

Sexuality, reproduction and the fight against venereal disease during the first half of the 20th century

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During the first half of the 20th century, both in Europe and in the United States, sex education for young people was a fiercely debated issue among actors in various fields (Sauerteig, Davidson 2009; Lord 2009; Porter, Hall 1995; Lefkowitz Horowitz 2005). In France, the debate focused on the proposed guidelines for action to regulate sexual behaviour. This is the topic we will be examining here. Sex education was promoted as a set of prescriptions and recommendations to enable young men to gauge the consequences of sexual intercourse for themselves, their families and society. It sought to instil responsible behaviour at the individual level by preparing these young men to adopt a family model that would ensure population reproduction in sufficient numbers and quality. All the proposals, whether in the form of sex education at school, lectures organised for young men or information booklets, sought to tame sexual behaviour according to its procreative potential and control the health of unborn children by defining models in keeping with the imperative of demographic growth.

These educational devices were underpinned by concerns regarding the future of the French population and the state of public health, which justified the efforts undertaken. Indeed the population was threatened by two dangers: a decline in family fertility and above all the rise of the 'venereal peril' and its effects on mortality and morbidity, which were especially feared during the interwar period. Thus, the projects and efforts in favour of sex education reiterated the requirement of maternity and the risks of venereal disease. Most of all, they reveal the series of events that combined to bring the issue of sex education before the public as part of the solution to the demographic problem.

Strong opposition to projects for mandatory, collective sex education at school, particularly from Catholics, led to adopting other means of reaching out to young people. They show how a programme for action in the area of public health was negotiated, together with its limits and the norms underlying the actions that were carried out.

We shall see how the actors defined, thought about and regulated bodily conduct relating to sexuality and how recommendations concerning sexual activity were produced. Sex education for young people of both sexes was viewed as an instrument for reproduction and 'preservation of the race', which should be allowed to become an instrument of debauchery. A closer look shows that the systems that were used differed according to sex, imposing quite different interpretations of the dangers threatening men and women and with them the future popu-

lation and revealing what was considered acceptable in the realm of sex education. The history of this topic during the first half of the 20th century is the history of the clash between disease prevention, moralising recommendations and demographic prescriptions.

The future of the threatened population. The sex education projects that were formulated in the early 20th century were underpinned by demographic and public health considerations¹. These factors account for the sense of urgency to set up a system and determine its content. The projects existed alongside books advising parents on what they should say to their children, in line with 19th century works (Houbre 1997). They discussed conjugal, family relations without explicitly mentioning sexual relations. They were not intended to go beyond the family circle².

Since the end of the 19th century, the stagnation of population growth had given rise to fears of depopulation and a weakening of France's position in Europe. France was the first country to enter the demographic transition (*Dénatalité: l'antériorité française*, 1986; Chesnais 1986; Van de Walle, De Luca Barrusse 2006). France stood out for its low birth rate, whereas elsewhere in Europe birth rates were still high. Statisticians, demographers, doctors and politicians mobilised around this issue. Two trends can be noted among those who expressed the need to return to balanced demographic growth. On the one hand, there were pro-birth forces that feared empty cradles and militated in favour of a rise in birth rate by introducing a family policy and laid the groundwork for its implementation (De Luca Barrusse 2008a). They were active in reminding women of their responsibility to become mothers and men of the duties of fatherhood. On the other hand, there were physicians who worried about France's mortality rate, which was higher than in neighbouring countries. The situation required the establishment of a genuine public health policy (Bourdelaïs 2003). While the dangers and effects of tuberculosis were their main target, syphilis was also seen as a disease that could and should be combated to help lower the overall mortality rate (Bardet *et al.* 1988; Guillaume 1992; Quétel 1992).

Like their counterparts in many other European countries, the United States and Canada, the French medical profession was called upon to measure the effects of syphilis and propose a plan to combat it as early as the 18th century (Merians 1996; Davidson 2000; Castejon-Bolea 2001; Davidson, Hall 2001; Brandt 1985; Cassel 1987). The increasing prevalence and incidence of syphilis and the production of objective statistics gave rise to sex education projects to inform young people of the dangers of venereal disease. For example, Alfred Fournier³, a renowned author on syphilis, estimated that 13% to 15% of the male population of Paris suffered from the disease (Fournier 1903). These widely disseminated figures carried serious demographic consequences. The mortality of syphilitics was compounded by perpetuation of the disease, which was claimed to be hereditary: «Syphilis is a hereditary disease: it strikes the first, second and even third generation of the syphilitic» (Queyrat quoted in Viborel 1930). Hereditary syphilis doubly compromised the future of the population because it was responsible for most cases of

female sterility and for a high proportion of stillbirths, thereby taking a toll on already diminished generations. In 1922, a report drawn up by the Interior Ministry's Commission on Venereal Disease Prevention determined that syphilis would cost 140,000 lives annually: «20,000 children killed in the womb (stillbirth rate), 40,000 pathological abortions, 80,000 deaths of children or adults» (De Luca Barrusse 2009). Moreover, it had repercussions on the health of those who survived: «30% of French children are impaired by hereditary syphilis, which results in arrested development, malformations such as harelip, nervous disorders (convulsions, epilepsy, meningitis), eye lesions, teeth alteration and mental disorders and anomalies» (Queyrat quoted in Viborel 1930).

Venereal disease combined the effects of depopulation with degeneration by compromising female fertility and the health and survival of children. The debates were also marked by the notion of degeneration, which postulated that inherited characteristics were not identical but rather deteriorated from one generation to the next, creating pathological predispositions that became more pronounced and widespread over time (Nye 1984; Pinell 2001). The medical profession was mobilised: «One of the surest means to preserve the number and value of our children is to organise a powerful fight against syphilis» (Sicard de Plauzoles 1936). In 1901, Alfred Fournier set up by Society for Sanitary and Moral Prophylaxis, which soon became an established pressure group in the fight against venereal disease. The fact that the prophylaxis was both healthy *and* moral was not insignificant: discursive precautions were required in any discussion of sexual risks to avoid offending public opinion, which was highly sensitive with regard to sexual matters (Iacub 2008). The prophylactic choices went hand in hand with moral considerations and were assessed both in terms of their therapeutic efficacy and their contribution to raising moral standards.

The medical profession helped develop the topic of «the syphilis of the innocents», a subject related to that of dissolute individuals (of both sexes), which evoked the notion of children being infected by their fathers and married women by their husbands (Harsin 1989). This theme, emphasised by Alfred Fournier, was to be taken up elsewhere in Europe, particularly in Scotland (Davidson 1994, 273). When syphilis moved outside the narrow circle of prostitutes, soldiers and sailors to which it had thus far been confined to affect infants and faithful wives, it became a 'scourge': its effects were assumed to threaten the demographic, social and moral balance of society and called for action to be taken. In 1929, Dr. Cavaillon and Dr. Sicard de Plauzoles⁴, both key figures in the movement to combat venereal disease, summed up the individual and social consequences of the disease:

Syphilis has extremely grave consequences: for the individual, it means a temporary interruption of work or at the very least a decline in productive ability, with a necessarily corresponding decrease in wages. Once the storm has passed, one is fortunate if there is no lasting infirmity to reduce the victim to destitution. For the family, it means discord between spouses, frustrated motherhood or, even worse, offspring marked by hereditary defects. For society, it means wasted social capital and increased unproductive spending because all these lame people, all these liabilities, all this human waste ends up being supported by the community. For the country, it means a halt to moral and economic expansion.

sion, bastardisation of the race, a partial lack of our available military workforce, lower birth rate and depopulation (Cavaillon, Sicard de Plauzoles 1929).

The same process of enlarging the circle of victims and entering into a field of action intended to check the incidence of the disease was perceptible in the case of tuberculosis and cancer (Guillaume 1992; Pinell 1992). «There are too many innocent victims to be able reasonably to maintain that the evil they suffer from is a necessary punishment» (Spilmann 1926). The consequences of the disease were such that it could not be hushed up. As the social area affected by the disease grew wider, it became possible to debate the means to contain it: «Some people think it is best to remain silent about these diseases, which they say are merely the just punishment for debauchery [...]. What is conventionally called a dissolute person is not a special being living apart, without any relation to the rest of humankind; that man has a family and friends, he goes to the café and drinks from a glass that will later be presented to us after a very quick washing! He goes to the barber shop and the razor used to shave him is the same one that will immediately be put in close contact with your own skin; that man will some day “settle down”, he will marry and in turn will want to found a family» (Bizard 1906). As late as 1943, Dr. Sicard de Plauzoles confirmed the circulation of the disease in social space: «Contagion ricochets in unexpected ways; it passes from the infamous brothel to the family home, to the bed of the purest wife, it strikes innocent children down to the second and third generation» (Sicard de Plauzoles 1943). The social repercussions of syphilis, which the association strove to make visible, were based on the notion of public interest as shown in the above quotations. The risks for the population as a whole and the circulation of the disease within the family were legitimate reasons for organising a plan to combat the scourge by educating young people.

The process of disease transmission could be controlled by educating the population, which the *Société de Prophylaxie* set out to promote. The education of young people of both sexes was based on a set of interlocking recommendations controlled by the medical profession. This sex education was embedded in a wider campaign that relied on the experience of advertising to convince people of the dangers of venereal disease. Propaganda – the term that was actually used – was «to the fight against the disease what advertising is in commerce and industry» (Spilmann 1933). It was a question of «forcing attention through the work of unconscious cerebration that shopkeepers are so skilled at using to their advantage» (Burlureaux 1902). Information and educational campaigns made use of the sales knowledge of tradesmen and of various media to obtain unconditional acceptance of the ideas they defended. Throughout the first half of the 20th century, brochures, leaflets, lectures and posters, together with novels, plays, radio programmes and films, formed the backbone of public health education. Sex education for young people was one of its focal points.

Initial proposals for sex education. The rise of the ‘venereal peril’ along with fear of depopulation and degeneration explain the growing number of recommendations as well as the unceasing lamentations of moralists who lambasted the moral

decline of society at a time when erotic and bawdy books became increasingly available (Stora-Lamarre 1990). From its inception, the Society for Sanitary and Moral Prophylaxis unquestionably helped to promote sex education (Corbin 1977, 257). The first traces of the efforts at sex education can be found in brochures drafted by physicians, which allowed them to address the problem of venereal disease under the cover of a sort of one-on-one conversation with the 'patient'. A few doctors belonging to the association attempted to communicate their advice to young people in small publications. The reception given to these works at the beginning of the century reveals their reluctance to mention sexuality and the danger of venereal disease, especially to girls (Harsin 1989; Stewart 1997). In 1902, a booklet by Dr. Burlureaux, *Pour nos filles quand elles auront dix-huit ans* [For our daughters when they reach the age of eighteen] was very poorly received, unlike its counterpart by Dr. Fournier, *Pour nos fils quand ils auront dix-sept ans* [For our sons when they reach the age of seventeen]. Fournier tried to dissuade the latter from any form of extra-conjugal sexual activity. He sought to convince young men of the necessity of abstinence until marriage and fidelity to their wives, whereas chastity until marriage and fidelity to one's husband went without saying. They were the basic postulates of the education of bourgeois girls. There was no point in communicating such frightening information to chaste fiancées; it might turn them away from marriage and above all, from motherhood. The first brochures were clearly addressed to adolescent boys from good families. There were several reasons for this: they made up the clientele of the physicians engaged in the debate who came from the same social milieu and were therefore able to establish an understanding dialogue with them. Moreover, bourgeois children were precisely the demographic that was lacking in France. Indeed, population statistics confirm the Malthusianism of the bourgeoisie (De Luca Barrusse 2008c). Hence, this was the class that should be encouraged to have healthy children – not the working class, whose children were always considered to be tainted by their parents' alcoholism and tuberculosis. Until the war, the physicians' approach remained the same through thick and thin. The same was true of the exhortation to chastity. Around 1910, when the nascent sciences of sexology and neurology began denouncing prolonged abstinence for encouraging masturbation or even homosexuality, the doctors in the Society for Prophylaxis firmly maintained their choice of abstinence as the only sure guarantee against debauchery and disease (Corbin 1977; Chaperon 2007). The association promoted health-based morality, which can be glimpsed in its recommendations to the young.

Alongside the cautious statements of the Society's physicians, others, made by men more openly engaged in the debate over population quality and quantity, proposed sex education at school. In 1908, while neo-Malthusians who recommended birth control undertook the task of informing adults about how to control their fertility in popular brochures, Dr. Justin Sicard de Plauzoles suggested a programme of sex education at school to communicate the idea that individuals should be viewed first and foremost as 'seed carriers', in the words of the childcare specialist Adolphe Pinard⁵. From this angle, he defined his sex education project as «a pedagogical initiative tending to subject the sexual instinct to the action of the will con-

trolled by an educated, aware and responsible mind» (Sicard de Plauzoles 1908). It was a question of developing a sense of responsibility regarding the procreative act. His programme was divided into three cycles: children between the ages of six and nine would be given elementary notions about how life is transmitted, using examples drawn from animal and plant reproduction. Children would learn that «all beings come from other beings, that there is solidarity between generations in perpetuating the species». Children between the ages of ten and thirteen would be introduced to the notions of contagious and hereditary diseases and non-venereal transmission of syphilis with a view to teaching them the basic principles of hygiene. Finally, adolescents between the ages of fourteen and sixteen would be prepared for their future roles as fathers and mothers either at school or through special lectures for those no longer attending school. This preparation was to include elements of physiology, sexual hygiene, information on venereal diseases and their consequences for the individual, the family and the race and basic knowledge of prophylaxis and eugenics. «While it is necessary to teach children that they must protect their family's honour and property, it is necessary and indispensable to teach them that they possess something else, another sacred trust: their descendants. This has to be learned in school. The sexual instinct of young French boys and girls has to be trained and educated like the other instincts» (Sicard de Plauzoles 1908). This system was designed to govern the practices responsible for the formation of families through discipline acquired at an early age. It aimed to tame sexuality in order to manage the biological interests of the family. Sexuality was no longer based on instinct but on reason.

Two years later, in an address to the International Conference on School Hygiene, Dr. Doléris, a member of the Academy of Medicine, presented a programme of sex education explicitly intended to counter the neo-Malthusian influence. His programme was organised around several disciplines: the natural sciences, ethics and hygiene. «The first step is to instruct them and then create a higher morality in the order of will and resistance to instinct when the latter speaks out at the time of puberty; and finally, to warn older youths of the dangers inherent in the exercise of the genital functions» (Doleris, Bouscatel 1918, 144). The youngest ones should be taught through a familiar bestiary: the chicken and the egg, the bee that gathers pollen, etc. Like Sicard de Plauzoles, he proposed to teach children about sex from an early age because if these questions were introduced too late, they might arouse unhealthy curiosity. At puberty, when «it becomes necessary to fortify the struggle against erotic inclinations which is more or less active among the subjects», the programme was limited to explaining the reproductive organs and sexually transmitted diseases. Later on, «it would involve initiating future mothers and fathers to matters concerned with procreation» (Doleris, Bouscatel 1918, 145). The two projects were quite similar, but in this case, the primary objective was to channel the thoughts of young people by teaching them the biological functions and then moralising, making sexuality part of nature and therefore 'de-eroticising' it by concentrating on the mechanics of reproduction and proposing the model of the family as self-evident. Both proposals sought to warn, prescribe and impose

conduct that would combat instinctive sexuality, control it by understanding how it works and provide scientific answers to the emotions experienced by young people and restrain them. Other authors took up these projects, among them Dr. Mathé, a medical inspector in the Paris school system, but these works sparked little interest because, as the preface to Mathés' book noted in 1912 «in the 20th century, sex education still conjured up frightful images in the minds of least thirty million French people» (Mathé 1912).

Information on venereal disease in the army. At the beginning of the First World War, the development of venereal disease in the army was taken into consideration, marking the beginning of an increasingly intense, varied information campaign (Le Naour 2000; 2002; Darmon 2000). In several countries engaged in the conflict, the threat of troops being infected by syphilis forced politicians and army medical services to abandon their reserve about these shameful diseases and take action (Towers 1980; Parascandola 2008). In France, the Permanent Commission on Hygiene and Prevention of the Ministry of the Interior proposed a series of measures intended to eradicate the epidemic within its ranks. Leaflets were published in addition to lectures on sexual hygiene that had been given to new recruits since 1902⁶. For the first time, films were shown as an educational aid at these lectures. In 1918, *On doit le dire*⁷ [It must be said], a seven-minute animated film was shown to soldiers. The film portrayed two soldiers, Matthieu and Matteo, infected by the same prostitute. Matteo chooses to confide in 'Dr. Charlatan' whose miracle cures are vaunted on a poster, whereas Matthieu prefers to see the dispensary doctor: he undresses and drops his trousers in front of him. A bubble appears in the place of his lower abdomen – for cinema had to exercise censorship – «My poor fellow, it's syphilis. You're contagious. If you follow my prescriptions, you won't have any serious accidents and in four years you will be able to get married». Matteo, on the other hand, though covered with a rash, gets married: «It's a genuine crime». In five years, his wife has seven miscarriages. Finally a child is born, mentally retarded, then another who is hydrocephalic. Ten years later, Matteo's nose caves in; twenty years later, he is paralysed and insane. A bubble summarises the story: «Syphilis is a social danger. Often it affects the individual not only personally but also in his descendants. Syphilitics that fail to be treated will only have children that are still-born or physically and mentally degenerate». The contrast with Matthieu who was properly treated is striking. In the last image of the film, he is shown surrounded by his five children, with his wife nursing the new baby next to the cradle. All the ingredients of what were to become propaganda films are present: the dramatisation of a troubled marriage, uncertain fertility, excessive infant mortality and disabled children, even though a cure is possible (De Luca Barrusse 2009). And the large, healthy family, presented like a picture of personal happiness and social order.

As the end of the war drew closer, the resurgence of syphilis among soldiers returning home, threatening to infect their wives and pollute their descendants, became the subject of alarmist assessments. The rate of primary syphilis in the army,

which might well have been called the real ‘syphilometre’ of a country, multiplied by 16 between 1915 and 1919⁸. By the end of the war, 2% of the soldiers had been infected, i.e. 50,000 men. In addition, there were 130,000 cases of gonorrhoea and 60,000 cases of cancroids (Mignon 1927, 17). By changing the social visibility of venereal disease, the war accelerated the movement under way not only in France but more widely in Europe and the United States, where the interwar period was marked by plans to combat it through widespread use of propaganda: brochures, posters and films in which sex education became one of the core topics (Parascandola 2008; Davidson 1994; Perdiguero *et al.* 2007; De Luca Barrusse 2009).

Opposition to sex education in school. The worsening public health situation helped to open up the debate on introducing sex education at school, which until then had found only a limited audience. «I dare say the future of our race depends entirely on sex education», asserted the childcare specialist Adolphe Pinard⁹ in his preface to a book by the feminist Adrienne Avril de Sainte Croix (Pinard in Avril de Sainte Croix 1918, 4). Both authors urged the regulatory board of Public Education to supplement the training of schoolteachers so they could provide instruction on this question. Supported by eminent personalities, the movement gained momentum until it was suddenly brought to a halt by strong opposition.

It is important to emphasise the opposition sex education encountered when it began taking shape, for it crystallised two different modes of managing sexuality: the first, which was private, was based on the confidential relationship between parent and child; the second was public, led by doctors and educators claiming to act in the best interests of the population, who imposed the decision to publicise information about sexuality (Donzelot 1977, 159). Competition between these approaches restricted the possible scope of sex education. It gave rise to two competing strategies based on underlying political and religious concerns. Catholics were the main opponents of sex education at school. In February 1922, when the Society of Prophylaxis stepped up its support for the idea and demanded action from the ministers of Public Education and of Social Hygiene, Assistance and Welfare, the college of cardinals and bishops rejected «the processes of so-called Sex Education relying on science alone, independently of the moral teachings of religion» (De Ganay 1922, 5). A few months later, worries were expressed within Abbé Viollet’s Christian Marriage Association: «It would be vice armed with scientific arguments» (De Ganay 1922, 3).

In 1923, in the face of opposition that had begun marshalling its forces on the issue, the National Conference on Social Hygiene Propaganda and Prophylactic Education sounded out professional opinion in a survey on the appropriateness of sex education at school and how it should be taught (*Enquête* 1923). 20,000 questionnaires were sent out to chief education officers, local educational inspectors, elementary school inspectors, head teachers, principals of boys and girls schools, professors, schoolteachers, high school physicians, Catholic and Protestant chaplains. 15,000 replies were received. The majority of respondents thought schools

should initiate young people to sexual matters, but they expressed reservations about the content and teaching methods, particularly as regards who would be in charge. Supported by the survey results, the Society of Prophylaxis indicated its desire to see sex education established in the schools for both boys and girls «on the grounds that innocence does not consist of ignorance and ignorance is the main cause of the sexual peril [...], that it is essential to the future of the race to orient the maternal instinct early on through accurate knowledge about the body and give future mothers all the notions of hygiene and prophylaxis they need to watch over their health, carry their pregnancies to term, and rear and educate their children in a healthy way» (quoted by Knibielher 1996). The project involved both preparation for family life and protection against the dangers of venereal disease.

The difficulty of reaching a female audience to discuss sexuality, which we have already glimpsed, explains why the following year, in 1925, the Society of Prophylaxis set up a Female Education Committee (FEC), headed by Dr. Germaine Montreuil-Straus, the author of numerous works intended for future mothers (Rollet 2008). The committee was put in charge of introducing a system for educating girls, «above all a moral and scientific preparation for marriage and motherhood with a view to personal preservation and protection of the race» (Montreuil-Straus 1929). Until the long-awaited sex education programme could be set up, the doctors on the committee, who were all women, proposed to give lectures to young girls between the ages of 16 to 19 in which they would talk about their future roles as wives and mothers and inform them about the risks of venereal disease. The authorisation of the Ministry of Public Education and the subsidies from the Ministry of Social Hygiene, Assistance and Welfare demonstrates that political circles were beginning to listen to their arguments. The education of boys was not neglected. In December 1925, Dr. Laignel-Lavastine, president of the parents' association of Lycée Condorcet – a position that allowed him to convene his audience – gave an initial lecture entitled *Vénus et ses dangers* [The dangers of Venus] to second- and third-year high school students. Although attendance was optional, the lecture generated great interest and drew a large audience. In view of its success, it was repeated every year.

As the number of such lectures increased, opponents of sex education were compelled to react. Parents' associations were the first to voice concerns, asserting that sex education was opposed to family freedom and respect for their religious beliefs. The first parents' associations were indeed of Catholic persuasion and were reacting against school secularisation. In fact, these associations were leagues of heads of households who, though outnumbered, were highly vocal. They were supported by elitist alumni associations, which also demanded to be consulted on any changes in the curriculum and the conditions of school life (Donzelot 1977, 184). Already in 1924, when the Ministry of Public Education issued a circular asking the associations for their opinion on the appropriateness of sex education at school, they had replied that parents alone should decide on these matters. The Catholics were not against sex education per se and were in fact counting on it to impose the family model, but they objected to the idea of collective instruction by the teaching

staff. They noted that, according to statistics, schoolteachers had few children (De Luca 2008c). Would they be able or willing to speak convincingly about the importance of the family? Above all, by disclosing the mechanics of reproduction, sex education would allow young people to understand how to avoid it and thus trivialise sexual intercourse. Poorly supervised teaching about sexual matters at school might actually go against the very interests it was originally intended to promote – those of the family (Lenoir 2003).

Relying in part on books in the same vein as those published in the 19th century, Catholics attempted to silence their opponents by showing that parents already took care of this issue. They sought to demonstrate that they were not opposed to the idea of sex education, which was highly valuable for society. When viewed as a public health and demographic issue, it could not be totally rejected. Hence there was a consensus on the need for sex education; how it should be done was the focus of debate. In 1927, Marguerite Lebrun, the mother of a large family and a militant Catholic, published a book under the pseudonym ‘Vérine’ entitled *Le sens de l’amour* [The Meaning of Love] in which she explained the role of parents in educating the senses (Vérine 1927). At the same time, in 1927-1928, there were growing rumours that the Ministry, under pressure from the Society of Prophylaxis, was planning to introduce courses in sexual hygiene in high schools and middle schools. On 2 May, 1928, Dr. Gallois, the president of the federation of parents’ associations, questioned Minister Édouard Herriot, who replied that he had no such plans: «The associations are completely free to decide whether or not lectures should be given under their responsibility and to choose the speakers» (quoted by Monsaingeon 1929). This was also the moment when public schooling became available free of charge for the first year of middle school, which meant that children from the lower classes, who were presumed to have more pronounced tendencies, would mix with children from good families who feared their bad influence. This background is necessary to understand the creation of the *l’École des Parents* by Vérine in 1929 (Donzelot 1977, 185). This association brought together Catholics who were convinced that sex education should be left in the care of parents. From the outset, Vérine called for expanding the number of parents’ associations to form a rampart against collective sex education. To achieve its objectives, *L’École des parents* held annual conferences featuring lectures in which the issue of sexuality was always the subtext.

From April to June 1929, a debate arose between the two sides in the course of meetings organised by the Society of Prophylaxis during which Germaine Montreuil-Strauss, Vérine, Abbé Viollet, Pastor Wauthier d’Ayguetier and Justin Sicard de Plauzoles, in particular, presented their views. The debates reveal the efforts made to reach a consensus by highlighting their common interests: sex education could not abandon moral principles nor could there be any objection to sex education in principle, because they all recognised the danger of demographic decline. Everyone agreed that sex education should include both medical and moral aspects. Most of the writings on this issue asserted: «The goal of sex education is not to teach young people the practical means to avoid venereal disease while

engaging in debauchery, but rather to make them understand the importance of the sexual function and warn them of the risks of sexual life and the serious moral and social consequences that can result from sexual intercourse as well as their duties and responsibilities» (Sicard de Plauzoles 1927, 159). Authors who dealt with this topic constantly repeated: «There can be no sex education without moral education» (Viborel 1928). Apart from agreeing on this fundamental point, each group remained entrenched in its respective position: «Parents do not want sex education to become mandatory in schools under any circumstances» concluded the assembly of presidents of parents' associations (Bull. Prophylaxie, April 1929). Faced with this firm opposition, the Society of Prophylaxis fell back on lectures and the following programme was unanimously approved: before puberty, sex education could only be given individually by the mother; when the 'crisis of puberty' arrived, the initiation should be given individually by mothers to their daughters and by fathers to their sons, emphasising the moral aspect of the problem rather than physiology. From age 15 to 20, the formation of sentiment would be the dominant theme. Collective sex education should stress the family – especially for girls – as well as present physiology, the hygiene of sexual organs and the dangers of venereal disease and emphasise family life as the guarantee of a healthy life, fortified generations and a prosperous nation (Bull. Prophylaxie, April 1929). The individual and collection dimension of the choices made by each parent was reiterated. Collective sex education would be called «Lectures on sanitary and moral prophylaxis. Advice to young people on how to conduct themselves in life». It would not be mandatory. The principal of each high school would send a letter to the parents of first-year students asking them to authorise their children to attend the lectures. The letter was to be accompanied by a brochure explaining the purpose of the lectures, which would be divided into three parts: the first part – dealing with morals – would be presented by the philosophy teacher; the second part – on biology – by the natural history teacher; a third part – on disease prevention – by a physician. Henceforth, sex education was to be confined to lectures and leaflets. As no one seemed ready to give an inch, there would be no further debate about sex education at school.

The lectures were given outside the school setting, e.g. in the army and in trade unions. They were sometimes accompanied by films dramatising the effects of syphilis. Indeed, cinema became one of the main tools used quite widely in Europe to combat social scourges (De Luca Barrusse 2009; Perdiguero *et al.* 2007). *Une maladie sociale: la syphilis. Comment elle peut disparaître*¹⁰ [Syphilis: a social disease. How it can be eradicated], a film produced in 1925, showed the effects of syphilis through a series of information and images. A bubble explained the consequences of the disease in simple statements: «The parasite is transmitted from mother to child in the womb». «Miscarriages that are not due to criminal abortions are usually due to syphilis; it is the main cause of stillbirths». «A child with hereditary syphilis does not present any visible skin lesions». Still shots showed scrawny, deformed children. «Syphilis causes bone diseases. Here are some of the monsters that are often hereditary syphilitics». Images of Siamese twins in formaldehyde,

skeletons of Siamese twins, hydrocephalic babies and children with harelip or rickets succeeded each other in slow motion to prolong the dramatic effects. «Syphilis affects physical development» with the image of a 36-year-old dwarf and three microcephalic children. «But also moral development». A man is shown full-face and in profile: «This man killed a child». The film places the scourge literally before the spectator's eyes, making it visible through images that arouse emotion. Such a display of the consequences of irresponsible reproduction was supposed to open their eyes. *Les maladies vénériennes et l'armement antivénérien de la France*¹¹, [Venereal diseases and France's anti-venereal weapons], another documentary, was also intended to warn irresponsible individuals of the risk of seeing their offspring vanish altogether or be 'damaged' and generate collective awareness of the problem.

What took place here was the construction of a consensus around the fight against venereal disease. The consensus was marked by the approbation of the health and demographic stakes by all the actors involved. These stakes were expressed in reaffirmation of the family as the frame of reference that sex education should constantly recall. Supervised by the Society of Prophylaxis and its Female Education Committee, the lectures on sanitary and moral prophylaxis, sometimes combined with films, were to become major tools in promoting the public health policy being developed. Sex education became reproductive health education, which had trouble ridding itself of its moral trappings.

The prescriptions for boys and girls. Prior to the war, the conference of the Alliance for Social Hygiene made the following declaration: «We will show boys the danger of venereal disease; girls will be taught the role they will be called to play in life and basic childcare» (Mathieu, Dufestel 1913). By the end of the war, even the feminist Adrienne Avril de Sainte Croix acknowledged that «the initiative and responsibility for the function of reproduction belongs to men, so young men are the ones who should learn about the risks they might run for themselves and their descendants» (Avril de Sainte Croix 1918). The differentiation and hierarchy of gender-based social roles in relation to establishing a family and sexuality were characteristic of the system of reproductive health education during the interwar period and the same model could be found well beyond the borders of France (Freeman 2008).

Prevention of venereal disease was the sole guideline for the talks given by lecturers and the leaflets distributed to boys¹². «There is no question of giving practical lessons in lovemaking, but rather of warning boys against the dangers of a dissolute sex life» (Bassac 1935). Overall, sex education for boys strove to demonstrate the consequences of unbridled sexuality for the individual, the family and the race. Thus, Dr. Laignel de Lavastine explained to the students at Lycée Condorcet that «the dangers of Venus» were at once moral, medical and social. Precocious sexual activity would lead to vice, debauchery and «improper behaviour in the street». The consequences were also pathological: masturbation was a threat to those who were impatient, along with venereal disease, which he described in sordid detail. From a social standpoint, the danger lay in producing descendants impaired by hereditary

syphilis as well as early senility, which was said to afflict many syphilitics (Laignel de Lavastine 1925).

The lectures and leaflets tried to target young men with common traits that could provide grounds for the statements they contained. In addressing athletes, for example, emphasis was put on preserving the race and their bodies: «You represent the elite of the race and you could lose the benefits of many years of training in a single instant of imprudence», Dr. Fouqué reminded them (1930). In talking to future doctors, lecturers stressed the pathology of venereal disease, after noting that «gonococcus takes a heavy toll on medical students» (Bull. Prophylaxie, March 1935). Henceforth, at the request of the Society of Prophylaxis, they were also given a lesson on venereal disease at the beginning of their medical studies presenting «the cardinal points of contagion, incubation and symptoms» (Bull. Prophylaxie, March 1935).

After warning the young men about the risks of venereal disease, it was necessary to advise them about the conduct they should adopt. The authors oscillated between urging abstinence for everyone and presenting prophylactic methods to those who broke the rules. In 1930, Dr. Cavaillon and Dr. Gougerot assured students that «There is no danger in sexual abstinence; on the contrary, it will preserve all your strength for your future marriage» (1930). That same year, Dr. Fouqué beseeched athletic young people to abstain from sexual relations prior to marriage: «Marry young and remain steadfastly faithful to your spouse [...]. Alas, instinct sometimes speaks louder than reason» (Fouqué 1930). In the lectures and brochures, young men were never made to feel guilty about yielding to temptation; they were always seen as victims of a moment of confusion and the presence of a temptress. The aim was to make them responsible for their behaviour without stigmatising them so that syphilis would not be viewed as a shameful disease and they would quickly consult a doctor without fear of a lecture on morals. Educating young men therefore went hand in hand with pointing the finger of blame at prostitutes and loose girls who were responsible for transmitting venereal disease through their vices (Spongberg 1997).

In the event that a young man gave in to temptation, he was taught to be concerned about the suspicious signs of bodily manifestations on these women. Foreplay became an opportunity for observation or even examination. «Before embarking upon a love affair, take the woman on your knees, gently caress her neck, let your hands wander towards her private parts and feel the folds of her groin. If you discover hard glands here and there, ranging from the size of a pea to the size of a hazelnut, that roll beneath your finger, you should immediately stop» (Fouqué 1930). Others suggested praising the woman's bosom while looking for suspicious blotches or admiring her mouth while scrutinising her gums and tongue (De Bernay 1902). Such ominous signs were a way of imparting medical knowledge to the population, but the context in which they were presented led to dramatising the symptoms, as often happened with cancer (Pinell 1987). It was, to borrow the expression of Patrice Pinell, a «pedagogy of healthy fear» (Pinell 1992, 263). The purpose of this educational work was to make each individual capable of detecting suspicious signs and interpreting them.

Syphilis was treacherous and able to camouflage itself behind deceptive appearances. Despite the signs described above, in keeping with a principle of caution yet to be formulated, the physicians set about advising prophylactic methods. Two possibilities were open to the authors to orient the young man already in the arms of his *Messalina*: either to use a condom or a prophylactic ointment. The first solution was suspect, for it would enable the enjoyment of the senses without fear of the consequences. Eliminating the fear of venereal infection meant opening the door to debauchery. Moreover, condoms fostered birth control and thereby contributed to depopulation. Married couples familiar with condoms might use them to limit the number of their children. At the conference of the International Society of Prophylaxis, Dr. Burlureaux took a stand against condoms: the Society of Prophylaxis «cannot, must not take an interest in artificial means of protection, firstly because all of these methods are condemned by morality; secondly not for reasons of prudishness but of decency; and finally because vulgar manufacturers would not hesitate to transform our approval into a highly lucrative advertisement for their unspeakable trade» (Burlureaux 1902). The following year, Dr. Sicard de Plauzoles accused certain physicians of promoting the idea of risk-free coitus with prostitutes. From 1909-1910 onwards, the increasing virulence of the attacks against condoms can be explained by the fight against neo-Malthusianism (Corbin 1977). Promoting condoms encouraged immorality by facilitating risk-free sexual intercourse and therefore paved the way for neo-Malthusianism. The question was thus whether this method should be made public and advertised, and if so, how should it be presented in carefully controlled public areas (Iacub 2008). The discussions are revealing; the distortion between the convictions and knowledge of the physicians and what was presented in the propaganda shows that a clear-cut choice had been made between what was considered licit and illicit, acceptable and unacceptable, dangerous and prudent.

Following virtually unanimous rejection, positions regarding condoms became more divided after the war. Increased prevalence of the disease and a continuing high rate of stillbirths combined to replace the moral prescriptions by health-based ones. When a law prohibiting the dissemination of any form of birth control was passed on 31 July, 1920, under pressure from pro-birth circles, condoms were not included because they were distributed to soldiers. In addressing soldiers, one physician warned: «With a French letter you will have almost no chance of catching gonorrhoea and an 80% chance of not catching the pox» (1921). In 1925, 1/10th of the population was infected with syphilis, i.e. 4 million people; by 1929, the estimated number had reached 8 million¹³. More and more physicians were ready to defend the use of condoms and rejected the prejudices against them, which are reminiscent of those still heard today. In 1925, before an audience of students at the University of Nancy, Dr. Spillmann recalled the witticism of a famous woman «who considered [the condom] armour against pleasure and a spider web against danger. That is a mistake. When the condom method is used judiciously, it provides safe prophylaxis» (Spillman 1926, 20). But three years later, the Commission on Venereal Disease Prevention asked the departments of the Ministry of Social

Hygiene, Assistance and Welfare «not to recommend this method of protection against venereal disease in their public propaganda; they should be recommended only within certain groups and with the necessary precautions to avoid revolting public opinion and encouraging shamelessness and contagion among young people by giving them a feeling of safety, which in fact is only relative» (Viborel 1928, 13)¹⁴. In 1930, Dr. Fouqué warned that condoms «are still extremely inadequate and may even give rise to a false sense of security if a break should go unnoticed [...]. If you have no condoms, apply Vaseline very carefully to the gland and the penis to prevent abrasions» (Fouqué 1930). The choice of a protective ointment to replace or to supplement a condom of perhaps mediocre quality clearly led to describing gestures of intimate care. Ablutions and careful use of prophylactics were scrupulously detailed: opening the urinary meatus and applying the ointment to one's sex involved new gestures that implied that different relationship to the body was now permissible to combat venereal disease.

In 1933, a debate over the use of condoms arose within the Society of Prophylaxis. Since 1930-1931, sexuality and birth control were more openly discussed. Associations were created that dealt with these topics: the Association of Sexology Studies in 1931, the Sexology Society in 1932; two neo-Malthusian journals were published: *La grande Réforme* (1931) and *Le problème sexuel* (1933) (De Luca Barrusse 2008a, 260-264; 2008b). The movement to fight venereal disease was forced to take a position. Within the Society of Prophylaxis, opinions were divided though not extremely marked. Dr. Siredey thought that giving directions for prophylactic methods was not a good idea, above all because it encouraged debauchery, whereas Professor Gougerot recommended moral education but «for the imprudent, useful prophylactic methods must be suggested» (Bull. Prophylaxie, July-August-Sept. 1933). At conferences, physicians acknowledged the usefulness of condoms. At the Conference for Social Defence against Gonorrhoea held in February 1933, the opinion of attendees was unanimous: «The best and unquestionably the most reliable method is to use a good condom» (Janet 1933). Yet these comments within medical circles did not appear in published conference proceedings or in brochures addressed to young people. In the same year, the questions raised by Dr. Montreuil-Straus, who was in charge of preparing a leaflet on prophylactic advice to avoid gonorrhoea for publication by the Society of Prophylaxis, revealed the core of the problem. To avoid infecting women, the most reliable method

is for the man to wear a rubber condom. If the man does not take this precaution, the woman has every chance of being infected; she can, however, coat her vulva with Vaseline and close the cervix with a rubber diaphragm or a vaginal tampon [...]. By indicating what a prophylactic leaflet should contain, we can see that all the practices advised are birth control practices [...]. Such a leaflet is prohibited by the law of 1920. In other words, to sum up our thinking, a leaflet on gonorrhoea prevention is clearly and explicitly promoting birth control (Bull. Prophylaxie, October-November-December 1933).

These remarks should not be misunderstood: they express concern not only about punishment under the law, but also about the consequences of providing

birth control advice under the cover of prophylactic advice. Discussing condoms meant presenting a method of birth control. Neither the Female Education Committee nor the Society of Prophylaxis had any intention of helping to reduce the birth rate. What the networks of anti-venereal sex education retained from the discussion of condoms was their use for birth control and not as a prophylactic: «Anxiety about population decline prevailed over anxiety about the venereal peril» and continued to do so until at least 1940 (Corbin 1978, 268).

What remained of this equivocating over information intended for the public after 1933? In the brochures and lectures (at least those that were published), the authors end up talking about condoms, but only for want of anything better and with a wealth of precautions. Those who advised them took so much care in describing their uses that they discredited their apparent reliability. Providing a wealth of details was intended to be dissuasive. The structure of the texts quoted is never far from reminding readers about extra-genital contagion or describing in detail the harm that would affect subsequent generations. Between unconditional recommendation and refusal of this prophylactic birth control method, physicians during the interwar period chose a middle-of-the-road solution. The consequences of hereditary syphilis for the reproduction of new generations were so perilous for the population that they resigned themselves to discussing condoms.

Sex education for boys during these years can be summed up as sexual dissuasion and warnings, description of symptoms and intimate hygiene. This was in stark contrast to the education given to girls (Stewart 2000), which was more organised due to the activity of the FEC, whose stated purpose was «not only to teach new notions but also to change a mindset and prejudices that are perhaps more deeply rooted among women than among men» (Bull. Prophylaxie, May 1935). The Committee held lectures in various social milieus such as the Red Cross, young working-class girls, secular or religious associations and residences for women students. The speakers – always women physicians to address other women – began by talking about anatomy, physiology and the hygiene of female genital functions and ended with a discussion of venereal disease (Knibiehler 1996; Rollet 2008). While the aim was to provide information about sexual risks, the FEC also sought to prepare the young girls for their future role as wives and mothers. Motherhood was their destiny, as the title of a book by Germaine Montreuil-Straus – *Tu seras mere* [You will be a mother] (1932) indicated. The lectures were sometimes accompanied by an educational film produced by the United States Social Hygiene Association. The film was divided into two parts: the first part discussed the maternal function and the second, venereal disease. «Our audience consists mainly of women from the upper classes, but a few working-class audiences have showed interest in what we have to say», asserted G. Montreuil-Strauss (Bull. Prophylaxie, June 1936). There was greater opposition to these lectures than to those for boys, and it was relayed by newspapers in the cities hosting the lectures. Official support and the curiosity «aroused by meetings on what appears to be an obscene topic, organised by society women and delivered by women physicians» explains why «our lectures are always full» (Bull. Prophylaxie, March 1933). Over a period of ten years, the FEC spon-

sored 644 lectures, including 325 in the provinces, which were attended by a total of 140,000 people. While there is little information on how the lectures for boys were perceived, the FEC was careful to pass out a questionnaire to the girls in the audience at the end of each lecture. One girl declared she was «rather distressed, I was totally ignorant about the terrible diseases that were talked about, which give a glimpse of some of the miseries of life. But we have to be exposed to realities to avoid these diseases and try to ward off the dangers». Another admitted: “I felt as never before the beauty of the woman’s role in motherhood” (Bull. Prophylaxie, July 1926). If we are to believe these selected letters, the FEC fulfilled its mission.

Sex education for boys was thus guided by the fight against syphilis, whereas for girls it was hereditary syphilis. The aim was to protect their bellies and their offspring from venereal disease. The talk on syphilis given by Dr. Nelfrand was laconic to say the least: «The lesions caused by syphilis can be fatal; indeed syphilis kills 30% of the patients who contract it. But what you must know about is its terrible hereditary consequences. Hereditary syphilis is, in every sense of the term, what can be called a birth defect» (Nelfrand 1932). For girls, sex education can be summed up as learning about ways of acting cautiously to avoid personal suffering and the social risk of bearing a child with hereditary syphilis. While the bodily manifestations of the disease were dramatised for boys, girls were told nothing: they were not supposed to know how to examine their husband’s sex on their wedding night. The fiancée’s virginity was taken for granted by the bourgeoisie to which these leaflets were addressed during the interwar period. A few rare exceptions testify to the different treatment given to the sexes and social classes. In 1928, Professor Legendre made the following comments to students in an itinerant home economics school in the Eure department:

Young housewives and future farmers’ wives, learn to detect syphilis in your labourers [...]. Learn the signs: headaches, a hard lump on the forehead (exostosis), partial hair loss, red eyes, rash [...], copper-coloured pimples grouped along the hairline on the forehead (that is the «crown of Venus»), a soiled-looking neck sprinkled with white spots (that is the «necklace of Venus»), white pimples on the lips, hoarseness [...], a nasal voice (perforation of the palate), the thin beard of servants, a «nez en pied de marmite»¹⁵, poorly aligned teeth and above all the upper incisors shaped like half-moons (Legendre 1928).

This description, which is unusual, can be explained by household economics more than by sex education. As managers of ‘human resources’ on their farms, the women were informed as they would be about an epizootic outbreak.

On the whole, lectures and documents intended for girls met the twofold need to respect their modesty in sexual matters and the right of the bourgeoisie to freely conduct its matrimonial strategy (Carol 1995, 58). Indeed, while boys were taught how to detect the disease, girls were advised to ask for the prenuptial certificate that hygienists were calling for. It would consist of a medical visit to inform young people about their own health and the dangers to which they could expose their husbands or wives and their offspring. The FEC promoted the certificate in its lectures and leaflets. Dr. Houdré noted that «Nature does not always abide by sentimental or social schemes [...]. Chronic illnesses that are hereditary, known by future

spouses or sometimes even deliberately hidden may also be real contra-indications for marriage. What can be done about this? Require that young people undergo a medical examination prior to engagement? Though it would not ensure absolute security, it would be a reassuring guarantee» (Houdré 1928). But the bride-to-be would have to count on the honesty of her future husband, who would have to inform her of his disease, since doctors insisted on medical confidentiality. The prenuptial certificate aimed to make both spouses responsible. Steadfastly maintaining the differentiation and hierarchy between the sexes led doctors to produce a discourse that would foster responsibility among future spouses in choosing their partners. If the future bride succeeded in convincing her suitor to see a doctor, it undoubtedly meant that the young man, who was already aware of the risk of venereal disease through the education he had received, was demonstrating a sense of responsibility towards his wife and descendants. The physician was therefore intervening in the domestic organisation of the home by confirming the respective responsibilities of the spouses with regard to health and reproduction. Under pressure from the medical profession, the prenuptial certificate was to become mandatory in 1942 (Carol 1995).

Thus from 1900 through the 1930s, sex education was shaped by several competing moral, demographic and health constraints. The projects for sex education at school that developed during the first two decades of the 20th century took as their reference the family model of the married couple with several healthy children. Through a set of normative recommendations entailing learning about biology and sexual morality from an early age, the goal was to transform representations of the family and of the behaviours at the core of its formation and development. The models incorporated in these recommendations were intended to enable individuals to ‘think about’ their sexuality and grasp its consequences; the education and information it conveyed aimed to bring about autonomous behaviour. In the process, the set of prescriptions would affect the demographic components: birth rate and morbidity. The health of the population – its quality – had everything to gain from sex education focused on developing self-control.

But during the interwar period, when sex education was permitted only as optional instruction solely for adolescents, it distilled social and sexual attitudes that echoed those of the physicians who backed it. Sex educations combined public health and demographic objectives with methods for moral surveillance of practices. These systems were intended to convince young people to adopt the right attitude towards their own health and that of their future wives and descendants. The thinking on sex education was indeed adapted to the danger of venereal disease, which overtook the fear of depopulation, but it could not entirely rid itself altogether of its moral residue. Sex education became a tool for population management suited to governing sexuality according to principles that were moralising and health-based rather than educational or pedagogical. It was not until 1947 that a ministerial decree finally ordered a new study to determine «to what extent and in what form sex education could be introduced in public schools» (quoted by Mossuz Lavau 2002). And the old project was back on the table.

¹ France was not the only country where a debate over sex education took place, but the demographic issue was more crucial in France than elsewhere (Sauerteig, Davidson 2008).

² For example Leroy-Allais 1907.

³ Dr. Alfred Fournier (1832-1914) devoted his medical career to the study of syphilis. He was a department head at Saint Louis Hospital in 1876 and was the first to hold the chair of skin and syphilitic diseases in 1879.

⁴ Dr. Cavaillon, a specialist of venereal disease, was to become a member of numerous public institutions concerned with social hygiene and he took a special interest in the statistical recording and monitoring of data on venereal diseases.

Dr. Sicard de Plauzoles (1872-1968) established himself as one of the leading representatives of social hygiene in France. He was a specialist in transmitted diseases such as tuberculosis and syphilis. He was to become the president of the League of Human Rights from 1946 to 1953.

⁵ For example, a book by G. Giroud (1908), *Les moyens d'éviter la grossesse* [How to avoid pregnancy] had a print-run of 100,000 copies; another by J. Marestan (1910), *Éducation sexuelle* [Sex education] a print-run of 200,000 copies.

⁶ For example, *Conseils au soldat pour sa santé*, [Health advice for the soldier] 1916.

⁷ CNC, Archives françaises du film, *On doit le*

dire, by Marius O'Galop, Jean Comandon, 1918, a 7-minute animated film in black and white.

⁸ The word comes from Dr. Lancereux, quoted by Corbin 1977, 254.

⁹ Professor Pinard (1834-1934), a renowned obstetrician and childcare specialist as well as a senator, proposed several bills on child protection. He was also the first president of the French Society of Eugenics in 1912.

¹⁰ CNC, Archives françaises du film, *Une maladie sociale: la syphilis, Comment elle peut disparaître*, by Laurent Leredde and Jean Comandon, 1923, a 36-minute short silent film in black and white.

¹¹ CNC, Archives françaises du film, *Les maladies vénériennes et l'armement antivénérien en France*, by Jean Benoit-Levy, a 51-minute silent feature film in black and white.

¹² These leaflets were usually sold or distributed at the end of the lectures.

¹³ Estimates of the Commission on Venereal Disease Prevention of the Ministry of the Interior.

¹⁴ The commission, comprising members of the Society of Prophylaxis and the League Against the Venereal Peril founded in 1923 by Sicard de Plauzoles to help expand the network of dispensaries, was under the authority of the Ministry of Hygiene.

¹⁵ I.e. a nasal deformation characteristic of syphilitics.

Films

CNC, Archives françaises du film, *On doit le dire*, by Marius O'Galop, Jean Comandon, 1918, a 7-minute animated film in black and white.

CNC, Archives françaises du film, *Une maladie sociale: la syphilis, Comment elle peut disparaître*, by Laurent Leredde and Jean Comandon, 1923, a 36-minute film in black and white.

CNC, Archives françaises du film, *Les maladies vénériennes et l'armement antivénérien en France*, by Jean Benoit-Levy, a 51-minute silent feature film in black and white.

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Summary

Sexuality, reproduction and the fight against venereal disease during the first half of the 20th century

During the first half of the 20th century, the issue of sex education for young people was the topic of virulent debate. Increasing proposals for sex education in schools, along with lectures and information leaflets, were quickly opposed by Catholic circles, which did not reject sex education in principle but sought to control its form and content. Yet no matter which form or content was chosen, sex education remained underpinned by considerations about the future of the population and the state of public health, particularly the resurgence of syphilis, as well as moral principles. The concerns underlying sex education were morality, demography and public health, which set limits on what was desirable and undesirable in this area and guided the objectives it was to achieve. Sex education was therefore conceived as an instrument for the reproduction and preservation of the race but was not supposed to become an instrument of debauchery. Sex education was promoted as a set of prescriptions and recommendations to enable young men to gauge the consequences of sexual intercourse for themselves, their families and society.

Riassunto

Sessualità, riproduzione e lotta contro le malattie veneree nella prima metà del XX secolo

Nella prima metà del XX secolo, il tema dell'educazione sessuale dei giovani fu oggetto di un vivace dibattito. Le sempre più frequenti richieste d'introdurre l'educazione sessuale nelle scuole, così come le lezioni e gli opuscoli informativi, incontrarono rapidamente l'opposizione degli ambienti cattolici i quali non rifiutavano l'educazione sessuale in linea di principio, ma piuttosto aspiravano a controllarne la forma e i contenuti. Tuttavia, a prescindere dalla forma o dal contenuto prescelti, l'educazione sessuale rimase vincolata a considerazioni relative al futuro della popolazione e alla salute pubblica, particolarmente per quanto riguarda la ripresa della sifilide, e non solo a principi morali. L'educazione sessuale dunque era segnata da tre preoccupazioni: moralità, demografia e salute pubblica, che determinavano che cosa era desiderabile o non desiderabile e imponevano gli obiettivi da raggiungere. L'educazione sessuale era pertanto concepita come uno strumento per la riproduzione e la preservazione della razza, ma non doveva divenire uno strumento di lascivia. L'educazione sessuale era presentata come un insieme di prescrizioni e raccomandazioni volte a consentire ai giovani uomini di comprendere appieno le conseguenze di un rapporto sessuale per loro stessi, per le loro famiglie e per la società.