

Medicine and morality – legislation on venereal diseases in Denmark and Norway c. 1900-1994

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The development of the legislation to combat venereal diseases in Denmark and Norway since the end of the 19th century has been a process with discussions on the balance between medicine and aspects of morality. Medicine aims at the prevention and cure of diseases, and thus wants to eradicate venereal diseases as part of the public health efforts. Morality considerations have partly been on sexual morality, which has strong cultural connotations. However, there also have been considerations as to 'the morality of citizenship', which implies that all citizens should have the same duties and rights, in this case e.g. the duty to inform about the source of contagion and the right to treatment for free. At the outset, control of prostitutes was regarded as an important measure in both countries, and the moral aspects came clearly to sight. Soon, venereal diseases were handled as medical, not moral problems both in Denmark and Norway. This was clearly formulated when both countries got new laws on venereal diseases in 1947. The moral argumentation started over again in the 1980'es, when hiv/aids entered the stage as a new disease, especially found in groups of the population who already carried a stigmatisation, such as drug addicts and homosexuals. The discussions went somewhat different in the two countries, but when both Denmark and Norway got new bills on contagious diseases in 1994, the medical considerations clearly had won.

Policies to contain infectious diseases have varied throughout time. For long the diseases could be seen as God's punishment for sinful behaviour.

Following Christian morals would then be the best protection. When cholera pandemics swept the world during the 19th century quarantines were attempted to stop contagion. Isolating the sick became a means to attempt to control also diseases such as leprosy and tuberculosis.

A special case – the venereal diseases

Among the infectious diseases were the venereal diseases. Unlike plague and cholera venereal diseases did not attack big groups of people at the same time. Neither did they result in sudden and pronounced sufferings nor in quick and sudden deaths. It proved difficult to prevent the spread both of syphilis and of the more frequent gonorrhoea. Although both diseases were contagious, they were also endemic. This made quarantine an impossible weapon. Add to this that especially syphilis was hard to diagnose. If not cured, venereal diseases had very serious consequences. Syphilis developed over a period of time in three distinct stages, in the end leading to insanity and death. An infected mother would transmit the disease to the newborn baby. Gonorrhoea resulted in various inflammations, and might render women infertile. Babies born from mothers infected by gonorrhoea would usually become blind or suffer from life-threatening blood infection.

An efficient cure for venereal disease proved hard to find. For centuries, mercury treatment was among the most important remedies the medical authorities could offer. This explains the old popular saying: 'A night with Venus – a life with Mercury'. If, for some, a night with Venus might be an exciting event, a life with mercury was certainly not a pleasant experience. Mercury treatment was expensive and long lasting, with serious side effects.¹ The alternative might be to avoid a night with Venus. Thus sexual morality was from the beginning intimately intertwined with medicine.

Behind the laws

I will attempt to look at how these two concepts - medicine and morality – interacted in Danish and Norwegian legislation which was passed mainly during two distinct periods of the late 19th and the 20th century. The first period covered the years 1888 and 1947, the second stretched from the 1970's to the 1980's and 1990's. By then a new venereal disease, hiv/aids, had appeared. I am focussing on opinions among members of parliament. Attitudes within the medical profession are only considered as they were perceived by the parliamentarians.

¹ Harrison M. *Disease and the Modern World. 1500 to the Present Day*. Cambridge: Polity Press, 2004, 33 – 40.

But first a few words on the concepts *medicine* and *morality*.

Medicine may be defined both as attempts to prevent disease and as ‘the art of restoring health’. *Morality* refers to ‘a particular system of morals’.² In this paper it concerns both sexual morals and what may be termed the morality of citizenship.

Sexual morality was strongly gendered throughout the 19th and at least in the first half of the 20th centuries. Female sexuality was seen as dormant until marriage and important mainly for the creation of offspring. Prostitutes were understood as deviant females looking for easy money. Respectable men were expected to show self-restraint in sexual matters. But many thought of male sexuality as a strong urge that would have to be met in order to prevent damage to men’s mental and physical health. With a high age of marriage, this might make it difficult for many men to avoid extra-marital sex. Consequently, men were seen as especially in need of protection against venereal diseases. This might lead to strict medical control with prostitutes.

The term ‘*morality of citizenship*’ indicates the principle that all citizens should have the same duties and the same rights. In this case the duty would be to behave as a responsible citizen in order to protect society as such against contagion. Rights would mean the right to free treatment, regardless of personal economic resources.

How did medicine and morality interact during the first half of the 20th century?

Medicine and morality 1888 - 1947

During the 19th century prostitutes had been seen as the main carriers of infection. Consequently, medical control with prostitutes was central. New approaches were instigated when brothels were prohibited. This happened in Norway in 1887. The following year a municipal by-law, regulating the fight against venereal diseases, was adopted in Kristiania/Oslo. It was only in 1947 that a national law on venereal diseases was passed in Norway. In Denmark brothels were outlawed in 1901, and in 1906 a Danish national law laid down new principles for combating venereal diseases. This law was revised in the 1930’s and replaced by a new law in 1947. Thus, between 1888 and 1947 both Denmark and Norway passed laws on venereal diseases.

The phrasing of all this legislation was mainly concerned with venereal diseases, not with prostitution. One might say that according to the texts of these laws venereal diseases had become just that – diseases, a medical

2 See the *Concise Oxford Dictionary*, Oxford: The Clarendon Press, 1949.

problem. Did this mean that during the first half of the 20th century medicine had triumphed over sexual morality?

No doubt medical progress had become important for the fight against venereal diseases.

In 1879 bacteriology led to the discovery of the bacteria that caused gonorrhoea. In 1906 the bacteria causing syphilis also was found. As from 1907 the Wasserman test made it easier to diagnose syphilis, and from 1909 the introduction of Salvarsan helped cure this disease, although still at great costs. During the interwar period Neo-salvarsan and some sulphur and vismuth preparations were also used. But they too required long-term treatment. Only with the access to penicillin after the Second World War did medicine find an efficient means to *cure* venereal diseases.³

This meant that until 1947 when both Norway and Denmark passed new laws, an important medical approach was to attempt to *prevent* the spread of these diseases. The main solution became to discover as quickly as possible who spread the diseases, and submit the source of infection to medical treatment. Medically, it would not be sufficient to target prostitutes. This paved the way for the morality of citizenship, treating all citizens in the same manner. This principle was obvious in the Danish law of 1906.

This law offered all Danish citizens, regardless of economic resources, the right to free medical treatment if suffering from venereal disease. At the same time it introduced the duty for all citizens to submit to medical treatment and to inform the physician who had been their source of infection. Mandatory hospitalisation could be used to curtail contagion. Non-compliance might be punished by fines. In the last instance the police might bring the patient in for treatment.⁴ Until penicillin appeared, prevention was a very important medical tool in the fight against venereal diseases.

Provisions laid down in the Danish law of 1906 may be seen both as expressions of the morality of citizenship and as important preventive medical measures. They were continued also in the law passed in 1947, and adopted in the Norwegian law passed the same year.⁵

Did that mean that sexual morality was no longer important? Definitely not.

3 Harrison 2004, 161 – 165. See also Gjessing HC. 'Penicillinbehandling av gonore ved Oslo Helseråds poliklinikker'. (Fra Oslo helseråd. Sjef stadsfysikus A. Diesen. Venerologisk avdeling Sjef Dr. H. Chr. Gjessing.) *Tidssk Nor Lægeforen* 1947;67, 538 -41.

4 Blom I. 'From Regulationism to the Scandinavian Sonderweg – legislating to prevent venereal diseases in Denmark during long the 19th century'. *Continuity and Change* 2005;20(2), 265 -86

5 Blom I. 'Fighting Venereal Diseases: Scandinavian Legislation c. 1800 – c. 1950'. *Medical History* 2006; 50: 209 –34.

The very title of the Danish law of 1906 - *Law on Prevention of Public Immorality and Venereal Contagion (Lov om Modarbejdelse af offentlig Usædelighed og venerisk Smitte)* - clearly demonstrates the close connection between sexual morality and medicine. Also, the long discussions in Parliament mainly concerned 'public immorality'.⁶ The first two paragraphs pointed out that police control with street prostitutes continued to be important, although now legitimated through another law, the Law on Vagrancy. Offending public propriety might be punished by fines, imprisonment or hard labour. A minority of MPs, consisting of Social Democrats and Radical Liberals in vain protested against these paragraphs.

Another sign of the importance of sexual morality was that the 1906 law prohibited the advertising of condoms. Although these 'objects' as they were called in the debate, might protect against venereal disease, the majority found it perfectly acceptable that 'people who practise extra-marital sex should accept the consequences'. Such people did not deserve protection. No doubt, questions of sexual morality were at the forefront in discussions of the Danish law of 1906.

If we turn to Norway, we find some similarities with Denmark. Also in Norway a law on vagrancy made it possible to control prostitutes, and also in Norway condoms were seen as immoral objects.⁷ But as Elisabeth Koren has pointed out, until 1947 when a national law on how to curb venereal diseases was passed, such provisions were legitimated by a variety of municipal by-laws.⁸ In the following I refer to the by-law accepted in Kristiania in 1888.⁹ Here the morality of citizenship was weaker than in the Danish law of 1906. Although the Kristiania by-law imposed the same duty on all citizens - medical treatment was mandatory - citizens did not have the duty to reveal who had infected them. This complicated the physician's attempts to find and treat sources of infection. Add to this that in Kristiania medical treatment was not free. In Norway free treatment of all patients suffering from venereal diseases was not reached until the national law of 1947. Only by then also Norway introduced the morality of citizenship, equal rights and equal duties for all citizens.

6 For the following, see note 4.

7 For the following, see note 5.

8 Koren E. *'En Trusel for selve Samfundene.'* *Venerisk sykdom: tiltak, medisinsk forståelse og moraldebatt i Norge 1880-1927*. Bergen: Department of History, University of Bergen, 2003. Unpublished master thesis.

9 Blom I. 'Fra tvang til frivillighet? Forebygging av veneriske sykdommer i Oslo, 1888 - 1910'. In Benum E, Haave P, Ibsen H, Schiøtz A, Schrupf E. (eds.), *Den mangfoldige velferden. Festskrift til Anne-Lise Seip*, Oslo, Gyldendal Akademisk, 2003, 125-40.

Did this then mean that in 1947 preventive medicine and the morality of citizenship had finally won over sexual morality? A closer look at the Danish and Norwegian laws of 1947 will answer this question.

The Danish and Norwegian laws of 1947

Both laws were entitled 'Law on Provisions against Venereal Disease'.¹⁰ This indicated that the laws concerned disease, not morality. Medicine also dominated the phrasing of the paragraphs of the laws. Sexual morality seemed absent.

But discussions in both the Danish and the Norwegian parliaments revealed that some citizens were still more to be feared than others. In Denmark conservative MPs attempted to distinguish what they called 'respectable people' from 'the returning immoral clients'. They suggested allowing 'respectable people' free treatment also with a private physician, not only with the public physician especially designated to treat venereal diseases. But this proposal was not accepted. The morality of citizenship resulted in the same access to medical treatment for all citizens. Still, although prostitutes no longer figured in the law, the discussions pointed to irresponsible young girls as the big danger. As one MP phrased it: '...this uninhibited erotic-hunting crowd [of deviant girls], who every night swarms around the beams of light from the cities... they are the carriers of infection'. 'Deviant young girls' had replaced prostitutes as the main problem. This may be seen as a consequence of what the Danish historian Marlene Spanger has called 'the fear of the new woman', the independent and self-conscious woman thought to have developed during the 1920's and 1930's.¹¹ The growing possibility of separating sex from reproduction may also have contributed to widen the group of women who might be seen as carriers of infection. These arguments were given extra weight by pointing to the danger represented by the 'German hussies' (*tyskertøsene*), women who had frequented German soldiers during the occupation. It was warned that they might now spread venereal diseases. Nobody mentioned the possibility that a man might be a source of infection. Despite vehement discussions, in the end the law was passed unanimously in the Upper House, (*Landstinget*) and with a considerable majority (72 votes against an abstention of 20 votes) in the Lower House. (*Folketinget*).

Different from in Denmark the Norwegian law of 1947 was passed

¹⁰ For the following see note 5.

¹¹ Spanger M. 'Myndigheternas köns- och sexualsyn. Lösaktiga kvinnor i 1930-talets Danmark'. In Jonsdottir A, Svanström Y. (eds.), *Sedligt, renligt, lagligt. Prostitution i Norden 1880 – 1940*. Stockholm: Makadam förlag, 2007, 197 – 226.

unanimously and without discussion. Why was there no discussion on this law in the Norwegian parliament?

The main reason seems to be that policies to stop venereal diseases had already been accepted. Norwegian authorities built on measures adopted during the German occupation. During the summer and autumn of 1945 girls suspected of suffering from venereal diseases might be arrested and brought to internment camps. This was done mainly in order to protect the returning Norwegian soldiers as well as the present British military personnel. The result was that for the first - and only - time statistics showed a higher proportion of women than of men infected by venereal diseases.¹²

Ironically, at the same time it was revealed that these diseases were especially frequent with young soldiers. Norwegian soldiers who from January 1947 would be taking part in the occupation of Germany, were seen as especially at risk. In June 1946 violent discussions on how to protect these young men took place in parliament. It was decided to expose the young soldiers to moral pressure through films, lectures and brochures highlighting what was termed 'Christian morals'. Information should stress that a 'real man' was a person who mastered his instincts, resisted temptations, and limited sexuality to marriage. The Minister of Defence, Jens Christian Hauge, went as far as suggesting sending a group of female soldiers to Germany to accompany the male soldiers. That was supposed to strengthen the morality of the soldiers. But the press likened this proposal to 'military brothel activities' and it was rejected in Parliament.

The suggestion that condoms should be available from sanitary unions was met with strong resistance from an important minority of MPs. They saw sexual abstinence as the only safe way to avoid venereal diseases. Making condoms easily available would in the opinion of the minority be a serious departure from Christian morals. This attitude found broad support. A popular appeal condemned access to condoms as 'a doorway to licentious sex-life'. It gathered over 400 000 signatures! Sexual morality certainly continued to be of great importance. Despite all this, the minority lost by 45 against 76 votes. It was decided that condoms should be obtainable.

12 Olsen K. *Krigens barn og deres mødre*, Oslo: Forum Aschehoug & Co. (W. Nygaard), 1998, 284 - 302. Blom I. 'Krig og kjønns sykdom - Norge 1945 - 1953'. In Göran Fredriksson m.fl. (red.), *Köns maktens förvandlingar. En vänbok till Anita Göransson*. Göteborg: Skrifter från Institutionen för Arbetsvetenskap, Göteborgs Universitet, 2003, 13 - 31. Blom I. 'Contagious women and male clients : Public Policies to Prevent Venereal Diseases in Norway, 1888 - 1960', in *Scandinavian Journal of History* 2004, 29, 97-117.

Other medical prophylaxes such as ablution centres were also accepted and a venereologist would be attached to the brigade.

Arguments on provisions to protect soldiers revealed a mixture of preventive medicine and sexual morality. In the discussion on how best to protect the young soldiers the wish to see sexual morality as the main – and preferably the only – protection against venereal diseases was strong, but medical provisions carried the day.

It seems that the vivid discussions in 1946 made it unnecessary to discuss the law proposed in 1947. It was unanimously accepted, without discussion in Parliament. Like the Danish law passed the same year, it introduced the morality of citizenship and according to the law medicine had become more important than sexual morality. But for a big minority limiting sexuality to married life continued to be seen as the best protection against venereal diseases.

The demise of morality?

The last half of the 20th century witnessed the almost full victory for medicine over sexual morality. The Danish law was revised in 1973.¹³ Now worries over sexual morality were no longer addressed only at young women, but at the young generation as such, women and men alike. Information was now seen as the main means to combat venereal diseases. Compulsive measures and punishments disappeared. A court decision was needed to bring a recalcitrant patient in for treatment. The revision was unanimously passed by Parliament in April 1973. Sexual morality had changed. But a moral duty to submit to treatment remained. The morality of citizenship continued.

The new situation was a consequence of changes both in medicine and in sexual morality. Penicillin had since the late 1940's made it easy to cure venereal diseases. In Denmark full acceptance of the use of condoms and other contraceptives had made it possible to separate sex from procreation. The youth movement and the feminist movement contributed to changing perceptions of sexual morality.

Fifteen years later, in 1988, the Danish law on venereal diseases was repealed. According to discussions in Parliament this law was now seen as superfluous. It was said to have had practically no effect. It was little known and punishments were almost never used. Venereal diseases should no longer be stigmatised by questioning the sexual morals of patients. As from

¹³ The following builds on Blom I. 'From Coercive Policies to Voluntary Initiatives. Legislating to Prevent Venereal Diseases in Denmark during the Twentieth Century' in *Journal of Scandinavian History* 2008; 33(1): 52 - 74.

1988 special legislation on venereal diseases ceased to exist. These diseases were not even mentioned in the law on contagious diseases passed in 1979, nor were they included when this law was revised in 1994. By 1988 moral admonishments concerning these diseases had stopped. Medicine had finally won. This is especially interesting since by then the new disease, hiv/aids, was the most feared, and medical provisions against this disease were still highly ineffective.

Did this also happen in Norway?

Not quite. It took eight years of hot discussions before the Norwegian law of 1947 was repealed. This happened in 1994 when other laws considered obsolete, such as the Law on Leprosy of 1885 and the law on Tuberculosis of 1900 were cancelled.¹⁴ A new law covering all contagious diseases was passed. The problem discussed in Parliament in 1994 was whether or not to include the new disease, hiv/aids in this law. This disease did not spread solely through sexual intercourse but also through infected blood. Discussions centred on new target groups, homosexuals and intravenous drug addicts.

Two minority groups in Parliament suggested different solutions. The Progressive Party wanted especially strict control with the new disease and argued that the Norwegian Association of Physicians supported their views. The other minority, MPs from the Socialist Left, the Centre Party and one Labour MP opted for the same liberal policies as those chosen in Denmark. It was stressed that this would mean accepting the opinion of the Lesbian and Homosexual Organisation (*Landslaget for lesbiske og homofile*) and of the National Association against aids and it was argued that this solution was supported by a prominent specialists on venereal diseases.¹⁵ But both minority proposals were defeated.

The majority, MPs from the Labour Party, the Conservative Party and the Christian People's Party, carried the day. Hiv/aids was explicitly included in the 1994 law. The main argument was that it would be necessary to continue some constraining measures towards individuals who did not or could not take the necessary precautions. Coercion would be allowed, but only after consultation with a special committee (*smittevernemnden*). All punishments disappeared. The majority argued that stigmatisation and

14 Blom I. 'From coercion to individual choice? Changing policies against venereal diseases in Scandinavia, 1940's to 1990's' in Johansson K, Lindstedt Cronberg M. (eds.), *Vänskap över gränser. En festskrift till Eva Österberg*, Lund: Författarna, 2007, 235 – 54.

15 Svein-Erik Ekeid was seen as the main architect for what was said to be a successful policy followed in Norway until now. He was chair of the World Health Organisations HIV/AIDS Committee. He was strongly against using compulsion in efforts to limit aids. (*Odeltingstidende* 1994, 279 – 28).

moralisation concerning venereal diseases would disappear when these diseases were included in the general law on all contagious diseases. Only medical concerns would remain.

Why did Norwegian parliamentarians choose a slightly different solution from the one preferred in Denmark? As Signild Vallgård has shown, in Denmark homosexuals were seen as the main target group.¹⁶ Their strong organisations had proved extremely responsible in combating aids and they were trusted to continue to do so. This was also the case in Norway. Still, despite the support of a parliamentary minority the formulations preferred by the homosexual organizations were not accepted. As for drug addicts the two countries followed different traditions in drug policies, traditions until then mainly concerned with the consumption of alcohol. These different traditions were now transferred to drug addicts, resulting in much more liberal Danish policies than those practiced in Norway. This may help explain differences in legislation on contagious diseases.

Add to this that the Danish political system seems to have been more open for reforms than the Norwegian system. In Norway the Labour Party had ruled alone for long periods, whereas in Denmark coalition governments, even bridging the gulf between the Social Democrats and the so-called bourgeois parties had eased the possibility of changing traditions and accepting compromises.¹⁷

Anyway, in both countries all special legislation on venereal diseases disappeared. In Denmark all citizens were now treated in the same way. Medicine and the morality of citizenship definitely were victorious. In Norway the morality of citizenship was a little weaker. Some coercion was retained to make recalcitrant patients submit to medical treatment. But also in Norwegian legislation, medicine had become by far the main weapon against venereal diseases.

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16 Vallgård S. 'Problematization and Path Dependency: HIV/AIDS Policies in Denmark and Sweden', *Medical History* 2007; 51: 99 – 112.

17 See note 14 and Petersen K, Åmark K. 'Old Age Pensions in the Nordic Countries' in Christiansen N E, Pettersen K, Edling N, Haave P. (eds), *The Nordic Model of Welfare. A Historical Reappraisal*. Copenhagen: Museum Tusulanum Press, 2006, 145–85.