods (prophylaxis).

Superficial examination of the question might suggest that no valid argument could be raised against the principle of attacking the enemy 'whenever and wherever he is found', and that attack should be launched with equal force at all points, using prophylaxis and treatment in their respective spheres. However, reference to the section in which the advisability or otherwise of disseminating prophylactic information and of providing prophylactic centres is discussed will show that points of not inconsiderable significance to social health and well-being are involved in this seemingly minor question of policy.

(4) EDUCATION AND THE CAMPAIGN AGAINST VENEREAL DISEASE

Education of the public in matters relating to venereal disease is, on the whole, best carried out as part of a general scheme of health education. If this subject is made to fit naturally into a course of lectures or a series of discussions on health and cognate matters, the danger of giving it undue prominence would be avoided. The over-emphasis of venereal disease, especially to an audience of young persons may, unless

¹ This is doubtful because notification can only apply to persons who have already sought advice and treatment and cannot affect the numerous undetected carriers.

the lecturer is particularly skilful, easily colour the attitude to sex as a whole with the suggestion of something crude and unclean. This, as is noted in the section dealing with sex education, is to be deprecated.

Nevertheless there is a field for a direct attack on the venereal diseases menace by means of special lectures on the medical and social aspects, with a view to the enlightenment of three particular sections of the population—the large group of persons who may in future incur the risk of infection by personal exposure; those who, because of their ignorance of the nature and danger of venereal disease, have failed to seek treatment or have failed to complete the treatment prescribed¹; and also that important section of the community having the opportunity or the responsibility to provide counter-attractions in the form of social centres and amusement and recreational facilities for young adults and adolescents. There is reason to believe that such special lectures are most useful if they are given to bodies of people already united in some form of association, whether it be by membership of a society or by inclusion on the pay-roll of an office or factory. The main point is that they meet as a group, having a common interest or connection, to discuss a topic of importance to all of them. I believe that this is the secret of success with lectures of this type. Because the audience is united by mutual association it is the more likely to be responsive to the needs of a problem of deep community significance. The weakness of the advertised public lecture is that it is difficult, if not impossible, to overcome the individualist spirit because the members of the audience have no natural cohesion. They are drawn from the old and the young, the serious-minded and the rowdy, the prurient and those whose social interests lead to a desire for further knowledge. Another serious disadvantage of the public lecture is that young persons, whom we most desire to instruct and influence, are present in such small numbers as not to affect the general character of the audience.

Other methods of furthering public knowledge of venereal diseases, by means of the film, the Press, and the poster, have their respective spheres, and probably influence persons outside the reach of a lecturer. The Central Council for Health Education—the body empowered by the Ministry of Health to

¹ Remedies being so potent and so rapid in their action, what is required most at the present time is not compulsion, but education and persuasion to seek advice and treatment if there has been exposure to the risk of infection.

undertake the publicity side of venereal-diseases preventive work—is to be commended for persistence and freshness in advertisements and posters. As a long-term policy, however, the best type of publicity is that which strengthens measures to reduce promiscuity and promotes opposition to infidelity, and abhorrence of the casual and the flippant in sexual matters,

(5) PERSONAL PROPHYLAXIS

A surprising but none the less understandable degree of support in this country and in the U.S.A. is afforded the principle of venereal-disease reduction by means of individual prophylaxis. This protection involves the use of two of three main methods, none of which is, by itself, sufficiently effective to justify a risk being taken, but which, in combination, are credited with approximately 90% efficiency in the artificial circumstances of Service life.

The measures most in favour are mechanical protection through the condom, local inunction with antiseptic ointment before and after exposure, and urethral irrigation with antiseptic lotions, with, as an additional or alternative measure against the gonococcus, internal medication with sulphonamides. Army experience of the value of these prophylactic measures is of course no guide to their efficacy if applied to the public at large, but in the absence of data on civilian prophylaxis it provides the best available basis for judgment. Brigadier T. E. Osmond,¹ Consulting Venereologist to the British Army, made the candid comment in a recent article that it is doubtful if 5% of soldiers serving at home ever use the facilities provided for personal disinfection, and those who do, do so only 'in the most perfunctory manner and far too late'. If soldiers under discipline and subject to certain disabilities in the event of contracting venereal disease are apparently unwilling to make use of a free service, it is hardly to be expected that the same men, when they return to civilian life, or, for that matter, civilians in the same age groups, will make use of similar facilities should they be provided by Local Authorities. A point worthy of emphasis in this connection is that the age groups to which most Service men belong are the age groups in which exposure to the risk of venereal disease most frequently occurs.

When one considers the elaborate procedure to be undertaken before and after exposure if success is to be achieved, and

¹ *Practitioner*, May, 1945.

the temporarily excited state of mind of the individuals concerned and the conditions under which extra-marital fornication so frequently takes place, it surely follows that, unless some more convenient, as well as more fool-proof method is discovered, personal prophylaxis will not materially reduce the incidence of venereal diseases in this country.

It is questionable also if much, or any, success would follow its use in other countries having social conditions, national temperament, and moral background similar to ours. Yet such is the point of desperation reached in Sweden in their campaign against venereal disease that, after twenty years of compulsory notification and treatment, the Royal Medical Board now advocates¹:—

‘Erecting centres for free prophylactic treatment of males suspecting themselves of having been exposed to infection; the intention being to keep these clinics open during the small hours of the morning.’

‘Facilitating access to appliances and utensils designed to prevent infection.’

One wonders upon what premises the decision of the Medical Board of Sweden to support such recommendations are based, and if the urgency as well as the seriousness of the problem of venereal-disease increase in that country has not ‘rushed them into hasty decisions’. In much the same way the Swedish Government in 1918, without apparently giving an adequate trial to the possibilities of education and voluntary treatment, pressed forward with legislation for a compulsory scheme. The comment of Dr. Hallgren on the new series of recommendations put forward by the Medical Board is revealing of the state of public opinion. He says that ‘the above items are not likely to meet with any serious opposition’.

How different is the position in Britain, where a powerful but distinctly sectional effort in 1940–41 in favour of public provision and instruction in the use of prophylactics was met by strong but reasoned opposition from members of the medical profession, as well as from the Church and from persons with deep interest in social problems. Three quotations illustrating this opposition will suffice. The first two are taken from the report on proceedings at the Conference on Health Education and the Venereal Diseases, held in London on the

¹ *Public Health*, June, 1944.

26th February, 1943. In the course of his address, Dr. Temple said :—

‘In the army, with a view to checking venereal disease, instruction is given to recruits in the use of prophylactics. The implication and suggestion is that authorities expect a considerable number to practice fornication. There is no doubt at all in my own mind—though proof is evidently impossible—that this method, by its inevitable suggestion, causes an increase of promiscuous intercourse and therefore also an increase of the disease which it is designed to prevent’.

This argument was carried further by Dr. Otto May.

‘The advocacy of prophylactic methods implies a sanction for misconduct which will be much more powerful than any deterrent effect of saying, “Just be continent, and if you cannot, then take prophylactics.” You have to go further than that if you advocate prophylaxis; you have to advise people that they must be prepared to carry these things about with them in case opportunity or temptation arises. You have to say to them in effect, “Go about prepared for the contingency which may happen”. I ask any of you who are parents whether you would like your own children to be educated on those lines.’

The third quotation is from a broadcast discussion on venereal disease in the course of which Dr. Charles Hill, the Radio Doctor, said :

‘Even if a safe prophylactic were invented to-morrow I would still hesitate from taking only a medical line. After all, what would one tell one’s own children—“These things are safe, use them”—and leave it at that? I shan’t, for one’.

(a) *Difficulties to be Overcome in the Use of Prophylaxis*

Leaving out of consideration the possibility that a 100%-safe preventive may be found (and there is no saying what developments may lie ahead in the application of penicillin to this purpose), we are at present faced with difficulties which can render largely ineffective any effort to popularise prophylactics with a view to reducing venereal disease. First of all

there are weaknesses inherent in the existing methods' of prophylaxis.

The methods are elaborate and involve a meticulous procedure.

They require that extra-marital intercourse should be premeditated or that the essential articles should be carried constantly.

The prophylaxis must be carried out as soon as possible after exposure.

Numerous prophylactic centres would require to be established within easy reach of all who might need them.

The use of the sulphonamide group of drugs necessitates medical supervision, and, if frequent, involves risk to health. If the dose is kept low there is, in addition, grave danger of the growth of a strain of organism capable of resisting the drug. Moreover, we have reason to believe that organisms may develop resistance to penicillin as well.

One point merits amplification. As a consequence of the necessity for early application of prophylaxis, and because a very high proportion of the exposures followed by venereal infection are a sequel to chance meetings in public-houses and dance-halls, it might be argued, were centres set up, that they should be established either near by or within easy access of such resorts. After all, the prostitutes who frequent these places take their clients for privacy to some house or room in the vicinity. It is but a short step from the point of providing public prophylaxis to the provision of private rooms in which the exposure can take place—that is, permitting disorderly houses and brothels adjoining the prophylactic centre in order to secure more rapid treatment. It seems to me that any country which has compulsory notification and treatment of venereal disease and establishes prophylactic centres will sooner or later close the centres which are little used, and concentrate on the busy ones in districts in which numerous exposures take place. This will be followed by still greater use of those bigger centres if the publicity which the authorities accord them has the result of securing prophylaxis being sought automatically by everyone after exposure. What more logical, then, than to arrange, in the interests of protection against venereal disease, that exposure be encouraged in these districts which are already busy and which have extensive prophylactic facilities? In such circumstances prevention of

indecent conduct in public would require that the police 'turn a blind eye' on establishments of doubtful reputation or that by legislative action they be registered as brothels.

There are difficulties arising from personal characteristics or habits.

The difficulty of securing that adequate care will be taken in prophylaxis is tremendous—I have already spoken of the perfunctory manner in which army personnel undertake prophylaxis.

The connection between drink and venereal disease presents an insoluble problem for those who look to prophylaxis for venereal-disease control. Viscountess Astor,¹ in a speech in the House of Commons, illustrated the connection between the two very well. She stated that out of forty-two men in a ward for venereal disease, thirty-six told her that, if they had not had drink beforehand, they would not have contracted venereal disease. Men under the influence of alcohol do not trouble to take precaution against infection, even though they are physically capable of doing so. While making all due allowance for the desire of some men to throw on drink the responsibility for conduct of which they are ashamed, there is no doubt that in a large number of cases the consumption of alcohol leads to a temporary lowering of moral standards and to a neglect of their usual habits of personal hygiene.

The third difficulty arises from the natural hesitation which the average man would feel about hastening away immediately after coition to apply ointments or to carry out irrigation. It would be difficult to conceal from the woman what his object was, and he would hesitate to take such action as would indicate his fear of contracting disease from her. On the other hand, many men would pay scant attention to the feelings of an habitual prostitute if they possessed a healthy regard for their own health and safety, and would look upon taking precautions as a matter of common necessity irrespective of the woman's feelings. In point of fact, not all prostitutes would object; indeed, I am informed that some even provide washing facilities for their clients. Nevertheless, the difficulty is a very real one, especially where the potential source of infection is an amateur, an acquaintance, or even what is popularly known as the 'girl-friend'. Opportunity to apply prophylactic measures in secret within the time limit must in most instances be small; and to do it openly is something that few men would care to

¹ *Hansard*, 15th December, 1942.

do. So the tendency is to postpone taking precautions until the girl-friend has been escorted home, by which time the spirochæte may have penetrated the tissues, or the gonococcus be beyond reach of the lotions.

An excellent example of a situation in which it would be difficult to take full precautions was given in a speech in the House of Commons by Sir Ernest Graham-Little.¹ A house had been taken in the neighbourhood of an air-station by two women of about thirty-five years of age, both of independent means. Social invitations were sent to pilot-officers—good table was kept—and in conditions of friendship and intimacy at least thirteen men on this station contracted syphilis. It is safe to assume that few of these unfortunate men would have imagined that the deadly spirochæte could lurk in such charming surroundings; and even if they did recognise the danger, how could they rush away to the appropriate prophylactic centre or undertake the protective procedure furtively in the lavatory, in the course of the evening's entertainment?

(6) CONTACT TRACING

It is admitted by Dr. Hallgren² that in Sweden 'the search for sources of infection is encountering considerable difficulties'. Not more than 33% of patients provide information regarding the person from whom the infection was contracted and 'a substantial proportion' of the sources alleged by these patients cannot be traced. In Dr. Hallgren's words, 'the great number of undivulged sources forms a social quagmire which maintains the infection and yields recurrent crops of fresh cases'. Dr. Hallgren also comments that a greater proportion of Swedish women are affected with venereal disease now than was the case during the 1914-18 war, and expresses the opinion that 'this indicates a tendency among modern young women to consent to casual sexual intercourse'. I suggest that this observation of the Swedish Medical Officer throws some light on the question of concealment of the sources of infection. The average man, though he will readily enough provide what information he can about a prostitute or a 'pick-up', yet, through a sense of loyalty or perhaps ordinary decency, will refuse to reveal to authorities the name of a girl who perhaps went to the same school as he, or who works in the same office or factory, and with whom he is on terms of

¹ *Hansard*, 15th December 1942.

² *Public Health*, June, 1944.

social equality as well as of personal intimacy. Compulsion and the threat of penalty will not move him. In fact, it is very probable that it is the use of compulsion and of notification which causes him to refrain from revealing the identity of his 'friend'.

By way of comparison it is instructive to note that in the Tyneside Experimental Scheme information on 350 sources of infection was secured from the 451 patients who were interviewed. This is equivalent to a percentage of seventy-one, and it compares very favourably with the results obtained in Sweden in 1941, where 11,930 notified cases of venereal disease yielded only 3,690 (31%) suspected sources of infection. Striking data resulted from the efforts of the U.S. Army to apply contact-tracing methods to civilian sources of infection in certain parts of this country.¹ The contact tracing, or case-finding as the Americans call it, was carried out by soldier nurses who were not only under the disadvantage of working in a foreign though friendly country, but had the additional disability of belonging to the male sex and of being in uniform. Nevertheless, from the group of 1,718 cases of venereal disease investigated, 782 (46%) of whom had provided information of the source of their infection, as many as 457 (78%) of these reported sources were traced by the soldier nurses. The value of this work is amplified by the comments of Colonel J. E. Gordon that only one-fifth of the persons traced had been receiving treatment, or were aware that they were infected. Most of them were, however, willing to undergo treatment, and only 4% were obstructive.

If we extended to the whole country the methods for tracing contacts which were used with such success in Tyneside, there would undoubtedly be marked benefit to social health. The usual method in Britain is the 'contact-slip' method. This consists of giving to a patient who says he knows the source of his infection a printed invitation which he is asked to hand to the person from whom he believes he contracted the disease. Some results are obtained, as witness the findings of Dr. Fergusson Ross of Liverpool, who gives the attendance of seventy-two women as a sequel to the issue of 128 slips during the second six months of 1943. The scope of this method is limited because many men do not have the moral courage to deliver the printed invitation.

Contact tracing can without question be made more efficient

¹ *Lancet*, 2nd December, 1944.

than it is, and though limitations of tracing by the contact-slip are recognised, the method could be retained for use in special cases as an adjunct to more ambitious schemes embodying the methods applied to Tyneside. Even now, not all treatment clinics can boast of having a scheme for establishing connection with the sources of disease apart from Regulation 33B. What is done is sometimes haphazard at best, and the questioning of patients about suspected sources is anybody's or nobody's business. This inefficiency brings the voluntary system into discredit, and the good clinics where the social side of the work is conscientiously undertaken (and upon whose records the efficacy of the existing voluntary system should be judged), are swamped by the mediocre attainment of others. Besides, neglect is dangerous to the national health, and should not be tolerated. That the central authority is alive to the value of contact tracing is made clear by the following quotation from a Ministry of Health circular:—

‘Experience of such methods in this country and elsewhere suggests that they offer the best immediate prospect of controlling the incidence and spread of venereal disease’.

One of the principal difficulties to be faced when preparing a systematic contact-tracing scheme lies in the selection of staff. It is accepted in official circles that ‘Health Visitors and Almoners are, in the main, the most suitable persons for the work’. As a certain knowledge of medicine is an advantage to the worker, this would appear to be correct, provided it is also recognised that personality and the possession of a sympathetic manner are fundamental to success. The benefit arising from being highly trained may be vitiated if the duties are regarded as a burden to be hurriedly dashed off—not unlikely to occur in the case of a part-time worker. On the other hand, a person with a short training in nursing, who has been given some practical experience in a venereal-diseases clinic, and who approaches the subject with a sense of mission may be more successful. There must be many women released from H.M. Forces who are possessed of character, initiative, and have a deep interest in social work, who, if given special training, would prove eminently satisfactory for this important work.

OTHER IMPORTANT CONSEQUENCES OF THE CONFLICT BETWEEN THE PHYSIO- LOGICAL URGE AND THE REQUIRE- MENTS OF SOCIETY.

(1) THE BIRTH OF ILLEGITIMATE CHILDREN

FOR A very long time past the birth of illegitimate children has been regarded as a social problem. Little has been done, however, until very recent years, apart from the work of various voluntary bodies mainly representative of religious interests, to attempt to deal with the situation. Yet it was well known that the influence of illegitimacy on the infantile mortality rate was very considerable. For example, in the year 1933, in which there were 25,408 illegitimate births, the infantile mortality rate of legitimate children was sixty-one, while that for the illegitimate was 107.

Much worse figures were recorded in earlier years. During the five-year period 1906-10 there were 113 deaths within one year from birth for every 1,000 live legitimate births. The corresponding figure for illegitimate babies was 224. Improved social conditions have reduced the infant mortality rate very considerably, and in the years since the 1914-18 war the rate of fall has been greater among illegitimate babies. That it is possible to reduce much further the enormous loss of human life that takes place in this country year by year through illegitimacy, is made clear by the success that has attended special efforts in Birmingham, where the infant mortality of illegitimate children now approximates to that of the legitimate.

Yet the mortality rate is not the only index of the effects on social health of illegitimate births, for the general morbidity rate (the occurrence of illness), of illegitimate children is definitely higher than that of other children. Various theories can be advanced to account for this extra proneness to ill-health, but there is little doubt that it arises in part from nutritional deficiencies to which such children are subjected in the pre-natal stage, and in part from inadequate child-care following

birth. In one other important respect does the fact that a child has been born illegitimate operate to the serious disadvantage of society. Juvenile delinquency records reveal that a disproportionate number of children illegitimately born are charged with offences in our juvenile courts.

These comments should make it clear that a child born out of wedlock has to face hazards of survival, of health, and of conduct greater than those faced by the legitimate child. So great are the disadvantages which the illegitimate child encounters that, even with the best will in the world, we cannot hope to eliminate them all or to provide such children with opportunities in life equivalent to those enjoyed by other children. Let me quote from a circular on the care of illegitimate children which was sent to local authorities by the Minister of Health in 1943:—

‘It is clear that there can be no complete solution of the problem, since every child needs both a father and mother, affection, security, and the shelter of a normal home. . . .’

In the face of this authoritative opinion there need no longer be any doubt but that society was fully justified in deploring illegitimacy, though it is a matter of deep regret that the social conscience did not awaken earlier to the needs of mother and child and to the tragic wastage of valuable lives.

(a) *Trends in the Occurrence of Illegitimacy*

It is freely said that present-day morality is at a low ebb, especially in the younger age groups. Contrary to what one would expect, therefore, the total illegitimate births in 1940 were only slightly over half the figure for 1889. The actual figures are 40,627 in 1889; and 25,873 in 1940. In case it should be thought that the total for 1889 was excessively high as compared with other years of that period, let me say that the annual average of the five-year period 1851–55 was over 41,000, while that for 1871–75 was even higher—in excess of 43,000. By way of contrast, the comparable figure for 1936 was 24,895, while 1940 yielded the slightly lower total already noted. Later war years (as expected from what happened in the 1914–18 period), brought a substantial increase.

Gross totals are of less significance in connection with trends than are rates which take into account important factors such as numbers, ages, and marital state of the female section of the population, and which thereby eliminate the fallacies inherent

in 'deductions drawn from such totals. For this reason we should examine the rates. The Registrar-General's returns of illegitimate births per 1,000 single and widowed women age fifteen to forty-five, for five-year intervals from 1851, together with annual rates for more recent years, clearly demonstrate the remarkable fall in illegitimacy. For the 1851 period the rate per 1,000 as defined above was 18.1, for the 1871 period it was 15.9, and for 1901 it was 8.4. The figure for 1935 was 5.4, and those for 1937 and 1939 were 5.4 and 5.6 respectively. These figures taken at random from the official lists suffice to show that the decrease in illegitimacy which we noted when examining totals is also revealed in the rates.

(b) *Probable Reasons for the Decrease*

It is quite clear that the decrease in illegitimacy in this country was well advanced before the somewhat primitive techniques of contraception, evolved during the second half of last century, had come to the knowledge of the general public. We must therefore assume that the explanation of the consistent decrease which marked these years was a reduction in exposure. More recently, knowledge of contraception and a readier access to preventive appliances must have operated to accelerate the decline, and perhaps to prevent the immediate pre-war and the war-time rates attaining even higher levels. Certainly there is no reason to think that, at least since 1918, there has not been a recrudescence of extra-marital sexual relationships. Support for the latter assumption comes from statistics of attendance at venereal-diseases clinics which point to a rising frequency of exposure in the inter-war period. One cannot therefore accept a line of reasoning that claims a steadily increasing continence on the part of the population as the reason for the fall in illegitimate births, in face of the contrary evidence, which is more indicative of a swing of the pendulum in the opposite direction.

(c) *Age of the Mother at Illegitimate Pregnancy*

I have little doubt that were anyone without a knowledge of the facts asked whether the majority of mothers of illegitimate children are under or over twenty years of age at the time of confinement he would probably suggest that most of them are in the under-twenty age group. Now, the age of the mother is far from being an unimportant point. On the contrary, perhaps no other single feature of the conception of children out of

wedlock, and of the resulting social problems, is of greater importance than the age of the mother. If the majority of mothers are young or barely mature the problem would require to be approached in a particular way. On the other hand, if the mothers have reached an age at which discretion and judgment are to be expected and at which an adult degree of freedom of choice would be demanded, an entirely different policy would be required. All this should be self-evident.

The Registrar-General's figures for the year 1940 relating to the age of the mother are highly instructive. Table 3 contains the data for that year which are relevant to this study, with other figures which have been put in brackets. It should be noted that no distinction is made between first and subsequent illegitimate maternities.

TABLE 3

<i>Age of mother at maternity (in years).</i>	<i>Illegitimate births (total live and still).</i>	<i>Mothers over twenty combined for ten-year periods.</i>	<i>Percentage of total.</i>
Under 20	4,812	4,812	(18·8%)
20-24	8,106	} (14,035)	(55%)
25-29	5,929		
30-34	3,942		
35-39	2,688		(25%)

Examination of the table makes it apparent that at the time of the illegitimate birth most mothers are not, as is so often wrongly supposed, in the stage of callow youth, when, being raw, inexperienced, and impetuous, they are more at the mercy of the unscrupulous male who has acquired a technique of seduction, or are more likely to succumb easily to the attractions of sex than at any other period of life. In point of fact, in 1940 less than 19% of these mothers were under twenty years of age, while 55% of the year's total were of ages between twenty and twenty-nine years at the time of confinement. Even if we assume that some of the latter group were conceived at age nineteen years, it would not really make any considerable reduction in this total because some of those recorded in the thirty-three to thirty-nine section would, for the same reason, require to be entered in the lower age-group. Therefore there is no avoiding the fact that it is between the ages of twenty and twenty-nine years that unmarried girls are most

likely to become mothers; and that the first four years of that age period are the most prolific of illegitimate offspring.

Apparently it is something more than mere inexperience and sexual ignorance which determines the incidence of illegitimacy at the different ages. More investigation is essential to the elucidation of the problem, and all that I am disposed to say is that there are good grounds for thinking that many girls, after carefully guarding their virginity for years in the hope of marriage, have found their idealism give way before the harsh implications of the existence of a substantial excess of adult women in the population and before the onslaught of a spirit of opportunism and materialism. Growing older, they come to desire sexual experience for the sake of experience, and to adopt the point of view that the satisfying of this biological hunger is its own justification.

However that may be, it must be abundantly clear that of the several courses which may be taken to diminish the extent of illegitimate births, sex education schemes cannot of themselves be expected to reduce them to any material degree. For 80% of the mothers of these 'fatherless' children are of an age at which the attainment of an adult degree of self-control is fully possible (apart, of course, from defectives), and at which the possession of a sufficient knowledge of the essentials of sex, in these days of sophisticated youth, is commonplace in rural as well as urban areas.

(2) CONCEPTION OUT OF WEDLOCK OF CHILDREN LEGITIMATELY BORN

Closely connected with the problem of illegitimacy is the birth of children to persons who have been married for periods less than the average length of gestation. Such children are, of course, legitimate, but because they are conceived before marriage it is of some interest to examine the position, as a little light may thereby be shed on the general problem of illegitimacy. In any case, as we have noted earlier, there is no doubt but that pre-marital conception is a potential source of lowered health to both mother and child.

Incorporated in the *Statistical Review for England and Wales* for 1940 is a table which contains valuable information on the interval between marriage and the birth of all first babies born during that year. To illustrate the particular point in which we are interested, the Registrar-General's table is set out on p. 127, modified by the deletion of intervals over seven months

TABLE 4

First maternities; the age of mother at maternity being:															
Interval since marriage.	16.	17.	18.	19.	20.	21.	22.	23.	24.	25 to 29.	30 to 34.	35 to 40.	40 and over.	Not stated.	All ages.
0 months . . .	20	39	87	99	97	84	60	41	38	118	40	19	5	1	748
1 month . . .	33	88	197	247	239	156	126	104	80	280	111	50	11	3	1,725
2 months . . .	49	154	313	428	434	316	207	183	136	433	168	70	20	1	2,012
3 months . . .	60	233	472	682	754	489	353	345	277	697	228	115	21	8	4,734
4 months . . .	53	291	659	1,036	1,133	717	546	514	409	1,087	327	116	22	5	6,915
5 months . . .	62	346	981	1,487	1,702	1,139	893	832	657	1,597	495	134	21	9	10,325
6 months . . .	47	339	971	1,710	2,076	1,413	1,146	1,074	834	2,228	538	151	23	16	12,566
7 months . . .	14	150	589	1,176	1,480	1,050	954	844	736	1,862	461	136	9	12	9,473
All intervals up to 7 months as above . . .	338	1,640	4,269	6,865	7,915	5,364	4,285	3,937	3,167	8,302	2,338	791	132	55	49,398
All intervals for all first maternities in 1940 . . .	357	2,046	6,063	11,767	17,413	15,877	17,535	20,389	21,546	89,796	38,999	11,317	1,895	439	255,439
Average interval in years between marriage and confinement.	0.31	0.47	0.55	0.68	0.82	0.99	1.17	1.38	1.60	2.31	3.69	5.07	See below	2.38	2.15
All under 20 years of age.															45 years and over.
0.61															
20-25 years. 25-30 years. 30-35 years. 35-40 years. 40-45 years.															
1.22 2.31 3.69 5.07 6.38															
7.98															

and by the insertion of certain additional totals. The interval has been restricted to seven months and less in order to reduce the element of doubt as to the actual time of conception. This is based on the fact that a fully developed child may be born at any time after the 240th day of pregnancy, even though the average length of gestation is 273 days. All births therefore occurring after the seventh month have been discounted, as there is bound to be some uncertainty about at least a proportion of them, an uncertainty which is increased, as the Registrar-General indicates, by the calculations being based on the month and not on the precise date of marriage.

From the table it is seen that at age sixteen years almost all the first maternities were conceived before marriage. The shortness of the interval elapsing between marriage and the birth (0.31 of a year or about three and a half months), for all first maternities at this age points to the marriage taking place some time after conception. The length of this interval, in fact, fully justifies us in assuming that the marriage was only proceeded with because of the pregnancy. The same conclusion can be drawn from births at age seventeen years, the average interval for all maternities at this age being 0.47 of a year (about five and a half months); 80.1% taking place within seven months of the wedding ceremony. In 1940 there were 2,046 maternities of married women aged seventeen.

At higher ages the proportion of pre-marital conceptions of all first maternities falls, and the average interval between marriage and confinement rises, in part an account of the greater frequency of marriage at these ages and also because of the influence on the data of women married several years before the birth of their first child. Despite this fact, even at age nineteen years the average interval was about eight months, and for mothers over twenty a substantial number of pregnancies were well advanced before marriage was registered. With regard to all first maternities at ages under twenty years, the Registrar-General calculates the average interval at 0.61 of a year or slightly over seven months.

Examining the data from another angle—namely, that in which women of all ages whose first maternity fell in 1940 are considered together—over 49,000 were conceived seven months or less before marriage (about 19.5% of all first maternities in that year); and in about 30,000 instances the confinement took place during the fifth or sixth month after the registration of the marriage.

When we were considering the occurrence of illegitimate births in various age-groups, it was noted that the total illegitimate births by mothers under the age of twenty years was much smaller than one might have expected in view of the figures for the over-twenties. The actual figures are entered in Table 5, along with those of first maternities in the same age groups occurring seven months or less after marriage.

TABLE 5

<i>Age of mother (in years).</i>	<i>Illegitimate births.</i>	<i>First maternities according to age of mother. Birth seven months or less from marriage.</i>
Under 20 years	4,812	13,101
20 to 24 years	8,106	24,608
25 to 29 years	5,929	8,302
30 to 34 years	3,942	2,338

One reason why the total illegitimate births in the under-twenty group is low, is suggested by the substantial number of marriages that took place under conditions of approaching motherhood. This naturally leads one to suppose that the principal object of these marriages was to avoid illegitimacy. Similar circumstances, in all probability, led to many hasty marriages in the twenty-twenty-four age-group, with a consequent fall in illegitimate births at these ages. On the other hand, we must bear in mind that an undetermined proportion of engaged couples probably embark on intimacy which results in conception, while awaiting the advent of the pre-arranged wedding day.

Whether or not any ethical principle is involved in a couple consummating their love before society has registered its approval of the union, it must be admitted that a marriage which takes place merely because conception has occurred (as so frequently happens in the younger age groups), has a very precarious foundation indeed. From the point of view of social health we must examine the harm done to the youthful parents, to the child, and to society when marriage takes place to prevent a child, conceived out of wedlock, being born illegitimate, and decide whether it would be better in the long run to use other methods to promote the interests of all concerned.

Though there is no need to repeat what has been said earlier regarding the disadvantages of pre-marital intimacy, it may be

of value to reiterate at this point that the worry, strain, and pre-occupation attendant on an early maternity, before a couple are adjusted to the novel relationships of married life, can seriously prejudice the long-term success of the marriage, in addition to affecting the child's nutrition in the pre-natal stage and its development after birth. Other effects of marital disharmony, such as nervous exhaustion, lowered vitality, juvenile delinquency, infidelity, and venereal disease—all of which are undoubtedly promoted by such factors as pre-marital conception—demand that in the interests of social health we advocate all possible measures for reducing the extent of the problem.

(3) CRIMINAL OFFENCES OF A SEXUAL NATURE

In the *Report on Criminal Statistics for England and Wales* for the year 1938 (which was the most recent available at time of writing, and which was presented to Parliament in January, 1940, by the Secretary of State for Home Affairs), there appears information related to our study which is worthy of close examination. This information concerns the occurrence of sexual offences in recent years according to the age of person convicted, and the trend, since 1900, in the annual totals of persons charged with specified crimes of a sexual nature. In the first place, if we consider the general occurrence of sexual offences in recent years we find (see Table 6), that in the five-year period 1934-38 there has been a not inconsiderable increase.

TABLE 6

Year.	<i>Persons found guilty of sexual offences in each age group.</i>				
	Under 17 years.	Between 17 and 21.	Between 21 and 30.	30 years and over.	Totals.
1934	353	232	400	829	1,814
1935	347	235	379	811	1,772
1936	429	232	429	838	1,928
1937	397	294	394	950	2,035
1938	475	354	478	1,014	2,321

This table, which is subdivided to show the numbers of offences in the various age groups, also reveals that convictions under the age of seventeen are consistently higher than those of the seventeen to twenty-one age-groups. This need occasion

no surprise in view of the restriction of the provisions of the Children and Young Persons Act to the younger age-group. Regarding offences at age seventeen years and over, we know that, per 100,000 population, the proportion of persons found guilty in each year had risen from 4.9 in 1934 to 5.9 in 1938. When we remember that these were peace-time years, and relatively prosperous at that, we must regard this consistent increase in a much more serious light than we would be justified in doing in period of social unrest either from war conditions or from widespread unemployment.

Nevertheless, correct appraisal of the facts and intelligent assessment of the causes require that the problem be examined from a wider viewpoint. For this purpose Table 7 has been prepared. It embodies data from *Criminal Statistics* for 1938 arranged in a form which permits of rapid inspection.

TABLE 7

Year.	<i>Cases dealt with summarily, or at Quarter Sessions, or at Assizes, or known to the police.</i>											
	Annual averages.							Annual totals.				
	1900-1904.	1905-1909.	1910-1914.	1915-1919.	1920-1924.	1925-1929.	1930-1934.	1935.	1936.	1937.	1938.	
Rape	366	308	259	157	190	164	130	144	177	175	165	
Indecent assault on females	1,129	1,250	2,100	1,496	2,492	2,972	2,814	3,067	3,377	3,625	3,938	
Defilement of girls 13 and under 16	227	310	382	238	299	431	557	663	674	750	753	
Totals	1,722	1,868	2,741	1,891	2,981	3,567	3,501	3,874	4,228	4,550	4,856	

Annual averages are given for five-year periods from 1900 to 1934, and the actual totals for subsequent years for each of the three sexual offences listed. The figures combine all cases dealt with summarily, at Assizes, and at Quarter Sessions, together with those other cases which, though known to the police, were not the subject of court proceedings.

What immediately arrests attention is the staggering increase since the beginning of the century in the number of indecent assaults on females and of the defilement of young girls. The figures indicating a fall in the occurrence of rape should, on medico-legal considerations, be read in conjunction

with those for other offences against women. In the case of each of the other two crimes, however, the actual gross totals have increased by over 200% between 1900 and 1938. When the annual averages are related to the increasing size of the population, we find that the proportion per million was 24.4 for the period 1900-9, 36.1 for 1920-29, and 43.8 for the year 1938. Such a rapidity of increase is, to say the least, disturbing. Such statistics make us realise the menace to young girls and women which exists in our society at the present time. Though most people would be surprised, if not alarmed, at this evidence of an increasing tendency to give way to instinctive desires, many others would argue that we should be thankful the position is not worse in view of the provocation and erotic suggestiveness inherent in the way large numbers of light-headed young women concentrate on sex appeal and physical attractiveness. The situation is rendered even more dangerous by the assumption of some young men, that it is relatively easy nowadays to obtain full consent once a certain stage of sexual approach has been reached.

There are two ways of looking at this problem, both of which are equally correct and commendable. First, when the matter is looked at from the point of view of society—a society which has accorded considerable freedom to its young people and which has abandoned its former protective practice of chaperonage—we see at once that the community must protect itself at all costs from a serious menace such as this: even, should it be unavoidable—which I believe it is not—at the price of harshness to the offender. Secondly, the problem can be examined from the angle of the offender. Though justice must be meted out and the interests of society safeguarded, with our knowledge of physiology and of the ease with which overpowering excitation can occur in some individuals, we cannot disregard the fact that our social system is in part to blame through permitting abuses which make prolonged self-control hard to maintain. Therefore each case should be regarded as a separate problem. Some should be handled with understanding and mercy, others are not so deserving of sympathy.

Two instances within my own knowledge, which I mention for purposes of illustration, concern young men about the age of twenty years. In neither case, fortunately for them, were criminal proceedings instituted—many other young men, we note from the 'Criminal Records', perhaps no more guilty, have paid the price demanded by the law. One of these two

was a university student—a young ‘blood’ in his own estimation—who was provided with a car by his parents. This car might have led to his undoing, for his attempts to secure consent from a young lady of his acquaintance whom he took for a run, led to a violent struggle in which, my information goes, her underclothes were disarranged and she succeeded with difficulty in leaving the car and making her own way home. The other young man was a shop assistant who mistakenly formed the impression that a girl who accompanied him on a country walk required only some manual excitation to make her fall in with his desire for copulation. The active steps he took were repulsed, but not before he had placed himself in a very serious position which he would have found difficulty in explaining in court had not the girl, who was relieved that she had escaped without harm, refrained from making complaint to the police.

Examples such as these could be multiplied by other doctors who have been called on to allay fears in connection with possible penetration and conception or to provide sedatives for a disturbed mental state, but these two alone are sufficient to indicate how easily physiological urges, convenient environmental circumstances, and an unwise attitude to sex can together lead to action which may have the gravest social consequences.

PART IV

FACTORS WHICH IN PART ARISE FROM AND CONTRIBUTE TO THE SEX DILEMMA

So she caught him and kissed him and with an impudent face said unto him, . . . Come, let us take our fill of love until the morning: let us solace ourselves with loves. For the goodman is not at home, he is gone a long journey.

Proverbs vii. 13, 18, 19.

Whoso committeth adultery . . . lacketh understanding.

Proverbs vi. 32.

CHAPTER VIII

THE LEGAL DISSOLUTION OF MARRIAGE

(1) THE TREND IN THE OCCURRENCE OF DIVORCE

OF RECENT years there has been a substantial increase in the numbers of divorces in this country. This increase is partly due to the disruption of home life consequent on war conditions, but the trend in the pre-war years was upwards quite apart from any increase attributable to the alterations in the divorce law. For example, if we consider the 'Annual Report of the Registrar-General' for Scotland for 1943 (the most recent official analysis of British data at time of writing), we find that the number of divorces in Scotland in that year—1,315, including decrees of nullity—was more than double the 1937 figure; and that there has been a steady increase from an annual average of 159 in the period 1895–1904 to an annual total of 788 in 1938. For England and Wales a similar upward trend is clearly seen from the official data in Table 8 below, and, as in Scotland, war-time social unrest has but accelerated the rate of increase.

Although in the later years of the war more cases were passing through the law courts than ever before, the numbers of

TABLE 8

<i>Period.</i>	<i>Decrees made absolute (annual averages).</i>	<i>Year.</i>	<i>Decrees made absolute (annual totals).</i>
1876-1880	277.0	1936	4,057
1896-1900	490.0	1937	4,886
1916-1920	1,509.6	1938	6,250
1926-1936	3,357.8	1939	7,955
1936-1940	6,180.6	1940	7,755

new applications have been considerably in excess of the suits heard, so that, according to reports published in the Press in March, 1946, the huge total of over 43,000 Service cases alone is awaiting consideration. It is thought that years will elapse before all these Service cases can come up for trial, and the increase in civil cases will add to the delay in handling them. The United States has, of course, shared in this epidemic of divorce, although, with the variation in divorce law from State to State, the divorce rate is very much higher in certain States than in others. But what is important to us for this study is not so much the immediate effects of the war-time disturbance in both our countries, as the long-term trend, which in the United States, as in Britain, has involved an increasing occurrence of divorce proceedings. The higher figures must not be taken as indicating any widespread breakdown in the institution of marriage in the United States and in this country. Nevertheless, the data are disquieting because, broadly speaking, social and ethical conditions in the one country react upon and will, to an increasing degree in the years that lie ahead, reflect conditions in the other. So that what is happening across the Atlantic is of great interest and importance to us on this side, although in this investigation we can do no more than draw attention to the point.

(2) THE CAUSES OF DIVORCE

The reasons why divorce is sought are notoriously difficult to ascertain, and no satisfactory evidence is available as to the ultimate origin of the breakdown of many marriages. The alleged causes, even, may differ widely from the truth; and the evidence which is presented in courts has, it is well recognised, a relationship to divorce law. In fact, provision of evidence of adultery may be but a device to bring to an end a connubial partnership which has much earlier, and apart from infidelity,

ceased to have any reality or meaning. Since the bases on which divorce can be granted are wider in the U.S.A. than in this country, it is of some interest to note that Ira S. Wile¹ lists the principal pleas on which divorce, in that country, is sought, as adultery, cruelty, desertion, drunkenness, neglect to provide, and combinations of these causes.

Though that information is interesting, it would be of more practical value to us to determine those factors of upbringing, temperament, outlook on life, and environment which lead to a state of mind which make resort to divorce proceedings easy and more or less inevitable when marital difficulties arise. It seems to me that the following are of some significance in this connection.

(a) The increased opportunities for infidelity which arise from the changed outlook on extra-marital relations, from the alteration in the sex ratio of the population, and from the ease with which contraceptives can be obtained. Though many writers do not regard physical infidelity as an adequate reason for divorce or separation, yet their point of view is not shared at the present time by the majority of people in this country. Indeed, one can go so far as to say that very many men and women who would bear mental and physical hardship in marriage for years without thought of divorce would immediately refuse to live with the spouse once adultery had been committed. We must therefore, in such circumstances, look upon the ease with which extra-marital liaisons can be achieved as having a bearing on the problem of the increase in divorce.

(b) Of no little importance is the decline of belief in the sanctity of marriage and the decrease in the sense of responsibility to one's partner, together with the well-recognised tendency in certain social circles to make light of the duty to honour the marriage vows and to implement them to the best of one's ability.

(c) The force of example. This has undoubtedly had a powerful influence. The more people, especially young people, become accustomed to divorce in the community, either through personal knowledge or through reading Press accounts, and the more they learn of the private lives and repeated divorces and the remarriage of their favourite film stars, the less is their surprise or dismay when one of their own friends or relatives is involved in divorce proceedings. All this makes it easier to contemplate divorce as a means of expected relief

¹ 'The Man takes a Wife', by Ira S. Wile.

from their own marital difficulties. In that highly instructive account of social conditions in an American city entitled 'Middletown in Transition'¹ the Lynds record a conversation with a lawyer who handled many divorce cases. He said, 'Moral conditions here are now generally at a low ebb. There is no disgrace attached to divorce, and no disgrace attached to the things that cause divorce'. There are those who believe that this comment could be applied equally appropriately to some of our British cities, but the point which I would like to make is that it illustrates how we can become so accustomed to new and, at first, disturbing things only to find later that they occasion no surprise or criticism.

(d) A wrong approach to marriage and a false idea of the nature of true marriage and of its purpose for mankind. Marriage which is entered into lightly, without adequate regard for the fact that it ushers in one of the epochs in the life of a human being, is prone to disharmony. If it is also embarked upon without the realisation that of all the vital decisions which most of us are called on to make it has potentially the greatest capacity to affect the whole subsequent life for good or ill, then something which is almost essential to success is lacking at the outset. Similarly, if economic motives have influenced the decision, or if there has been infatuation or an excessively romantic relationship, the partnership may not survive the drab days which all marriages appear to encounter. A powerful sex attraction, too, constitutes a risk unless it is counterbalanced by affection, understanding, and loyalty, for when the fires of passion burn low and ennui appears, a violent revulsion, sometimes characterised by hatred and malevolence, may make separation or divorce inevitable.

(e) Temperamental unsuitability for marriage. It is often suggested that the frequency with which divorced persons remarry reveals that the dissatisfaction which leads to the petition for dissolution is not with the marriage ties as such, but that the divorce proceedings are the outcome of a desire to secure separation from a person for whom the bonds of affection and sympathy have disappeared. Assuming that this reasoning is valid, claims have been made that divorce is not to be deprecated if it leads to a more satisfactory subsequent marriage.

The numbers of divorced persons who remarry is certainly

¹ 'Middletown in Transition: A Study in Cultural Conflicts', by R. S. Lynd and H. M. Lynd.

surprising, and as the proportion of such marriages to total marriages is rising, some interest attaches to recording the figures for 1937 and 1940 of the divorces granted and the marriages of divorced men and women.

TABLE 9

<i>Year.</i>	<i>Divorces granted.</i>		<i>Marriages of divorcees.</i>	
	<i>Men.</i>	<i>Women.</i>	<i>Men.</i>	<i>Women.</i>
1937 . .	4,886	4,886	3,759	3,229
1940 . .	7,755	7,755	5,514	4,944

For the year 1940 the numbers of male divorcees who remarried was over 70% of the numbers granted divorces; while for women the percentage was nearly sixty-four. Though such a high percentage of divorced persons remarry, we must guard against accepting the rather facile explanation, to which I have referred above, that divorce is the means by which an unsuccessful marital relationship is terminated in order that a more satisfactory one may be begun. As an occasional event this picture is true, but as a general principle it undoubtedly exceeds the evidence. We must not ignore the fact that it is not uncommon in this country and in the United States to find that the remarriage of divorced persons does not have a happy outcome. Some of these second marriages in their turn are eventually terminated in divorce courts. What does this mean? For one thing, it implies some degree of psychological maladjustment; and for another, it suggests a wrong approach to marriage and a faulty handling of the marriage relationship. One cannot but feel that truth is on the side of Havelock Ellis, who considers that, in relation to divorce and unsuccessful remarriage, there is something wrong with the persons affected. A hint of where the error lies is provided by Dickinson and Beam,¹ who found that among married persons the outlook on life of the adjusted was less self-centred and less troubled by mental conflicts. The operative word is adjusted.

This leads me to say that the psychological causes of the increased occurrence of divorce are very important; and that not least among the sources of maladjustment in marriage are the personality disturbances attributable to defective parental

¹ *Op. cit.*

methods, to the mental conflicts and irregular sexual habits consequent on the length of the period which elapses between sexual maturity and marriage; and lastly to a selfish outlook arising principally from life in a social-economic society characterised by personal acquisitiveness.

(3) ADDITIONAL DATA RELATING TO PETITIONS FOR DISSOLUTION OR ANNULMENT OF MARRIAGE

(a) The interval elapsing between marriage and the date of the petition is of significance in connection with the social problems arising out of the higher divorce rate. Contrary to what one would expect, the great majority of suits are commenced, not as soon after marriage as the provisions of the law will permit, but after the lapse of five years or more.¹ This is clearly brought out in Table 10, which has been compiled from data taken from the Registrar-General's *Statistical Review for England and Wales* for the years 1937 and 1940. The information relates to suits which were commenced in the years stated at the principal Registry in London only, but they may be taken as representing, broadly, conditions in this country generally.

TABLE 10

<i>Duration of marriage.</i>	<i>Suits commenced in 1937.</i>	<i>Suits commenced in 1940.</i>
Under 1 year	32	32
1 year and under 2 years	82	20
2 years and under 5 years	588	636
5 years and under 10 years	1,465	1,740
10 years and under 20 years	1,855	2,308
20 years and upwards	584	956
Not stated	—	1

What strikes one immediately on looking at the data is that in peace-time, as in a war year with its greater opportunities for social unrest and domestic discord, more suits are commenced by persons who have been married ten years or more than by any of the other recorded groups.

(b) It is popularly believed that the birth of children to

¹ Under the Matrimonial Causes Act, 1937, a petition cannot be presented within three years from the date of marriage unless with the special permission of a judge of the Divorce Court.

married couples serves as an additional and powerful bond for holding both together should other links weaken or be threatened by sudden rupture. Furthermore, it is said by those who have studied the problems of married life that a decision, voluntarily and needlessly made, to prevent conception introduces an additional element of risk which accentuates any tendency to impermanence in the relationship. There is no doubt at all but that both these contentions are correct so far as they go. The love which most parents possess for their children, and the selfless care which they grant them, not only provide a perennial source of deep mutual interest, but they simultaneously weaken any ego-centric tendency, and thereby render it less easy for such a couple to contemplate divorce proceedings. On the other hand, though personal selfishness leading to the deliberate avoidance of parenthood is recognised as an influential cause of estrangement in marriage, we must not forget that a proportion of divorcees are certain to be afflicted by involuntary sterility of biological origin, a condition which is relatively common in modern society.

Data which clearly reveal the much higher proportion of childless couples among persons seeking divorce are entered in Table 11. The particulars relate to the principal Registry in London only.

TABLE 11

<i>Number of children of marriage.</i>	<i>Number of suits commenced in 1937.</i>	<i>Number of suits commenced in 1940.</i>
None	2,024	2,421
1 child	1,418	1,820
2 children	734	887
3 to 6 children	417	553
Over 6 children	13	10
Not stated.	—	1

(4) THE POTENTIAL INFLUENCE OF DIVORCE ON SOCIAL HEALTH

On the lines which we have discussed earlier, divorce, as the culmination of marital disharmony, has a definite bearing on social health. That this fact is not more widely appreciated is not surprising because, in proportion to the total number of marriages which are even partially successful, those which end in divorce proceedings are relatively few in number. There-

fore not many people have been in a position to note the after-effects in even individual cases. Nevertheless, in view of the tendency for divorce to be increasingly resorted to, and in view of the very real possibility that there will be a marked acceleration in the post-war years with still wider effects, the matter must be referred to here. It is relevant at this point to remark that the Soviet Union, after having permitted (it would be incorrect to say encouraged, in view of the reasons which were given officially for the adoption of the policy at the time of the Revolution), very free divorce for some sixteen years, decided, in 1936, to attempt to restrict the growth of this practice by alteration of the law, by propaganda, and, by the application of marriage guidance methods, to resolve the personal difficulties of persons making application to the Divorce Bureaux.¹ Realism has always been a characteristic of Soviet approach to social problems, and though many of us in this country believe that they have over-simplified some problems, we have no reason to think that substantial evidence of the harmful social effects of divorce collected during the period of experimentation did not fully justify the radical change of policy.

Three groups are affected when divorce proceedings are embarked upon; and there are three avenues along which the mental and emotional disturbances deriving from divorce pass to the community at large to the detriment of social health.

(a) *Divorcees*.—Profound psychological disturbance with considerable potentialities for lowering the level of physical health may accompany divorce. This is indisputable, and the more so if the couple had been married for several years and could look back upon a time when the joys and sorrows of daily life had been shared together. As we have already seen, the majority of divorces are of couples who have been married for periods of between five and twenty years. It stands to reason that intimate companionship of this degree and duration cannot be renounced without regret and disillusionment.

Then there is the unavoidable depression, if not distress, accompanied by a loss of prestige and personal esteem, which is suffered by a woman whose husband, discarding her in preference for another, makes clear to all and sundry that she, his wife, has lost her power to hold him. When this blow to her pride has become widely known among relatives and friends a sensitive woman's position is made very hard indeed. If we take the case of the husband whose wife meets some other man

¹ 'The Position of Women in the U.S.S.R.', by G. N. Serebrennikos.

whom she prefers, or who is found to be unworthy of the trust he placed in her at marriage, he also sustains some injury in the depth of his emotional life. Such injury may eventually reveal itself in personality disorders or in disturbance of the digestive or circulatory systems. This fact is commonplace to the medical practitioner. Indeed, his knowledge of his patients' domestic and emotional background often provides the discerning practitioner with the clue to the deeper origins of ill-health in certain cases.

Experiences such as those I have touched upon, occurring after long years of close intimate association, are anything but negligible in their effects on the men and women concerned. Temperamental disturbance, decreased ability for work, subsequent addiction to alcohol, or resort to immoral habits of life, all tending to lower the level of physical health, are inseparable from divorce. If I may use the words of an American author¹ to reinforce my comments, 'if marriage affects personality so does divorce. Rarely is divorce a simple matter of saying, "Goodbye, thanks for past favours". It is a devitalising experience. . . .' Devitalised is the word that aptly describes the state of the person discarded in the several instances of divorce that are within my own personal knowledge, in which the proceedings arose out of the transfer of affection to another.

But there is another side to the problem. A marriage which has already been broken down and which exists only in name, but which cannot, for various reasons, be dissolved, may have as tragic results on both partners and offspring as if a decree had been given. In addition, it must be pointed out that divorce is not infrequently followed by a marked degree of relief from strain where there has been prolonged disharmony or where pronounced incompatibility has marred the union.

(b) *The Children of Divorced Parents*.—Few people who are cognisant of the facts would deny that the burden of the increasing occurrence of divorce is falling most heavily on the children of divorced parents. In one way it is a matter for thankfulness that so many divorced couples are childless, but that, of course, cannot make us any less mindful of the unhappy lot of those children whose parents have had their marriage dissolved. Social health must, of necessity, take account of the various ways in which children suffer from the

¹ 'The Man takes a Wife', by Ira S. Wile.

divorce of parents, and some comments are made on this aspect of the problem of divorce in the section on 'the broken home'.

(c) *Persons whose Outlook on Life is Characterised by Fundamental Insecurity*.—There is one further observation which I should make, because it merits attention in view of the reaction of that group of persons (which we believe to be increasing in numbers), whose attitude to life is characterised by a fundamental insecurity and distrust.

Humanity is at present passing through a phase which is notable for the widespread uneasiness, and almost unconscious anxiety in relation to life and its problems, which afflict so large a portion of the earth's inhabitants. This sense of insecurity and of distrust of one's fellow-man is found perhaps as much, if not more, in the opulent countries of the West as in the poverty-stricken lands of the East. It lies at the root of the drive for security and of the desire to play safe and to take no risks unless absolute safeguards are erected. Not only nations, but individuals, have security as their over-all aim; and within each community there are those whose personal, social, or business life is crippled or thwarted thereby. One meets them every day. The ranks of the unmarried males in the age-groups over thirty years contain a large number of individuals of this class—men who, whenever the subject of marriage comes up, reveal by their comments the real reason for their bachelor state. Quite often they are attracted to marriage, but because of the uncertainty of the unknown they 'linger shivering on the brink, and fear to launch away'.

In respect of marriage at the present day their fears are quite rational, though they are, beyond question, excessive and exaggerated. The increasing frequency of divorce and of separations, and especially when relatives or friends are involved, gives substance to their fears; so these unfortunate men, whose physical uneasiness and spiritual loneliness would, in very many instances, be reduced or dissipated by a happy love relationship in the security of true marriage and of the emotional at-one-ness of life as an integral part of a family circle, are denied the opportunity through the fears arising from the frequency of divorce and of publicised failures of marriage.

We must take note of the social disturbance which is created by unmarried males of this type, many of whom are well-to-do or in influential positions. Furthermore, they are prone to engage in illicit amours which relieve physiological tension

without decreasing (but rather tending to intensify), their disturbed emotional states. This, of course, adds to the incidence of venereal disease, as well as having an adverse effect in other ways on social health.

See appendix for comment on the reports of the Denning Committee on procedure in matrimonial causes.

CHAPTER IX

THE BROKEN OR INCOMPLETE HOME

THE CONCEPT of the broken home in connection with child life and parenthood arises out of the observation that children suffer in many ways—some of which are barely discernible, others, such as juvenile delinquency, which are clear and inescapable—as a result of being reared in an atmosphere which is lacking in certain essentials. What these essentials are is nowadays well established. A well-known psychologist has stated that the only normal environment for a child is a home in which there are father, mother, sisters, and brothers. By implication, all other homes are abnormal or incomplete, and can therefore interfere with a child's proper development. The threat to a child is, of course, very much greater in any set of circumstances in which the indispensable unity of the father and mother (both emotional and in respect of domestic management), is destroyed or weakened. Such conditions are extremely harmful to mental and, to a lesser degree, physical development, and to subsequent social adaptability.

The scope of the term 'the broken home', as it is employed in this connection, is very wide, and it embraces not only those homes which have been destroyed by the divorce or separation of the parents, or by the prolonged absence or the death of one partner, but includes also homes which are marred by friction, or which are disunited through the lack of a spirit of mutual appreciation, love, and co-operation. Equally destructive of the emotional security of the child is the incomplete home of the unfortunate illegitimate baby; while more than a minor degree of risk attaches to rearing a child, as in one-child families, without the companionship of brothers and sisters of an approximate age.

(1) SOME WAYS IN WHICH SUCH A HOME AFFECTS THE CHILD

‘Children are born as little savages whose destructive and aggressive impulses are primarily diverted to social ends through love relationships, formed first by intimate contact with the mother, and extended in widening circles to others within the home until, upon the pattern so established, contacts are made with the larger world of human society.’

This very illuminating sentence appeared recently in a leading article in the *British Medical Journal*,¹ and I have ventured to insert it here because it gives us, in an arresting form, the modern view on the raw material with which parents have to deal and the most affective means open to them for moulding and civilising these infant bundles of primitive instincts. Modern research and inquiry into the course of development from the stage of infancy to the mature social adult fully support this conception. The foundation of a child’s social development is the home—the normal, happy, love-controlled home, in which he can grow up secure in his parents’ affectionate care; and in which, in the give and take of family life among several children, he can learn the rudiments of communal life and acquire the habit of giving consideration to the rights and needs of others, while simultaneously becoming conscious of his own personal worth.

But these are not all the benefits which a complete home-life confers on the child, though they are certainly among the more weighty. Some of us who have close contact with numbers of children during their early years are coming more and more to the belief that the power to love, and the faculty for responding to love, are mainly, if not wholly, the result of training and experience received from birth onwards. It is possible that inheritance has some influence, but personal environmental factors are almost certainly pre-eminent. One cannot therefore act as though it were sufficient, when rearing a child, to have regard merely to nutrition, to cleanliness, and to physical comfort. Human offspring require more than that. Much irreparable damage is being done to large numbers of children at the present time, some of it unavoidable, as in the case of destitute children maintained in institutions, but much of it unnecessary. Many parents are ignorant of the ultimate significance of mothering and adhere much too rigidly to a mothercraft routine designed primarily in the interests of

¹ *British Medical Journal*, 8th January, 1944.

digestive efficiency. Many, again, are careless or, because of other interests, consign their infant children too readily by day and night to the well-intentioned but psychologically inadequate ministrations of a nursemaid; and, later, when barely out of the toddler stage, arrange for their admission to a boarding Preparatory School. Who can assess to what extent such early emotional deprivations among the children of the well-to-do and the politically influential have, by exercising influence upon outlook in adult life, hindered humanitarian progress, and contributed to present-day social, industrial, and international unrest? Be that as it may, our immediate concern rests with the child and with the risks which it runs should the phase of mothering be ineffectively conducted for one reason or another. Some women do not make good mothers, their own experience as infants and their unsatisfied need for security and love may have stunted their emotional development, so that, when motherhood comes, they find themselves incapable of response. Others, again, may be suffering from a glandular deficiency which may be responsible for their weak maternal instinct. It has been shown that in rats the strength of the maternal instinct can be enhanced by injections of hormones. In any case, whenever a mother's feelings towards her baby are abnormal in character or subnormal in strength she cannot watch over its needs consistently and lovingly, and so the close relationship which naturally exists between mother and child is interrupted. Even such a process as breast-feeding has a dual purpose, providing nourishment and, in the words of Dr. Ribble,¹ 'immunising against anxiety'.

From all this it becomes apparent that the psychological state of the mother is vital to the welfare of her child. When her own emotional development has been satisfactory, and when her deeper needs are satisfied by her relationship with her husband, the child's chances of good development are highest. On the other hand, psychological stability is very difficult to maintain over a long period, if throughout the course of pregnancy and during the infancy of the child the mother does not have the constant support and sympathetic understanding of the father. Even in the most favourable circumstances the rearing of a child by two united and affectionate parents is fraught with pitfalls. How much more hazardous must it be when a woman, disturbed in mind and lacking her natural buoyancy of spirit through being overtaken by

¹ 'The Rights of Infants', by Margaret S. Ribble.

misfortune, has to undertake the task alone or with grudging help. In fact, anything which encourages marital disharmony and which is calculated to destroy serenity of mind and the quiet heart in the mother can have untoward effects on the child. Much responsibility therefore devolves on the husband and father. This fact is the ultimate condemnation (on grounds of social health), of the prevailing attitude of complacency towards the occurrence of illegitimacy, as it must, equally, be a powerful argument against any tendency to look with indifference upon the rising tide of divorce and separation of parents of young children. Pre-marital conception of legitimately born children comes under the same stricture. The worry and excitement of a hastily arranged wedding and, after the marriage, the unavoidable disturbance arising from the pregnant state and from preparations for the confinement before the husband and wife have become fully adjusted to one another, contain the seeds of future trouble for the infant.

When a child is, in such a way, deprived of essential emotional satisfactions, its preparation for life in a civilised community is seriously interfered with. Not only may general health suffer as a consequence of digestive disorders, protracted restlessness, and irritability, but such a well-recognised affliction as asthma may appear. In addition, the course of development of the natural appetites and instincts may be abnormal or may not progress to the adult stage, and the capacity for love may not be awakened. As a consequence, social adaptability in adolescence and adult life will not follow normal lines; and personality disturbance may supervene, rendering normal human relationships and social intercourse difficult. It is believed also that such maladjusted persons are prone to excessive eroticism—a point of considerable potential significance to our study if, as the available evidence suggests, the numbers of children subjected to such harmful psychological conditions are higher now than in pre-war years.

No child whose early development is unwisely handled passes unscathed through these highly impressionable years, but not all are affected to the same degree nor do all react in the same way. Most publicity is accorded to those children who come within the scope of the juvenile courts, but we must not forget that many others who suffer from similar emotional disability either do not have opportunity to transgress the law or are not charged. Furthermore, in the case of many adult offenders also, the ultimate origin of their anti-social conduct

lies' in the long-forgotten days of childhood, when in the years of infancy the battle between love for the mother—the earliest 'civilising' experience—and their aggressive impulses was joined. This 'Age of Resistance', as it has been called, may, in the words of the leader-writer already quoted, 'be prolonged to adolescence or adult life in the form of bitterness, irresponsibility, or delinquency'. It is surely unnecessary for me to add that the interests of social health are compromised by the widespread unfavourable environmental conditions for rearing children in all modern communities. Some light on the extent of the problem is provided by a recent report which announced that since war began the National Society for the Prevention of Cruelty to Children had dealt with over 500,000 cases, most of them involving several children. There are, of course, many other cases which do not come to the notice of the National Society—the ill-treatment or lack of care being of a lesser degree—and there are also the orphans, the children of the divorced or separated, and the thousands of illegitimate children. Though the appropriate Ministries and the Local Authorities are engaged in an unending effort to improve the lot of these children placed under their care, the problems are too vast for easy solution, and, in any case, the problem for these children and for many others who remain in their parent's grudging care can really only be solved where it originates—in the homes of the people.¹

(2) JUVENILE DELINQUENCY OF A SEXUAL CHARACTER

Another side of this subject is that which deals with sex delinquency, which is an increasingly serious problem, especially among young girls. For example, it was estimated in 1944 that during the war years juvenile delinquency had increased by 56% among boys and by approximately 122% among girls; the increase in the latter group being almost wholly from offences of a sexual character—not indictable, it is true, but of a nature which brought the girls within the scope of the care and protection provisions of the Children and Young Persons Act. Even in peace-time about half the offences committed by delinquent girls were sexual. It should be noted that the above

¹ The suggestions of the Curtis Committee (see report of the Care of Children Committee, Cmd 6922, H.M.S.O.), will be of considerable benefit to children who are deprived of a normal home life with their parents, but the wider problem remains unaffected.

act is applicable to young persons below the age of seventeen years only. Burt records the incidence of offences of this character per 100 delinquents of either sex as follows:—

(a) Offences with opposite sex of similar age and willing—Boys—11·4; Girls—36·5.

(b) Offences with opposite sex of younger age and unwilling—Boys—2·4; Girls—0·0.

It is appreciated that there is an opportunity for girls to behave in a way that brings them to the notice of the authorities which is not open to boys; and that, apart from inclination and initiative, questions of physiology and anatomical development in the case of girls increase the bias towards sexual offences. In his book 'The Young Delinquent', Burt stresses this latter point. He found in his group of 200 delinquents that there was premature or excessive sexual development in 10% of the girls and in only 4% of the boys; but—and this is the significant point in the case of girls—though there was development of figure and form which made them 'dangerously alluring to the eye of the opposite sex', they were at the same time lacking in 'self-control, worldly experience, and in common sense'.

General agreement exists among psychologists that an abnormal atmosphere in the home is the most pregnant cause of juvenile delinquency, and calculations have shown that the chances of a delinquent coming from such a household are three or four times as great as in the case of other homes. In fact the authors of 'Young Offenders'¹ place the family factor, particularly the broken home, at the head of their list of causes; while Bagot,² being more precise, traces the deficiency of the home life to the lack of that affection which he regards as of supreme value 'as an incentive to right conduct'. Nevertheless it should not be overlooked that additional factors determine the bias towards sexual offences, the principal being:—

(a) *Heredity*.—Investigations by Burt pointed to a family history of strong erotic capacity and inclination in many sex delinquents.

(b) *Environment*.—A predisposition towards this form of offence may arise out of close association with persons of loose morals, especially within the home circle; and in this connection the friendship of an older youth or girl may be decisive,

¹ 'Young Offenders', by A. M. Carr-Saunders, H. Mannheim, and E. C. Rhodes.

² 'Juvenile Delinquency', by J. H. Bagot.

more particularly where the delinquent's natural longing for affection is unsatisfied.

(c) *Harmful Influences from Cinema or Music-Hall Shows, or from the Printed Word*—either *Frankly Licentious in Character or Suggestive of Immoral Association*.—With reference to the pernicious influence of film displays in which 'the intimate details of courtship, coquetry, and married life are given vivid oculal demonstration', it has been stated that 'all who have worked with juvenile delinquents must have realised how stimulating such exhibitions are to the sexual instincts and interests, not only among adolescents, but also prematurely and precociously, among quite young boys and girls'.¹

It is not part of the purpose of this book to deal with the general problem of the prevention or treatment of juvenile delinquency, though, of course, it is patent that in our discussion of certain social trends and practices we have been dealing with factors which are, admittedly, very close to the origins of much present-day delinquency. On the available evidence we are justified in believing that the prevention, if not the cure, of much delinquency, especially delinquency of a sexual character, can best be secured (apart from the powerful challenge of a vital religious conviction), by raising the national level of mothercraft, using the word in its widest sense; and, taking advantage of our new-found freedom in discussing sexual problems, by undertaking the consistent and persistent presentation of ideals of conduct in keeping with the highest ethical standards, in the home and in the school, throughout the impressionable years of life. Therefore it is relevant to note that the author of 'The Young Delinquent' remarks that early marriage is frequently recommended relative to sex delinquency. One could add that in stable communities—for example, in our rural areas—the proportion of successes would be encouragingly high. This matter of early marriage will be considered more fully later in connection with its place in our plans for modifying the existing social system by the elimination, as material factors, of those particular sources of social unrest and ill-health which we have discussed in preceding chapters.

¹ Cyril Burt, *op. cit.*

PART V

A KEY TO THE SOLUTION

And the Lord God said, It is not good that the man should be alone; I will make him an help meet for him.

Genesis ii. 18.

Rejoice with the wife of thy youth.

Proverbs v. 18.

CHAPTER X

THE MARRIAGE OF YOUNG PERSONS

(1) DATA FOR LAST CENTURY

THE MARRIAGE of persons under the age of twenty-one years has an important connection with several of the problems we have considered, and it also has a bearing on the means which may be used to correct some of the present-day socially dangerous tendencies which give rise to these problems. Before proceeding to the discussion of this matter, it should be understood that, in so far as marriage is concerned, the term minors is restricted to persons under the age of twenty-one years, but not less than sixteen years. By the Age of Marriage Act, 1929, the marriage of persons under the latter age was prohibited.

As a first step it is well to obtain some knowledge of the historical position, particularly of what was the situation during the second half of last century, before modern developments had revolutionised the social scene. This can best be achieved by examining the records prepared by the Registrar-General and published in the 1937 *Review*. For convenience Table 12 has been inserted. It contains the marriage rates for bachelors and spinsters in each of the age-groups specified in the four years selected from 1871. The rates for 1931 and 1937 are of course affected by the passing of the 1929 Act, though,

to avoid confusion, the Registrar-General retained the earlier minimum age of fifteen years.

TABLE 12

Year.	Annual marriage rate per 1,000 in each age group.						Marriage rate per 1,000 population over 15 years.	Sex and state
	15-.	20-.	25-.	35-.	45-.	55 and over.		
1871	6	122.4	119.3	43.3	15.3	3.2	61.7	Bachelors
1901	2.5	85.9	123.7	44.2	14.6	3.3	54.7	"
1931	3.3	72.3	140.3	52.7	18.1	5.7	56.2	"
1937	2.7	82.3	156.0	61.0	19.4	5.7	64.4	"
1871	26.8	133.7	85.9	30.4	11.9	1.7	63.1	Spinsters
1901	12.9	104.9	88.6	25.3	9.1	1.5	53.0	"
1931	17.1	106.9	97.2	22.3	8.3	2.2	51.9	"
1937	19.4	133.5	112.0	27.7	8.8	2.2	60.6	"

For the particular purpose which we have in mind several points arising out of the data in the table are worthy of special attention:—

(a) The exceedingly low marriage rates for both bachelors and spinsters under the age of twenty years as compared with the rate for persons aged twenty to twenty-five.

(b) The fact that in the fifteen to twenty group the rates for spinsters are several times in excess of those for bachelors.

(c) That though in the younger age-groups the rates for both bachelors and spinsters fell between 1871 and 1901, the subsequent rates for females rose though the comparative rates for males remained to all intents stationary.

(d) That the marriage rates per 1,000 population at all ages over fifteen years show fluctuation not dissimilar in character to those for the under twenties. This suggests that marriages at younger ages bear a relation to the general marriage rate—conditions which make for an increase of the latter being conducive to the marriage of an additional number of more youthful persons.

A legitimate deduction from the data is that were the opportunity made available many more young persons would marry early. This is suggested by the fact that during last century proportionately more young persons married (also demonstrated in a different form in Table 13); that young spinsters, with their greater opportunities through being chosen by older men, marry in greater numbers than males of the same

age; and that the marriage rate for minors fluctuates to a certain extent in accordance with the general marriage rate. The latter observation receives special comment from the Registrar-General, who adds that local custom also plays a part, as rates vary from district to district. With reference to the frequency of marriage, it is important to remember that the trend has been upward since the beginning of the present century. Indeed, the registrations recorded in 1937 were the highest for any year from 1837; yet even these high totals have been substantially exceeded during more recent years. This upward movement can be accounted for by the general ageing of the population, by the improvement in the economic status of the people as a whole, and by the maintenance, if not the enhancement, of the popularity of marriage.

(2) THE MEAN AGE AT MARRIAGE

Another point which is of first-class importance in connection with social health and the moral standards of the community, and which may be conveniently dealt with here, is the mean age at marriage of bachelors and spinsters. It is well known that the mean age of all bachelor bridegrooms and spinster brides has tended to remain high—too high—and that, until the 1939-45 war no really material reduction has taken place since 1900 which could possibly influence the social problems deriving from the comparatively late mean age. For instance, following the 1896-1900 period, when the remarkably low mean age of 26.63 for all bachelors and 25.14 for all spinsters marrying in that four-year period were recorded, we find that there was a material rise to 27.19 and 25.63 for males and females respectively in the 1906-10 period. Since then the mean age for men has continued above the age twenty-seven level, while that for spinster brides did not fall below twenty-five until 1940, when the mean age of spinsters at marriage was 24.97 years. Reduction to new low levels as a consequence of the phenomenal spate of relatively youthful marriages which the war has precipitated will, almost without question, be followed by a return to more normal levels; possibly rising even higher, because many of these war-time marriages which would not, under peace-time conditions, have taken place until years later, have created an artificial or abnormal reduction in the mean age.

(3) THE POSITION WITH REFERENCE TO MINORS

But to return to our principal concern—the marriage of persons under the age of twenty-one years—a matter which I feel is of crucial importance in connection with long-term plans for the solution of most of the problems coming within the ambit of social health and morals. We have already seen from Table 12 that in 1937 less than three out of every 1,000 bachelors between the ages of sixteen and twenty years were married, and that the corresponding figure for spinsters was less than twenty—the precise figure being 19·4. Let us now examine the matter from a different angle—namely, how many out of each 1,000 marriages of couples at all ages are of persons below the age of twenty-one years. The answer is very clearly given in Table 13, which again is one prepared by the Registrar-General, to whose inquiring mind we are so much indebted.

TABLE 13

<i>Year.</i>	<i>Husbands under 21 years per 1,000 marriages at all ages.</i>	<i>Wives under 21 years per 1,000 marriages at all ages.</i>
1876-1880 . .	77·8	217·0
1891-1895 . .	56·2	182·6
1901-1905 . .	46·3	153·1
1906-1910 . .	40·3	139·4
1926-1930 . .	42·5	150·5
1931-1935 . .	40·8	155·6
1936	33·0	144·3
1937	32·0	148·3

In this table it is revealed that in 1937 in only thirty-two out of every 1,000 marriages which were registered in that year was the bridegroom under the age of twenty-one years. On the other hand, more than 148 out of every 1,000 brides were aged twenty-one years or less. That means that nearly five times as many more girls as youths under the age of twenty-one years were married in 1937. If we look at the figures for the period 1876-80, we see that not only were the rates very much higher then for both sexes, but that the disproportion between youths and girls was substantially less. When the total numbers of unmarried or widowed males and females of ages between sixteen and twenty-one years are taken into account, it has been calculated that the marriage rate for youths in that age group was

5·8 in 1937, while that for girls was 28·2. The corresponding figures for 1901 were 6·7 and 21·6. In short, between 1901 and 1937 an already seriously small number of marriages of males under twenty-one fell still lower, from 617 to 518 out of every 1,000 youths of that age. One cannot but view with concern a trend which leads to a greater proportion of physiologically mature males remaining in the unmarried state until after they have attained the age of twenty-one years. On grounds of social health a socio-economic system which promotes such a state of affairs stands condemned. The effects under present-day conditions are almost uniformly bad both to the individual and to society.

CHAPTER XI

THE PROMOTION OF EARLY AND SUCCESSFUL MARRIAGE

WE HAVE now reached the point at which we must consider the courses that are open to us for attacking the problems of social health and morals, which, we have seen in the preceding pages, are of sufficient importance and urgency to permit of no complacency in our approach. Balance and a sense of proportion must, of course, be maintained, for there is an ever-present danger, inherent in any consideration of social pathology and of the behaviour abnormalities of social groups, of imagining that the phenomena observed are characteristic of the population as a whole. This danger is particularly real when discussing trends of morality. It is as easy for one observer to be misled into undesirable over-emphasis or alarm as it is for another, especially one whose practical opportunities to make contact with these particular problems are restricted, to pooh-pooh the matter as another instance of scare-mongering. The evidence which has been placed before readers in earlier chapters is, I think, sufficiently reliable and capable of confirmation to render any charge of alarmist motives invalid, but we should not overlook the fact that it does present a picture of contemporary conditions and provide an indication of trends so convincing that they call for immediate action. My opinion is that certain action is not only long overdue, but that, in the event of default, further

deterioration of morals will inevitably ensue, though to what degree no one can prophesy. Such deterioration would undoubtedly come about through young people adopting a distinct and separate standard of morality and a behaviour code which, though different from those of adults, they would attempt to justify by specious argument as being essential on physiological grounds. They would rationalise its use as a preparation (analogous to the outworn conception of the 'sowing of wild oats' in youth in order that the good grain may be reaped later), for following another code when adult life is achieved. Some social workers in the United States have already announced the emergence of this menacing differentiation of standards of morality based on mere differences of age—one code for young people, another for adults. If one is justified in making comparison between the sexual practices of primitive tribes and those of present-day society, one could say that just as the Tikopia were powerless to prevent the secret copulation in the bush of young boys and girls after the practice had become established, and that just as stern repressive measures had to be taken in adult life to ensure that the earlier habit of promiscuity was renounced after marriage, so with us at the present day it will be easier to prevent the creation of two separate standards than to destroy one after it has gained foothold.

There is very good reason to believe that the greater proportion of the young people in this country would not only conform to standards of sexual behaviour approximate to the traditional, but would welcome any practical assistance in making it easier for them to resist the encroachment of a new and looser code. During youth idealism runs high. A young man need not be enjoined (as the Knights of the Round Table were), to 'love one maid and honour her'; he wants to do that. Such is his main hope and purpose, and the maid, even the maligned modern miss, reciprocates fully. Society, on the contrary, is to blame for permitting abuses of freedom which make self-control difficult in the sexual sphere, and for allowing travesties of the self-help principle to deceive young men into thinking that by hard work and diligence they can earn enough and save enough to get married at a comparatively early age if they are sufficiently keen. Our society errs further. By neglecting to use in its own interest the profound influences on character and behaviour which flow from an idealism harnessed to an object or purpose which is personally desirable

and socially laudable, it strikes at the heart of the finest and the most effective means for achieving high moral standards and for securing the associated benefits to social health.

With prevention rather than cure as our long-term aim, we will now proceed to the consideration of three out of several possible measures which may be taken to achieve this purpose. In the forefront of our planning I would place:—

(a) The encouragement of early marriage by practical assistance and by direct advocacy.

(b) The institution of courses of training for marriage and the giving of guidance to couples on all aspects of home-craft.

(c) The introduction of compulsory sex education in schools, but on a broader basis than many of the present voluntary arrangements. Such courses to include unequivocal direction on personal behaviour problems.

(1) THE CASE FOR THE ENCOURAGEMENT OF EARLY MARRIAGE

Various facts which are of significance in connection with this proposal have already been noted, but it will be valuable to recapitulate shortly to ensure that emphasis is placed on the following points:—

(a) That a fall has been recorded in the marriage rate for minors from last century's levels.

(b) That the marriage rate for female minors is consistently much higher than that for males on account of the greater opportunities for early marriage which are open to girls.

(c) That the rate for minors of both sexes is higher in some districts than in others.

In addition we are aware that:—

(d) The marriage rate for minors of the male sex rises rapidly between the ages of eighteen and twenty years.¹

(e) There has been a substantial war-time increase in the marriages of young persons, due as much, if not more, to the operation of Service pay and allowances as to emotional factors.

(f) The evidence of sexual irregularity among young persons, deriving from the illegitimacy rate, the data regarding conception out of wedlock, and venereal disease statistics, reveal that at these young ages the physiological urges seek and in many cases secure, outlet.

¹ See page 159.

From all this we are driven to the conclusion that the desire and necessity for early marriage exist, for when the opportunity arises and the means are available many young people enter upon matrimony at very much earlier ages than is the lot of the average person in this country at the present time. Where marriage is, for economic reasons, difficult to embark upon at that time, nature asserts itself in very many instances, and marriage according to biological principles takes place without the customary legal safeguard of formal public solemnisation and registration. A logical deduction is that the provision of facilities which would permit of early marriage is a social service which is urgently required.

(2) CONTEMPORARY YOUTHFUL MARRIAGE

Some people hold the opinion that youthful marriages involve greater risk of breakdown than marriages at more mature ages, and they are usually able to support their claims by recounting unhappy instances which have come to their knowledge. No doubt what they say is correct as far as it goes, but what they overlook is that failures in marriage always attract more attention than their numerical importance warrants and that, in the case of marriages of minors in the pre-war years at least, many, if not most of them, were entered upon under conditions which seriously prejudiced a successful outcome. For example, it is recognised that marriages of minors fell into three main groups, and that in two of these groups, the balance was heavily weighted against either a happy or a lasting union. The three groups mentioned are the following:—

(a) Marriages entered upon because of conception, and having as their main purpose the prevention of an illegitimate birth.

(b) Marriages contracted because of affection and normal sexual attraction, but before the husband had become financially capable of setting up and maintaining a home. Residence in the home of parents-in-law or in furnished rooms is unavoidable in such cases. Examples of this type are not infrequently encountered in the poorer and overcrowded districts of our cities.

(c) Marriages among well-to-do people of independent means.

The third group is the only one in which there is a reasonable chance of a happy outcome under present-day conditions,

but the lack of facilities for preliminary training and guidance on how to achieve a harmonious relationship may cancel out the advantages arising from financial independence, from the opportunities for wide and varied interests, and from the advice and friendly supervision of domestic arrangements which the older women of this social class are reputed to give their younger newly wedded relatives.

Caution must be observed lest one assumes that the low measure of success achieved in these abnormal groups is taken as a guide to the potentialities of early marriage when embarked upon in favourable circumstances. Apart from individual instances, we have yet to learn to what extent youthful marriages are more likely to be successful than those at later ages—by reason of the higher adaptability of young persons through being more receptive of instruction and, because of the idealism which is characteristic of youth, through their being more whole-hearted in their efforts to achieve success when a reasonable chance is provided.

(3) THE MOST FAVOURABLE AGE

Statistics provided by the Registrar-General reveal that among bachelors and spinsters married in successive periods from 1886 to 1940, the number of marriages of spinsters at age eighteen years has been about four times greater than those for males of the same age, but at ages nineteen and twenty years the proportionate increase over those at age eighteen is very much greater in the case of men. This is generally true throughout the whole period under review, but it is very clearly revealed in the data for 1940.

Several inferences can be drawn from this observation, though, needless to say, caution requires to be observed lest deductions go beyond the limits justified by the evidence. We are aware that in our society the selection of a mate rests more on the male, if not in the case of all women, then certainly in the case of the younger ones. In point of fact, personal initiative among girls of eighteen years is not the reason for their higher marriage rate. The higher rate is due to their being selected for marriage by older men. On the other hand, the more rapid rise among bachelors of ages nineteen and twenty can be explained by the physiological and psychological development (which in general, lags behind that of girls from the commencement of puberty), overtaking that of the female of corresponding years and maturing. Even in the conduct of

their personal affairs and in their general demeanour remarkably quick developments take place at this stage—developments which are reflected in the capacity to serve effectively in the Armed Forces (as recent events have proved), and to become economically self-supporting to an extent adequate for the support of a wife and home in favourable circumstances. In addition, the power to form a permanent love attachment and to break away, in adult fashion, from the parental sphere reaches full fruition; while the attainment of sexual maturity is revealed by the universal strength of the urge, from this age, to seek and to secure biological consummation. These varied facts point to the conclusion that the low marriage rate for males of nineteen and twenty years is due to the dictates of economics and to the relatively greater difficulty in securing a congenial mate which the somewhat impersonal character of modern social and recreative activities in our urban centres brings about. I have, on purpose, referred only to the male sex in this connection, because it is obvious that if provision is made for men to marry earlier if they wish, then the existing equally serious problem for females, of a late age of marriage, would be solved simultaneously.

It is my firm opinion that measures should be taken to enable young persons to marry from age nineteen onwards. Though it is probable that comparatively few men of eighteen years would wish to take advantage of such a scheme, nevertheless those who might utilise it—the highly sexed and those who attain maturity of character and outlook early—should not be excluded, but should be eligible under special conditions. In this way society would benefit, and would avoid the troubles which promiscuity or prolonged deprivation produces. I feel sure that many applications for assistance, out of all proportion to the numbers of young persons marrying at the present time, would be received from young men aged nineteen and over, were such a scheme introduced. One essential would be that the assistance given should make a normal married life possible; and that it should be adequate to ensure that marriage, at that stage of the young man's life, need not necessitate the abandonment of chances of promotion or of opportunities for higher education, and also that it should not compromise the chances of success in any particular walk of life, trade, or profession. We should remember that a happy married life freed from financial worry and from housing difficulties can contribute materially to success in one's profession or occupa-

tion. I can remember in my undergraduate days taking note of the singleness of purpose, of the drive and capacity for sustained effort which were exhibited by the several members of the class who were married and who, through private income or parental assistance, were free from domestic financial embarrassment. Possibly had they not been married and their emotional and biological needs satisfied, their energies would have been dissipated on less worth-while objects, to their own and society's loss. Such examples multiplied many times over by a national scheme would bring very substantial benefit to the community.

(4) OUTLINE OF THE PROPOSED SCHEME

What form should this assistance take?

As a preliminary to the discussion of this matter certain general principles require to be enunciated.

(a) The provision made under any scheme for the promotion of early marriage must be adequate. Any attempt to introduce a Poor Law spirit into the administration would be detrimental, if not fatal.

(b) The rules and regulations governing the granting of assistance must be sufficiently flexible to cover a wide variety of social conditions and personal circumstances.

(c) The assistance should, in general, take the form of a loan.

(d) A proportion of the amount to be repaid could be waived where special circumstances call for it or where a family is being reared. I am not disposed to regard the latter suggested concession as a form of birth-rate bribe, but rather as evidence that the country recognises the invaluable additional contribution which parents make towards the national welfare.

(e) Provision of assistance under the scheme should be dependent upon attendance by the prospective bride and bridegroom at a course of instruction on the principles of homecraft and of preparation for marriage; or evidence should be demanded that a knowledge of the subject had been secured privately by attendance at specially arranged courses, by approved teachers. It is anticipated that most people would want to take full advantage of such fully accredited courses, even persons who contemplated marriage, without the assistance of this scheme, but it is recognised that there are those who would prefer to attend identical courses, not open to the public,

admission to which would be by fee. The experience of this type of work which the Marriage Guidance Council has gained will prove invaluable should the proposal be proceeded with.

(f) Eligibility for assistance should extend from ages nineteen to twenty-four years only, but it should be made possible for youths of eighteen years to qualify; and for some aged twenty-five and over to be admitted in very exceptional circumstances involving undue hardship. In general, provision should be restricted to the five-year period (nineteen to twenty-four years), because the aim and object of the scheme is the encouragement of early marriage.

(g) A point which will require careful consideration is the institution, as an integral part of the scheme, of pre-marital medical examination, on a voluntary basis at least in the early stages, while the idea is still comparatively fresh to the public mind.

(h) The prevention of abuse of the scheme would of course receive all due attention during preparation. Such things as lack of progress in studies, loss of employment, breakdown of the marriage, or protracted illness will demand the formulation of appropriate safeguards.

(i) Hand in hand with this proposed scheme there would be a continuation of those developments in the social services which have already been, more or less, established and which were designed principally to assist married people with families. Such things as the Maternity Services, the plans for extension of Day Nurseries and Nursery Classes, the Home Help System, and the Family Allowances and School Meals Schemes all contribute in their respective ways to the practical assistance, both direct and indirect, which the family nowadays receives from the State and for which young persons married under the Early Marriage scheme would in due course qualify.

That being the case, no special provision would be needed in the latter scheme to cover these extra services which most people nowadays regard as essential.

The actual assistance which the scheme would of necessity require to provide would embrace the following:—

(j) *The Provision of a House or Flat*

The national house-building programme, already well under way, will, when completed, not only have made ample provision for the existing needs of the public, but will have enabled

reserves of material to be accumulated by means of which there could be erected for rental at low rates, numerous small houses or large blocks of apartments of the service flat description, suitable for newly married couples.

(k) Provision of Furniture and Equipment

The furnishing and equipping of the house would be carried out through the scheme, utilising good-quality materials at Government controlled prices. If the articles provided were of a design and quality of which a young couple could be proud, it is likely that the majority of young people would prefer to purchase them on a loan basis rather than be given the use of them at a rental. Such serious objections can, in any case, be raised to the latter method, that I do not think it should be entertained as a serious proposition.

(l) Provision of Financial Assistance in the Form of a Weekly Allowance

Inasmuch as economic necessity is one of the leading reasons for the lateness of marriage at the present day, one cannot conceive of a scheme of this nature achieving its purpose without some provision for maintenance until the couple's income is sufficient for their combined needs. The financial arrangements for the proposed scheme should therefore be linked with the definition by the Government of a national wages policy and with the determination of minimum income standards for married couples where the total income is derived solely from the man's earnings.

Financial assistance under this scheme should be such as would raise the income of the newly married couple to the previously determined national minimum; and the allowance should continue until such time (safeguards, of course, being provided), as the joint earned income had reached this minimum level. If the wage rate increases allowed for a fairly steep rise at ages nineteen and twenty (fully justified, as most young men at that age are capable of high productivity), the Government's financial responsibility under the early-marriage scheme would be the lower, and the couple's indebtedness would be the less. As it is probable that the wife would, in most cases, continue in remunerative employment until pregnancy, the need for assistance, apart from the provision of a home and equipment, would again be reduced. It is assumed that all appli-

cants would be in employment, or serving apprenticeship, or else engaged in full-time attendance at college or university.

(m) *Provision of Additional Financial Assistance for Special Groups*

In view of the different levels of expenditure and standards of living demanded from, say, a university student and an apprentice in a factory, it will be necessary to make allowance in the scheme for additional assistance to be provided for such persons, over and above that required to bring the income up to the national minimum. Having regard to the ultimate greater earning capacity of members of the professions and of holders of technical qualifications, the ability to repay the additional loan need not be questioned.

(5) COST OF THE SCHEME

Any estimates of probable financial outlay which are advanced tentatively are subject to the serious objection that no one can foretell the response which young persons will make. It is possible that demands will be considerable; on the other hand, it is more likely that its popularity would grow as the scheme became a recognised part of our social services, and as the advantages which it confers became widely known and appreciated. Furthermore, the current instability of price levels and values and the abnormally high costs with which production is faced render any estimates highly speculative.

Nevertheless, one can assume that if houses are provided at low rentals, the principal burden from the scheme would arise out of the furnishing and equipping of the home. This, it is considered, would involve an outlay of some £200 per house, in which accommodation would probably be two bedrooms, a living-room with dining annexe, and a kitchen.

If we assume that the number of young bachelors taking advantage of the scheme in any one year would not exceed one-half of those who, being between the ages of twenty-one and twenty-nine, were married in 1940, we arrive at a total of 157,818. The equipping of homes for this number at £200 each would involve an expenditure of somewhat over 30 million pounds. As a reduction in the numbers of unmarried men in the nineteen to twenty-four age-group would take place from the operation of this scheme, a lowering of the annual number of applications could be expected within a few years of its inception.

Additional expenditure would be incurred through the

weekly allowances plan, but as the amount which this would entail would rest mainly in the Government's hands (through their national wages policy and minimum income standards for married persons), it is possible that it would not exceed 20 million pounds annually.

It should be borne in mind that this gross estimated annual outlay of 50 million pounds would be in the form of loans, preferably interest-free, recoverable subsequently in accordance with terms arranged on a generous basis.

(6) MARRIAGE GUIDANCE

Marriage-guidance clinics are of comparatively recent origin, but though their life has been short in terms of years, they have, by the amount and value of the work done, fully justified the experiment and revealed that there is both need and a demand for such a service. In the light of what I know of the objects and methods of marriage-guidance clinics and of the scope there is for work of this kind, I have come to hold the opinion that it would be a good thing to establish clinics generally throughout the country and to operate the early-marriage scheme in close association with them.

Marriage-guidance work falls naturally into three divisions—preparation for marriage, remedial work, and sex education. Remedial work is the most dramatic of the three, and it is the side which is accorded most Press publicity. Nevertheless, it is probably the least important branch. Attempts to heal breaches which have already taken place or which are imminent are, at best, less valuable and less productive of permanent good than a similar degree of effort directed to preventing breakdowns by the elimination of sources of disharmony and misunderstanding before either has had opportunity to develop. This remedial aspect of marriage guidance has its own place, but it should not be permitted to take precedence over the other two, nor is it really in the interests of our long-term aims that the Press should continue to single it out for undue emphasis.

(7) PREPARATION FOR MARRIAGE

Should it ultimately be decided that the project to facilitate early marriage be adopted, the Government will be very much concerned to ensure that all practicable measures are taken to eliminate the common causes of marital breakdown. Any positive approach to the problem of disharmony and break-

down in marriage must, of necessity, place in the forefront of its programme the prevention of maladjustment, whether such maladjustment be primarily of psychological or physical origin. The whole varied range of the causes of failure in marriage, apart from those that are purely economic, comes within the scope of preparation for marriage; and, because it cannot be gainsaid that ignorance and misunderstanding during the early months of marriage sow the seeds of future trouble and even ultimate disaster enlightenment on the common causes of trouble and instruction in how best to avoid them are such a common-sense line to take that to spend time advocating it here is surely superfluous.

Yet since that outmoded school of thought which says 'leave it to nature' is still vocal—though its influence has declined as the validity of its arguments was undermined through the scientific data and irrefutable evidence collected in investigations on both sides of the Atlantic during the last 15 years or so—it is essential to emphasise that, in the opinion of all reputed authorities on marriage problems, adequate preparation for marriage is the best guarantee of success. Therefore, because of the potential value of such instruction, it seems to me that attendance should be made compulsory for all who are given assistance, not because we expect that courses of preparation for marriage would not be popular—rather the reverse—but because it is well known that there is an apathetic and careless minority which would not attend voluntarily and which is, if anything, in greater need of guidance. Every encouragement would, of course, be given to the voluntary attendance, at such classes, of persons already married or about to marry outside the early marriage scheme.

(8) SEX EDUCATION

While recognising the importance of preparation for marriage, we must not forget that good and bad influences, which can either enhance the value of such a course of training or can detract from its effectiveness, are at work from babyhood. In an earlier chapter we noted the outstanding features of this period as they concern our present subject, and at this point it is appropriate to repeat that parents hold primary responsibility for the correct development and direction of the child's earliest sexual impulses into channels which will lead to harmony between the biological urge and its emotional counterpart in adult life. Very much can be achieved to this end by

parents giving information to their children on this subject, which, while being truthful, is couched in language that is suitable for the child's age and understanding. As the Ministry of Education Pamphlet 119 states in relation to sex education in schools, 'first responsibility rests upon parents to deal with their children's questions from the beginning, as and when they arise, in a natural manner'. This is of vital importance to the child, and yet it is a duty from which most parents shrink, not so much from failure to recognise its value, as from a consciousness of inability to cope with the situation, either from lack of physiological knowledge, or of vocabulary, or because of fear of emotional disturbance.

For this reason I consider that an integral part of the preparation-for-marriage classes would be the instruction of prospective parents on this all-important subject, recognising that the way in which knowledge of human reproduction is gained by a child profoundly affects its first reactions and colours its life-long attitude to the whole subject of sex. Instruction in general biology and in human physiology at school cannot make up for the loss sustained by a child whose parents have ignored or otherwise thwarted his childhood quest for knowledge, and have thus permitted a sense of the unclean and the evil to pervade his unspoken thoughts. There is a place for instruction in the physiology of sex in school curricula—a place which the Ministry is anxious shall be fully utilised. Unless parents have played their part during the pre-school period, however, and unless such tuition in biology and physiology is followed 'by instruction and advice directed to the understanding and control of sexual impulse and emotion, leading to the establishment of mutual understanding and respect between the sexes', we have no justification for assuming that personal conduct in sexual life will be governed, to any material extent, by a mere intellectual conception of physiological processes.

There is at the present time a disquieting tendency for people to imagine that the introduction of sex-education courses to schools is the complete answer to the contemporary trend towards looser morals standards. Nothing could be further from the truth. In point of fact there is a very real danger that the knowledge so acquired may but serve to make for more efficient exploitation of the sex instinct and for the more skilful avoidance of conception or of venereal disease. This possibility is appreciated by the Ministry of Education, judging

from the tenor of the memorandum referred to, and from the observation that in the 30% of Secondary Schools which in 1943 made a serious effort at sex instruction, 'an attempt is often made at a later stage to help the children to establish for themselves a rational and social code of conduct and a guiding moral philosophy in the light of knowledge gained earlier'. This comment shows that the Ministry does not share the ill-informed view that instruction in the anatomy and physiology of sex is, of itself, sufficient to protect adolescents all of whom will soon be faced with the difficult and inescapable choice of resisting or yielding to the superficial, but none the less powerful, attractions of promiscuous or irregular sex relationships. We have only to re-examine some of the evidence adduced earlier in this book to realise that almost before their school-days are over some young persons of both sexes require to make personal decisions of momentous import to their subsequent life and happiness.

The ultimate aim of sex education—in addition to dispelling ignorance and promoting an intelligent and informed attitude to this extremely important subject—is to assist towards adherence to that code of sex behaviour which we are confident is conducive to the fullest development of the personality and which, therefore, is the code that, on the long-term view, the social conscience will demand. It is not justifiable, therefore, for the educator to omit from the syllabus of the course of sex education the final and culminating stage, and to comfort himself with the hope that the child will, without guidance, arrive at the desired end. A teacher undertaking to instruct children in this subject must, in the words of the memorandum of the Ministry of Education, 'try to show that the sex impulse like other creative impulses can make for personal and social happiness, or mar it, and that the quality of life of individuals, as of nations, must depend, in part at least, upon relating powers and potentialities to the well-being of the wider community'. Moreover, the teacher should, when dealing with classes of older boys and girls, be quite precise and forthright in the advocacy of marriage as the normal and natural sequel to the attainment of maturity; and opportunity should be taken to explain the principles of mate selection so that the young people of both sexes may reap the benefits which the science of psychology has placed at our disposal. Wider opportunities for boys and girls to meet and extend their knowledge and understanding of one another are likely to arise out of the Youth Club

Movement, the popularity of the Youth Hostels Association, and the development of Further Education under the 1944 Education Act. One outcome of these modern social innovations is that the field for selection of one's mate which is nowadays open to the boy and girl is vastly wider than that available to their parents. Some simple guide to personal characteristics which are likely to make for compatibility in marriage is therefore essential, and should prove of extraordinary value to young persons, many of whom are bewildered by the multiplicity of type, temperament, personality with which their wide contacts have made them familiar. Similar difficulties in choice were not generally within the experience of our parents, who moved mainly in well-circumscribed social circles, and who usually had no opportunity but to marry a person who possessed the same background, upbringing, and outlook as themselves.

This leads to my final point, which is that there is a clear indication in all this for the training and supply of teachers who are specially gifted and trained for the difficult but enthralling task of gathering together the threads of biology, sex education, mothercraft (already being taught to senior pupils in certain areas), and other related subjects, such as domestic science and sociology, which a child has garnered from other teachers during the school career; teachers who will relate these things to the broad sweep of human needs and aspirations, with which, indeed, each in its own sphere has an intimate but distinct connection. Then it would remain to add the finishing touches by unequivocal reference to the personal problem which each will in a short time have to face, possibly without any further guidance or opportunity to take stock of the issues in an objective way. From what I have learned, I believe that many teachers who are in sympathy with this object would welcome the assistance of specialist teachers for these final stages. It may be that this could be arranged most expeditiously and happily by ensuring that the specialist appointed to take the final classes of sex education of school children was given the additional duty of conducting the preparation-for-marriage courses. Such a dual responsibility would operate to the advantage of both aspects of the work and, as there would be opportunity for the person appointed to play a part in the activities of the Marriage-Guidance Clinic, he (or she), would have a field of work and a status which would attract desirable types and which would enhance the prestige of this branch of education.

The main plank, therefore, in my proposals for tackling the problems of social health and morality is the encouragement of early marriage. The inauguration of courses of lectures on the subject of preparation for marriage and the extension of the teaching of sex education in schools are two additional recommendations, the principal aims of which are the strengthening of the marriage institution and the promotion of marriages which are enduring and felicitous because they amply satisfy the deep physical and emotional needs of man and woman.

APPENDIX

WHILE THE manuscript has been in the hands of the publishers the second interim and final reports¹ of the Denning Committee on procedure in matrimonial causes have become available. This committee was set up to examine, among other things, the existing administration of the law of divorce and nullity of marriage in England and Wales; to advise on procedural reforms; and to recommend methods for eliminating some of the causes of delay then inseparable from divorce proceedings. The terms of reference did not include questions relating to the alteration of the law either to extend or to reduce the permitted grounds of divorce.

The committee recommended that the period which normally elapses between the decree nisi and the decree absolute should be reduced from six months to six weeks; that all non-essential steps in procedure leading up to the hearing of a case should be cancelled (twenty-seven such steps are listed in the second report); and that additional facilities should be provided to expedite the trial of cases. Besides dealing with these administrative aspects, the committee, in the final report, made constructive suggestions aimed at stemming the tide of petitions, at increasing the stability of marriages, and at protecting children deprived of parental care through divorce. If these recommendations and suggestions are implemented there are several direct results which will be evident very soon; and also some consequences of an indirect nature which will probably appear later.

The expected direct results are:—

(1) There will be a considerable reduction in the amount of work needed in the preparation of petitions, and therefore a shortening of the interval between the decision to enter a petition and the hearing. In successful actions there will be an additional saving of time through the reduced interval between the decrees nisi and absolute.

¹ Cmd. 6945 and Cmd. 7024, His Majesty's Stationery Office.

- (2) The cost of proceedings to the litigants will be lower.
- (3) The arrears of petitions awaiting hearing will be overcome much sooner than was to have been expected under existing procedure.
- (4) The hardship experienced by some parties to divorce proceedings—partly financial, partly emotional and social—will be less through the more rapid disposal of cases. The delays of the past have, in several respects, aggravated the unhappiness and increased the difficulties of petitioner and respondent alike.

The anticipated indirect results are:—

(1) The numbers of divorce cases will increase. This view received considerable support in the House of Lords during the debate on the second report.¹ The greater frequency of divorce leading to the establishment of a vicious circle through the public becoming more familiar with such cases will lead to the presentation of even more numerous petitions. Moreover many potential litigants who might have been deterred from filing petitions by learning of the difficulties and delays will now be able to go ahead in the knowledge that speedy relief may await them.

(2) Divorce obtained more rapidly and at lower cost will inevitably 'cheapen marriage in its spiritual significance', as the Archbishop of Canterbury said in the House of Lords during the debate referred to.

(3) The speed with which a decision will, in future, be secured may render petitioners intolerant of the reconciliation measures proposed in the final report.

(4) The safeguarding, in so far as that is possible, of the interests of children of divorcees may lead to their fate being less unhappy, and, in its outcome, less anti-social.

¹ *Parliamentary Debates (Hansard)*, House of Lords, Vol. 144, No. 7, H.M.S.O.

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