

Theology on the Web.org.uk

Making Biblical Scholarship Accessible

This document was supplied for free educational purposes. Unless it is in the public domain, it may not be sold for profit or hosted on a webserver without the permission of the copyright holder.

If you find it of help to you and would like to support the ministry of Theology on the Web, please consider using the links below:



Buy me a coffee

<https://www.buymeacoffee.com/theology>



PATREON

<https://patreon.com/theologyontheweb>

[PayPal](#)

<https://paypal.me/robbradshaw>

A table of contents for the *Christian Brethren Research Fellowship Journal* can be found here:

https://biblicalstudies.org.uk/articles_cbrfj.php

K. C. HINES

2: Venereal disease

The use of the term venereal disease is restricted by law (The Public Health—Venereal Diseases Regulations 1916 and the Venereal Disease Act 1917) to the following three diseases: syphilis, gonorrhoea and soft chancre. For most non-legal purposes however the term is enlarged to include other sexually transmitted diseases such as non-specific urethritis, lymphogranuloma venereum and granuloma inguinale. Other conditions such as scabies, pubic lice, trichomonas and candidiasis (thrush) can also be spread through sexual contact.

The rapid and steady increase in the number of cases of sexually transmitted diseases has caused wide-spread concern in the medical profession. Had such an epidemic occurred in any other disease there would have been an enormous public outcry. As early as 1961 a British Medical Association committee was appointed because 'The Council had become greatly concerned over the increase in venereal disease and in particular at the relatively large increase among young people'. By 1966 the World Health Organisation was saying 'The rising tide of V.D. is one of Europe's most urgent health problems'. The British Medical Journal in February 1970 had an article, 'Failure to control Venereal Disease'. By September 1970 another article in the same journal spoke of a 'Crisis in Venereology'. Typical of the delay in public reaction is the fact that it was not until October 1971 that the Times managed to carry an article entitled 'A Resurgence of Venereal Disease.'

Some statistics will illustrate the enormity of the problem. In the five years 1968-1972 the incidence of gonorrhoea rose by 70% in the 16 to 17 age group and 40% in the under sixteens. The number of new cases included in the table of venereal and other sexually transmitted diseases in the D.H.S.S. statistics for 1971 was 307,664 compared with 116,462 in 1959. Syphilis, the most serious of these conditions, if undiagnosed or not treated, can cause disastrous effects in later life including insanity. The number of new cases of syphilis diagnosed in the first three months of 1973 in England alone was 779. The corresponding figure for 1972 was 583. This is an increase of 196 or over 33% in one year.

The advocates of sexual freedom and permissiveness will argue that venereal disease is a price worth paying for sexual happiness. It is just these same people who are advocating more easily available contraception, lowering or abolishing the age of consent, and abortion on demand as a natural extension of contraception. It is

the duty of Christians to be informed of the true facts of the situation and to recognise the subtle undermining of family love and Christian standards that is happening before the eyes of the silent majority. Remember that 'Evil triumphs when good men do nothing'. Are we really going to accept the claim made by some that V.D. is no different to catching a cold! Sir George Godber, until recently chief Medical Officer to the Dept. of Health commented in his report on the state of the nation's health that if every one had one sexual partner for life then venereal disease would quickly be eradicated.

Consider in some detail some sexually transmitted diseases and their effects:-

1. *Syphilis*. Syphilis is caused by a micro-organism called *treponema pallidum*. The first stage of this disease occurs two to three weeks after infection when a tiny painless sore develops on the genital organs. Even if the disease is not treated the sore soon disappears and within a few weeks or months the rash of secondary syphilis forms. In both the primary and secondary stages the condition is highly infectious and a pregnant woman is likely to pass on the infection to her unborn child. If still untreated, the secondary stage symptoms disappear and the disease becomes latent, possibly for many years. During the later or tertiary phase the disease can attack all systems of the body but especially the heart and the brain. A particularly distressing form of insanity can also follow.

2. *Gonorrhoea*. Gonorrhoea is due to an infection from a bacterium. In men, symptoms occur two to three weeks after infection. Commonly there is a burning pain on passing water and the presence of a discharge. In women there are usually *no* symptoms and she is unaware that she is infected. This is how it is so easily spread. Whilst symptomless it is far from harmless, often the fallopian tubes become involved and then severe abdominal pain may occur. The tubes may become blocked and sterility follow.

3. *Non-Specific Urethritis*. This is rather similar to gonorrhoea in its effects but it is much more common. In addition it may effect the eyes and joints causing a painful arthritis. It can prove very difficult to cure.

When teenage magazines talk of venereal disease as an inevitable by-product of sexual freedom they are either totally ignorant or deliberately deceptive in disregarding the true facts. How can it be no worse than catching the common cold? Recent research has also shown that the incidence of cancer of the neck of the womb is also increased in promiscuous women.

Studies in Aberdeen show clearly the associating with increased promiscuity and more use of contraceptive by the unmarried. In 1968

Aberdeen began to provide free contraceptives to the unmarried. Since that date there has been a steady rise in the number of unmarried patients attending Family Planning Clinics, a rise in illegitimacy, a rise in abortions, and a dramatic rise in venereal disease. The following table shows this:-

	1965	1967	1968	1969	1970	1971
Unmarried attenders at F.P.A. Clinics (1)	nil	nil	120	296	388	588
Illegitimate Pregnancy (2)	262	369	387	432	428	480
Termination of illegitimate pregnancies (1)	32	84	123	162	194	197
Cases of Venereal disease (3) 15 to 24 age group	1965		1972		1973	
	98		457		670	

Additional facts show that in 1971 after four years of free contraception:-

- One in two of all first pregnancies were illegitimate. (2 above)
- 41% of all illegitimate pregnancies were aborted (5% in 1961) (2 above)
- 11% of legitimate pregnancies were aborted (1.8% in 1961) (1 above)
- Illegitimate births were 22-25% of total births (2 above)
- There was a 5-6-fold increase in V.D. in the under 24's in 8 years (3 above)
- Aberdeen County has the highest rate of children in care of any county in Scotland. According to the Registrar-General the rate in 1970 was 10.2 per 1000 of the estimated population under the age of 18. Aberdeen City has the second highest rate of children in care of any town in Scotland. The rate was 11.2 per 1000. (The national average was 6.6 per 1000)

Dr. R. S. Morton, A World Health Organisation Consultant Venereologist in Sheffield, says, speaking of the pill being used by single girls, 'The accumulation of cases of long term misery and guilt and venereal disease as a direct result of its use is more calamitous than anything precipitated by thalidomide'. Dr. Cohen, a venereologist from Cardiff, says in a paper, 'The pill, promiscuity and venereal disease', that oral contraceptives are being increasingly used by both married and unmarried women. There is increasing extra-marital sexual activity by both married and unmarried women taking

the pill regardless of social or marital class. Decreasing use of the condom is an additional factor in the spread of venereal disease. Fear of pregnancy acts as a brake on promiscuity and the removal of that brake increases sexual activity and hence venereal disease.

We have seen clearly the effects of venereal disease. Its relationship with increased sexual promiscuity is obvious from the Aberdeen figures and indeed in V.D. clinics throughout the country. Christians need to take a long hard look at these facts. We must not allow liberalising ideologies to cloud our sight. Increasing prescriptions for the single girl is not decreasing illegitimacy or abortion; it is making things worse. Venereal disease is in epidemic proportions. Family life is being devalued. We must stand firm in our belief in the sanctity of marriage. Premarital continence and marital fidelity are the principles which the Christian upholds. These together with the blessing by God of the sacrament of marriage are the only way which these alarming trends in society can be stopped. Christians must stop being silent but stand up and argue to preserve what they believe and know to be right.

¹ *Aberdeen's Experience 1946-1970*—Pub. Birth Control Campaign.

² *Pregnancy outcome and Fertility Control in Aberdeen*. Brit. J. of Prev. and Soc. Med. August 1973.

³ Scottish Home and Health Dept.

⁴ Scottish Registrar General.

ROGER C. MOSS

3: Sexual deviations

The best known of the so-called sexual deviations is homosexuality. It may occur in men or women, and refers to the sexual, erotic interest which a person may have for those of his or her own sex, whether or not this results in any form of sexual behaviour. The other deviations may or may not be associated with homosexuality. They are, for the most part, not such clear-cut entities as homosexuality, and have not been studied so intensively. It is not easy to make general statements about the whole group, and most of what follows refers particularly to homosexuality. But as far as our attitude to these people is concerned, and as far as understanding and helping them goes, the general principles are sufficiently similar for the purposes of this article.

The other deviations include *trans-vestism*, the wish to wear the clothing of the other sex; *trans-sexualism*, the desire to change sex, often through the conviction that the individual should have been born with the opposite sex characteristics; *exhibitionism*, usually by