



## **‘J’ai vu une femme publique’. Sexual Activity, Venereal Disease and Homeopathy: The Male Experience in Nineteenth-Century Ghent**

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On 16 February 1872 the 26-year old Mister Cuvelier entered the practice of the Ghent homeopathic physician Gustave van den Berghe. He had contracted gonorrhoea nearly three months before, suffered involuntary sperm loss since and was also affected by blepharitis. It was not the first time he had to face the consequences of venereal disease; some four years ago he had been inflicted with syphilis. Before turning to Van den Berghe, this male patient had already tried to cure himself with purgatives and convolvulus unsuccessfully. His likely wish to find a remedy with Van den Berghe would not be fulfilled. After dozens of consultations during more than two years his emissions had still not disappeared.<sup>i</sup>

Between 1869 and 1902 thousands of men, women and children from Belgium, the Netherlands and France consulted Van den Berghe. Some of them had been ill for quite some time, others had just recently developed physical or mental complaints. The ailments they suffered also differed, from an innocent cold to life-threatening tuberculosis and cancer. Van den Berghe carefully wrote down the contents of these consultations; on the one hand paying attention to the length and means of treatment, on the other portraying the personal features of his patients. Besides notes on age, gender, residence and occasionally profession of his patients, profound description of the individual’s experiences with medical care and ideas and attitudes towards health and illness is available. The casebooks therefore go beyond the scope of knowledge provided by medical and lay advice-guides and brochures and give a deeper insight into the actual personal perspective, the ‘patient’s view’.<sup>ii</sup> This paper will explore the illness-experience of people enduring venereal ailments and seeks to explain why they might have chosen in favour of homeopathy or indeed this particular healer. It consequently addresses peoples’ attitudes towards sexuality. But first I will start with a brief overview of medical and social views on sexual behaviour in Belgium.



Nineteenth-century orthodox medical views on sexual matters warned against the evil of excessive sexual behaviour and masturbation. Both were considered as physically and morally endangering to one's personal health. Health-advice guides and educational literature were therefore punctuated with warnings against the dangers of too much sperm-loss through intercourse and self-abuse. In a brochure on self-medication, suggesting the best home medicines, one could for example read: "*Door vroegtijdige uitspattingen in de liefde en buiten het huwelijk verkort men het leven, de mannelijke kracht gaat verloren! Men wordt ziek, zwak, ellendig, oud voor den tijd, men stelt zich bloot aan venerische besmetting, het vreeselijke vergif dat steeds meer en meer verspreid wordt en in het verborgen de menschen wegneemt.*"<sup>iii</sup>

Discharge of semen was only harmful in case of excessive intercourse or if age was not taken into account. Masturbation was always dangerous and could even result in death. This threatening range of thoughts was based on the idea of semen being an essential and vital body fluid; its wastage damaged physical and emotional strength.<sup>iv</sup>

Serious grounds existed for sexual anxiety and sexual fear in the nineteenth century.<sup>v</sup> Venereal disease lay in wait everywhere. Although conclusive statistics are not available, it has been estimated that at the end of the nineteenth and the beginning of the twentieth century five to ten percent of the total Belgian population will have suffered one form of venereal disease or another.<sup>vi</sup> Not surprisingly, the social concern about venereal disease and sexual behaviour was considerable. Not only in Belgium, but also in for instance the Netherlands and the United Kingdom.<sup>vii</sup> Prostitutes were perceived as the source of the 'venereal evil' and formed a threat to the nation at large. Brothel-visiting men introduced gonorrhoea and syphilis into the conjugal bed, infecting wife and offspring. And precisely these hereditary features were regarded as the major threat by medical science. According to many doctors, degeneration - in the form of a declining fertility and a lesser quality of the population - was near.<sup>viii</sup> To protect public health, laws became enacted which regulated the compulsory medical inspection of prostitutes and which provided for designated prostitution-areas. From the 1880s onwards, the regulation of prostitution came under fire in Belgium. The main arguments were that venereal disease did not decline at all and that regulation only confirmed that vice and immorality remained tolerated.<sup>ix</sup> Venereal disease and masturbation were subjects surrounded with fear and shame. People suffering a venereal disorder were stigmatised as sinful and immoral and it should therefore not be considered as a venial affair in men nor in women. Many hospitals, for instance, refused to admit the venereal ill and health services usually refused to pay for their expenses. According to a Belgian physician: "*les règlements de la plupart des caisses de secours des sociétés*



*industrielles, des associations mutuellistes et même des administrations de l'Etat portent, en effet, que les affections provenant de l'inconduite ou de rixes sont exclus de droit aux soins médico-pharmaceutiques et aux indemnités de chômage.*"<sup>x</sup> Most medical practitioners did not want to become contaminated with the disease's stigma. In England it is known that many venereal cases remained untreated and that people resorted to unorthodox practitioners.<sup>xi</sup> 'Ordinary' people could gain medical and sexual knowledge through several channels. Medical publications, health-advice guides, sex-educational literature, advertisements and so forth will have been helpful in that matter. The influence of oral culture was probably of importance as well. Industrialization had its impact in the sense that boys and girls came into contact with each other at an early age as factory workers. Within worker families the contact with corporality and sexuality will have been rather informal; many families lived in small dwellings, which made the (sheer) lack of privacy evident. Sleeping, bathing, making love, it all happened in nothing more than one or two rooms.<sup>xii</sup> Sometimes the housing conditions led to awkward situations and disturbed the sexual relations between spouses. In 1894 Mister Mecoen visited Van den Berghe with an ailment of the ureter. He thought the disorder was the result of an interrupted intercourse: his children knocked on the door just as he was about to discharge.<sup>xiii</sup> But what do the casebooks tell us about the experiences of nineteenth-century Ghent citizens with sexuality and venereal disease? Were they aware of the advocated dangers of sexual excess and did they oblige to the call for abstinence and self-control? Sexual abstinence does not seem to have been reality in people's daily lives. Many patients reveal their sexual activities, behaviour which was not exclusively bound to matrimony. Intercourse with lovers, extramarital relations or children born out of wedlock and unmarried motherhood are not exceptional. When Eugenie Holleck consulted Van den Berghe for the first time in 1870, for example, she had two children but no husband. She did have a relationship with the biological father of her children, but would not marry him until 1873.<sup>xiv</sup> Another unmarried female patient, suffering an ailment of the vagina explained that she was sexually active twice a week.<sup>xv</sup> A man with a tumor on his testicles told Van den Berghe explicitly that he had developed the ailment after having had intercourse with someone else than his wife.<sup>xvi</sup> Sometimes something more may be learned about the sexuality between the spouses. Genital disorders are at times attributed to matrimonial sex. A 44-year old man had forced himself onto his wife whilst being drunk. She let him have his way, but he could not ejaculate and was left with a painful and grazed penis. Another husband developed an inflamed testicle after frequent sex with his wife.<sup>xvii</sup> Cases of male patients excusing themselves for their unfaithfulness by stating that their wives were unable to sexually



gratify them, have not been found. However, men diagnosed with a venereal disease were not always such gentlemen. Some infectious husbands continued to sleep with their wives, without telling them about their ailment. Others, however, turned out to be very honest and told their spouse.

The casebooks yield substantial information on the subject of sexual activity and behaviour, but mostly in the case of male patients. Interestingly, though, the files do not reveal anything on homosexual relations. With regard to female patients, it seems that their bodily and emotional experiences in pregnant state, during labour and confinement, and in menopausal circumstances were of more interest than their sexual experiences. Their 'uterine' histories are closely evaluated, as well as their perception of its state. Women told Van den Berghe about sensations of the uterus moving around and wanting to leave the body through the vagina. These perceptions are closely related to professional medical opinion, which considered women as being ruled by their 'irritated' wombs.<sup>xviii</sup> "*Chez les femmes, l'utérus ressent aussi de nombreuses influences de la part des passions. L'amour [...] entraîne à sa suite une foule de lésions [damages, AH] de la sensibilité de cet organe si irritable.*"<sup>xix</sup> For women the history of their sexual organs, i.e. their sexual biology, was at the centre of medical inquiry, for men their sexual behaviour was the midpoint.

Keeping this in the back of our minds, it is interesting to contemplate on the sexual deed of masturbation. Men were concerned about the consequences of self-abuse. Different emotional and physical disorders, like troubled nerves, general weakness, feeble sight, painful stools and loins and epilepsy were attributed to masturbation. Some men were anxious about their failing sexual performance and faced erection problems. In many cases patients told Van den Berghe that they no longer masturbated, but had done so extensively in the past. They considered masturbation as ill-making behaviour, but why then did they perform this hideous act? Ceraphine van Peteghem, for example, told Van den Berghe he fell ill due to self-abuse. Suffering nocturnal emissions and pain between his shoulder-blades and in his loins, he nevertheless continued to masturbate without any further explanation.<sup>xx</sup> Male suffering resulting from masturbation is not further explored in terms of behavioural explanations; they masturbated and that was that. In those cases in which masturbating women consulted Van den Berghe the opposite is true. Women seem to have felt the need to excuse themselves. They shirked away the responsibility for their own behaviour onto their specific biology, claiming that they were forced by their bodies. Xaveria van Belleghem explained that she normally had no urge to masturbate, unless she was affected by a fit of vaginal itching. On 6 May 1877 her file tells us: *'did have a fit at the*



*beginning of her menstruation, forcing her to touch herself*. She also touched herself in her sleep, an unconscious act for which she thus could not be held responsible.<sup>xxi</sup> The maid Stephanie sensed strong itching in her vagina, causing a fit of nymphomania and thereby forcing her to masturbate. She too, thus, was being dominated by her physic.<sup>xxii</sup> A woman's shame about touching her own body is more apparent than a man's. This could be due to negative considerations regarding female sexuality and masturbation in the nineteenth century.

Masturbating women overburdened their already weak nerves; married women invaded the sexual rights of their spouses.<sup>xxiii</sup>

That more men than women were afflicted with venereal disease according to the casebooks, must be approached with care. It could well be that women with ailments of the genitals, like itching or a burning sensation, were the victim of venereal disease, without being diagnosed as such. Venereal disease in men was just more obvious than in women. Male sufferers could hardly ignore the obvious external symptoms they had, women could easily be infected without knowing it; the symptoms were mostly internal. The 45-year old Mrs. Koeman, for example, had not been feeling well for 5 weeks. She suffered extreme pain while urinating and had a sensible bump in her left groin. Van den Berghe suspected a chancre or gonorrhoea. The woman was able to tell Van den Berghe that her husband currently had an ulcer on his 'private part', but she had not paid any attention to its nature.<sup>xxiv</sup> Her husband's ailment was visible, hers was not.

The visibility of the ailment must have contributed to male shame and fear regarding venereal disease. And the threat of contracting gonorrhoea or syphilis contributed to the development of other ailments. One patient, for example, developed syphilophobia. *"Il y a 18 ans a eu une chancre, n'a pas encore été complètement guérie. Du moment qu'il fait le coït, la syphilophobie le prend."*<sup>xxv</sup> Another male explained his headaches out of fear that he had been venereally infected. Van den Berghe did not confirm his opinion.<sup>xxvi</sup> Moreover, men were very anxious about the impact that involuntary discharge might have on their general health. The number of patients consulting Van den Berghe in connection with nocturnal emissions, spermatorrhoea and semen in their urine or defecation is considerable. Another mentally disturbing feature of venereal disease will have been that once a patient passed the acute symptoms of gonorrhoea or syphilis he could very well still be infectious. Some heartbreaking stories of the passing on of gonorrhoea between newly weds are recorded.

Fear, shame and uncertainty regarding whether the ailment definitely had been cured or not, thus, were considerations in the life of a sexually active man. Study of the casebooks in general, however, does not reveal a conscious change in conduct. Many male patients gave evidence of



their knowledge on the connection between their sexual matters and their state of health. This is to say, genital ailments are usually explained by visits to prostitutes. They told Van den Berghe they had developed the symptoms after having had contact with a prostitute (*femme publique*) or since having visited a brothel (*maison publique*). Two young men (age 20), for example, visited the same prostitute and both became infected with gonorrhoea.<sup>xxvii</sup> Another male patient admitted he had made love to a streetgirl (*coureuse*).<sup>xxviii</sup>

There was not always specific reference to this 'oldest profession in the world'. On many occasions the patient only made mention of having been with a woman, *'j'ai vu une femme'*. Besides whore-hopping, excessive sexual performances served to explain the contracted venereal ailments. Frequently, expressions like *'abus des femmes'*, *'exces venerien'*, *'exces sexuel'* and *'appetit venerien'* are used to explain the suffered ailments, even if it took place years ago. A patient suffering impotency – he was able to get an erection, but it failed him during intercourse – explained to Van den Berghe that he had been a masturbator in his adolescence.<sup>xxix</sup>

Impure intercourse was suggested as the source of venereal disease as well. Although it is not clear how the word 'impure' should be interpreted, it probably refers to women. Jean Duludwigs, for instance, claimed he developed acute gonorrhoea after having had intercourse with a woman with leucorrhoea.<sup>xxx</sup> His awareness of this 'impurity' did not hold him back from indulging his desires of the flesh however. Prolonged intercourse could apparently do no good either. In various cases, long-lasting or multiple intercourse is mentioned as ground for health problems. A nineteen-year old male argued that his incontinence was due to having had intercourse twice in half an hour.<sup>xxxi</sup>

But, genital ailments were also explained by the lack or impossibility of sexual activity. Mr. X (his file is anonymous) suffered gonorrhoea in the past and was treated with potassium injections. He consulted Van den Berghe because of, as he put it, an excess of ejaculations (*'exces d'éjaculations'*) and pain in his testicles. According to the patient it was the result of long-term abstinence of women or of not having intercourse in times of titillation. The 25-year old mister Elskamp developed an acute inflammation of the urethra during strong sexual excitement with a woman. He was not able to have sex with her (*'la baiser'*) because of alcohol.<sup>xxxii</sup>

These male explanations for venereal disease or genital ailments show that it was considered a matter of personal responsibility. The prevailing (professional) opinion that sexuality and sexual activity could harm someone's health, was also current in lay people. The individual explanations offered by Van den Berghe's patients point out that they foremost only held



themselves accountable for the ailments they suffered. Their personal behaviour was deemed to be the catalyst of disease. This indeed is in contrast sharply with the illness explanations of female patients inflicted with venereal disease. Just like their explanation regarding masturbatory behaviour, they tend to put 'the blame' elsewhere. In this case on their husbands, who would have infected them. This female 'victim role' again fits the idea of women's biological determinants. In case of venereal disease women often were depicted as innocent preys to their lecherous husbands. It is not unlikely that women embraced this concept solely for the benefit of disguising their own sexual escapades.

Anthropological studies on medical seeking behaviour attest that illness explanations and perceptions are interrelated with the actual treatments people make use of. For example, chronic patients tend to explore the possibilities on the unorthodox (both licensed and unlicensed) medical market, whereas people facing acute illness are more likely to consult an orthodox physician. Moreover, the choice in favour of a particular treatment or healer should be considered as a social construct, influenced by factors like class, status and gender.<sup>xxxiii</sup> And finally, people's choices are inextricably bound up with the possibilities the medical marketplace had to offer to sick people. So what then made the venereal diseased, under inquiry here, decide to consult the homeopath Van den Berghe? Because hardly any personal correspondence of patients has been preserved, it is very difficult to irrefutably establish why people chose to consult Van den Berghe, let alone why they preferred homeopathic treatment. Besides, two important remarks should be kept in mind. For one thing, the question should be raised if sufferers had any knowledge (and if so, to what extent) of homeopathy in the first place. And secondly, if these patients knew that Van den Berghe was a homeopathic practitioner. As to the latter, some indications have been found that several patients indeed were aware that they consulted a homeopathic doctor. However, sufferers' awareness of having chosen for homeopathy should not be overestimated.

What options did people have to get rid of their venereal ailments? The answer is not many. Orthodox nineteenth-century medicine hardly had the disposal of effective means to avert a venereal crisis. Although pathological knowledge on venereal diseases, like gonorrhoea and syphilis, increased considerably during the century, the therapeutic possibilities still offered little hope. Patients seem to have suffered more from the treatment than the disease itself. "*[... ] the cure was long, laborious and painful and a sensitive patient after having gone through the whole gamut of therapeutic procedures would never think of contracting the infection again.*"<sup>xxxiv</sup> Additionally, as stated before, hospitals and physicians alike were not bursting for venereal



patients. Besides heroic therapeutics and denial of treatment, the shame and disgrace surrounding venereal disease made people susceptible to health-advice and care outside the official channels. The sufferers' wish to conceal the ghastly venereal agony made them turn to self-treatment and unorthodox healers. Some of Van den Berghe's patients contemplated on their earlier attempts to relieve their ailments via auto-medication, however unsuccessfully. Others declared to have tried whatever remedy and to have consulted with various practitioners, without ever being cured. Advice regarding the prevention of venereal disease in self-help guides was primarily aiming at how to avoid sexual temptation. Sports, physical labour, an alcohol-free diet and avoiding heavy meals were the main suggestions. In case the excitement was too strong, one could always use a preventative by rubbing the penis with an ointment. How women could avoid venereal disease was never subject of discussion.<sup>xxxv</sup>

Shame as a motive for visiting Van den Berghe is present in several patients. This statement is based on the fact that almost only the venereal diseased had anonymous files, i.e. without names, ages and residencies. And exactly that fear of disgrace could well have been the reason for foreign patients or for people from outside of Ghent, to seek medical aid outside their own communities. Harsh treatments, fear and shame; all plausible explanations for patients to consult Van den Berghe. For others, less 'noble' motives may have predominated. The unfortunate could turn to Van den Berghe for treatment free of charge and venereal ill labourers might just have wanted to avoid the loss of social security by turning to him.<sup>xxxvi</sup>

However, a conscious or permanent choice in favour of homeopathy can not be ascertained. Only one of the venereal ill patients told Van den Berghe he had earlier visited one of his colleagues. The majority of the venereal diseased consulted him on only one or a few occasions. Furthermore, people who already had been treated by Van den Berghe and who only developed venereal ailments in a later phase, are lacking from the casebooks. Permanent adherents of homeopathy have not been discovered. The assumption that the use of homeopathy was experimental, instead of being based on conviction, is therefore credible. Most of Van den Berghe's venereal patients seem to have shopped around the medical marketplace, just hoping to find a remedy.

Whether someone was suffering acute or chronic venereal disease, whether this was the result of one's own sexual excesses or brought about by their partner, the consequences were considerable. Venereal disease was hard to cure and the physical hardship differed from itching and discharge to impotence and infertility. The emotional damage should not be underestimated either. Health-advice literature depicted excessive intercourse and masturbation as hideous and



sinful acts, thus causing anxiety, fear and shame in sexually active individuals. Moreover, one can only guess what the impact must have been on people who only became aware of marital infidelity after having visited a doctor.

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<sup>i</sup> Casebook (CB) 4, May 1871 - June 1873, pp. 668-669.

<sup>ii</sup> Everyone knows this term is based on: R. Porter, 'The patient's view. Doing medical history from below', *Theory and Society* 14 (1985), pp. 175-192.

<sup>iii</sup> Anonymous, *Volksgeneeskunde of meer dan 500 van de beste huisgeneesmiddelen tegen 145 ziekten der menschheid* (Utrecht, 1886), p. 6.

<sup>iv</sup> A.A. Sovet, *Hygiène privée et publique* (Brussel, 1875), p. 14; W. Colen, 'Geschiedenis van de geheime zonde. Onanie-vertogen van Tissot tot Dr. Spock in wetenschapshistorisch en cultuurhistorisch perspectief (1760-1945)'. Unpublished licentiate thesis University of Ghent (1992), p. 28. More information on masturbation literature is available in: J. Stengers and A. Van Neck, *Histoire d'une grande peur, la masturbation* (Brussels, 1984).

<sup>v</sup> Lesley A. Hall, *Hidden anxieties. Male sexuality, 1900-1950* (Cambridge, 1991), p. 32.

<sup>vi</sup> K. Velle, 'De syfiliskwestie in België in de 19<sup>de</sup> en het begin van de 20<sup>ste</sup> eeuw', *Tijdschrift voor sociale wetenschappen* 32 (1987), pp. 331-363, see p. 335.

<sup>vii</sup> A. Mooij, *Geslachtsziekten en besmettingsangst. Een historisch-sociologische studie 1850-1990* (Amsterdam, 1993); Hall, *Hidden anxieties*, pp. 32-39.

<sup>viii</sup> D. Puenzieux and B. Ruckstuhl, *Medezin, Moral und Sexualität. Die Bekämpfung der geschlechtskrankheiten Syphilis und Gonorrhöe in Zürich 1870-1920* (Zurich, 1994), pp. 12-16; Velle, 'De syfiliskwestie', p. 333; P. Rebmann, 'Syfilis 1834-1850: de geboorte van een epidemie', *Belgisch Tijdschrift voor Nieuwste Geschiedenis/ Revue Belge d'Histoire Contemporaine* 22 (1991), pp. 569-623; K. Pittomvils, 'Tussen repressie en permissiviteit. Socialisme, socialisten, prostitutie en geslachtsziekten (einde 19<sup>e</sup> eeuw-1997)', in: D. de Weerd (ed.), *Begeerte heeft ons aangeraakt. Socialisten, sekse en seksualiteit* (Ghent, 1999), pp. 209-235; Mooij, *Geslachtsziekten*, pp. 58-60.

<sup>ix</sup> Pittomvils, 'Tussen repressie en permissiviteit', pp. 213-217.

<sup>x</sup> Quoted in: Velle, 'De syfiliskwestie', p. 337.

<sup>xi</sup> Hall, p. 34-35; Velle, 'De syfiliskwestie', pp. 337-338, see note 23.

<sup>xii</sup> B. de Wilde, 'Seks op en naast de werkvloer. De seksualiteitsbeleving van arbeiders en de houding van de vakbeweging', in: De Weerd, *Begeerte heeft ons aangeraakt*, pp. 147-178.

<sup>xiii</sup> Casebook 14, November 1891 - July 1894, p. 427.

<sup>xiv</sup> Casebook 3, May 1870 - May 1871, p. 356.

<sup>xv</sup> Casebook 18, February 1901- May 1902, p. 209

<sup>xvi</sup> CB 4, p. 546.

<sup>xvii</sup> CB 14, p. 450; Casebook 15, July 1894 - December 1896, p. 889.

<sup>xviii</sup> A. Douglas Wood, 'The fashionable diseases; women's complaints and their treatment in nineteenth century America', in: L.J.M.W. Binneveld, *Gezondheidszorg en maatschappelijke ontwikkeling* (The Hague, 1980), pp. 118-147; K. Johansson. *Het duistere continent. Dokters en vrouwen in het fin de siècle*, transl. (Amsterdam, 1996).

<sup>xix</sup> A. Becquerel, *Traité élémentaire d'hygiène privée et publique* (Paris; 7th ed., 1883), p. 850.

<sup>xx</sup> CB 4, p. 575

<sup>xxi</sup> Casebook 6, July 1876 - August 1879, p. 527.

<sup>xxii</sup> CB 6, p. 164.

<sup>xxiii</sup> Colen, 'Geschiedenis van de geheime zonde', 100.

<sup>xxiv</sup> Casebook 8, May 1881 - August 1882, p. 228

<sup>xxv</sup> Casebook 17, November 1898 - February 1901, p. 37.

<sup>xxvi</sup> CB 15, p. 286.

<sup>xxvii</sup> CB 14, p. 430 and 431.

<sup>xxviii</sup> Casebook 11, October 1885 - September 1887, p. 987.

<sup>xxix</sup> CB 4, p. 1131.

<sup>xxx</sup> CB 6, p. 863.

<sup>xxxi</sup> CB 14, p. 682

<sup>xxxii</sup> CB 4, p. 1574.



<sup>xxxiii</sup> A. Kleinman, *Patients and healers in the context of culture. An exploration of the borderland between anthropology, medicine and psychiatry* (Berkeley etc., 1980); C.G. Helman, *Culture, health and illness. An introduction for health professionals* (London etc.; 2<sup>nd</sup> ed., 1990); J. Lachmund en G. Stollberg (eds.), *The social construction of illness. Illness and medical knowledge in past and present* (Stuttgart, 1992); P.A. Nicholls, *Class, status and gender: toward a sociology of the homeopathic patient in nineteenth century Britain*. Unpublished paper for the international conference on 'Patients in the History of Homeopathy' (Stuttgart, 1-3 July 1999), summary; D. Harley, 'Rhetoric and the social construction of sickness and healing', *Social History of Medicine* 12 (1999), pp. 407-435.

<sup>xxxiv</sup> A. M. Brandt, *No magic bullet. A social history of venereal disease in the United States since 1880* (New York and Oxford, 1985), pp. 9-16; Nys, 'De grote school van de natie', p. 394; quotation from: Lesley A. Hall, *Hidden anxieties. Male sexuality, 1900-1950* (Cambridge, 1991), p. 35.

<sup>xxxv</sup> Rebman, 'Syphilis', pp. 599-601.

<sup>xxxvi</sup> Velle, 'De syfiliskwestie', p. 337.