

Commercial sex - past and present

W. Kopp and S. Mayerhofer

S U M M A R Y

In the first part a short history of prostitution is given and some examples of its influence on fine arts and music are mentioned. As the general attitude concerning prostitution is changing, present practices of Viennese Health Authorities in respect to prostitutes (female sex-workers, FSW) are outlined. FSWs are recruited out of different social categories and nationalities, their legal status varies. The epidemiological and diagnostical problems as well as the quality of medical and social assistance are assessed. Good contacts to the female patients already exist, contacts are offered also to the male sex providers, but these are less cooperative.

K E Y W O R D S

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Short historical survey

Prostitution (commercial sex) probably has existed since the beginning of mankind. Historical hints reach far back and may be traced in libraries in institutes of the history of medicine. During the last two centuries a number of authors were dealing with this problem, e.g. J. Schrank (1886) in Austria (1), I. Bloch (1912) in Germany (2), Bullough and Vern. in USA (3,4), J.D. Oriol (5) and M.A. Waugh in Great Britain (6), only to mention some of them.

Prostitution mostly developed from a primitive form, like sex for food or presents and for religious reasons, like sexual intercourse for offerings in Venus temples in Babylon according to Herodot. Later on the commercial form of legally sold sexual favors became the most frequent. If prostitution was prohibited the illegal

activities replaced it. At various time periods women engaged in this business were integrated in the community, some even on a high social level.

In ancient Egypt legal prostitution was common and the funds to build pharaoh *Cheops pyramid* were partially contributed by the sexual services of his daughter.

It was considered to be a shame to betray a prostitute for her services. A parable is told In the bible (7). Juda, being widower, used sexual services from Tamar, on his way to shear his sheep. *Tamar*, his daughter-in-law, had no offspring, was twice widowed and wanted to get pregnant from Juda, so she veiled her face and body to make *Juda* believe her to be a harlot and not recognize her. He asked her to let him come to her. She agreed under the condition of receiving a young goat from his flock. As pledge for the negotiated reward,

which should be brought to her, she asked for his signet ring, cord and stick. As she left the place the servants of Juda, who wanted to bring the goat to her, could not find her. So he said: "May she keep the things I gave her in pledge, otherwise we will be shamed. For I sent this young goat and you have not found her". Even in parables of Jesus, prostitution played a role, as in the stories of the lost son and Mary from Magdala.

In ancient Greece well-off husbands had their married wives to bring up children and keep the house. For sexual entertainment connected with sophisticated discussions in politics or arts, *hetaerae* were looked after. They had limited civil rights but otherwise enjoyed a good reputation.

From antique Rome we already know a lot about different kinds of paid sex at high and low levels, homo- and heterosexuals. We know of inspection of brothels by aediles (city officials), a *licentia stupri* (license for prostitution) was mandatory, and we know of medical inspection. If necessary, treatment free of charge by *archiatri populares* was available (7). Valerius, the roman historian, tells us the story about Romulus and Remus in quite a different way as usual. In his opinion Acca Laurentia, called *lupa* and being the love of Faustulus, a herdsman, nourished and brought up the twins. *Lupinaria* were brothels and *lupa* a prostitute. But this story gives us an example still valid up to now: Many FSW are longing to offer their emotions to other individuals, like children or even to pet animals and to receive love from them, as their business is devoid of emotions.

In the 13th century Thomas from Aquino, the Christian mystic and disciple of Albertus magnus, stated that prostitution can not be totally abolished and may be considered as a sewer. Without it the world would be full of vice. Other Christian fathers had similar opinions, for example: prostitution is the price we have to pay for the chastity of the world. Prostitution as such is detestable, but not the person engaged in it. She may be brought back to the right way by Christian charity. Out of that opinion cloisters of St. Magdalena were founded to rehabilitate women living in sin, but quite some of these correctional institutes served as brothels later on.

Monasteries, bishops, aristocracy and city officials drew money out of whore-houses and gave order for regular medical examination. In 1162 the bishop of Winchester gave direction for the brothel of Southwark: "That no Stewholder keep no woman within his house, that hath the perilous infirmity of brenning (borning pains)". Taxes and fines for breaking this regulation went to the bishop, so he had an income there from in both ways. Similar rules were common in the whole of Europe, as cultural and scientific movements hardly had borders at that time with Latin as common language of the educated. One of the best known of such directives may be the *Statute of Avignon*, ascribed to Johanna,

Queen of both Sicilies and Countess of Provence: "In August 8th of the year 1347 our good queen Johanna gave permission to erect a maiden's cloister in *Avignon for the enjoyment of the general public. She will not allow gallant women to spread all over the city, but gives order for them to stay in that house provided, and to wear a red badge on their left shoulder to be distinguished. L'abadessa has to be elected by the city counsel once a year. Every Saturday the prioress together with a surgeon appointed by the city have to examine each of the girls and if one is afflicted with a sexually acquired disease, she must be separated from the others in a special apartment, so that no one gets intimate with her, and to prevent infection of the young*". Orders were given not to molest the girls, for treatment of the sick and to provide for the pregnant and their babies.

Bath-houses were at that time rather frequent institutions in Europe, mostly under supervision of city surgeons. They did not serve exclusively for purposes of hygiene as the visit of such houses was deemed necessary for health. Living wage for young single men included not only food, but also the costs of a visit of such a house once a week.

All this merry and gay life ended quickly after the occurrence and speedy spread of syphilis, starting with the siege of Naples in 1494/1495 by Charles VIII, king of France. Voltaire writes in one of his poems about that: "When the French went foolhardy to Italy, they easily got Genoa, Naples and Syphilis. Later on they have been chased away from everywhere, they lost Genoa and Naples, but they did not lose all, as they kept syphilis. When the Swiss mercenary soldiers, who served under *Charles* in Italy, returned home, bearing the marks of this new and often mortal disease, the citizen of Basle shut the doors of the city and showed their weapons to keep this cruel malady out.

As so many diseased soldiers caused a military problem, so called "*Huren – Weibel*", a sergeant major responsible for the many "free ladies" accompanying the armies, had to take care for discipline, protection and sanitary questions.

Prostitutes infecting their customers usually got punished. In contrary, in the late 16th century Elisabeth I. of England had the men be prosecuted if they infected a prostitute.

Maria Theresa, empress of Austria in the 18th century ordered prostitutes to be imprisoned and many of them after medical examination and treatment were sent to devastated areas (for example Temeschwar, now Rumania). Her attempt for stopping prostitution has however failed (9). Deportation and prosecution of prostitutes was in use in many so-called civilized countries at that time and was of great public interest, giving stories for librettos for theatre and operas.

The story of Manon Lescaut and Chevalier Des Grieux by the French Abbé Prevost was published in

Amsterdam 1731. Manon, a nice and innocent girl from the country, on the way to the city, falls in love with a student. To rise funds for his living she finally ends in prostitution. This was the basis of Massenet's Opera *Manon* who dies on the way to be shipped from Le Havre and for Puccini, where Manon Lescaut dies of exhaustion in the deserts of America.

Even Maria Theresa's Commission on morals (Sittenkommission), which really existed, is commemorated in "*The gypsy baron*" by Johann Strauß. In the scene of the morning after the night before between Sandor Barinkay and Saffi, his sweet love, where Conte Carnero, deputy commissioner for morals, with suspicion questions the couple who had joined them in marriage.

Recent practices in Vienna

It was a long way of discussion for government officials and their medical advisers to realize that prostitution may not effectively be prosecuted and its regulation combined with medical examination and treatment if necessary, offers better opportunities to reduce health hazards. With the World Trade Exhibition in Vienna, 1873, with numerous well-off visitors and lots of FSW expecting them, the license card was invented in Vienna (9). At this time it was already established in Moscow. With some changes in the lay-out this legitimization of medical supervision is still in use.

Already in the beginning of legalized prostitution governmental regulations for examining physicians stated, that

- All parts of the body must be examined.
- The newest tools of medical science must be used.
- The examination must be combined with an explanation why it is necessary, and the possibilities to avoid infection (10).

Singular mass treatment of prostitutes can not reduce morbidity of sex providers and of customers on a



Figure 1. Gonorrhea Control Program, US marine base (11)

	total VD	Gonorrhoea	Syphilis	Ulcus molle	Lymphogranuloma venereum
1946	19.147	13.012	5.989	135	2
1951	3.132	2.709	420	3	0
1965	1.581	1.340	240	1	0
1970	3.861	3.462	397	2	0
1981	4.103	3.638	424	41	0
1984	3.382	3.072	307	1	0

Public Health Advisory Board for Venereal Diseases, 1989

Table 1. Venereal diseases in Vienna, 1946– 1984 (12)

long-term basis, as can be seen in a study of a US marine base. Fig.1

Already a few weeks after the end of World War II in 1945 regular inspection of prostitutes was taken up again. The foreign armed forces had a special interest to protect their soldiers from infections with venereal diseases (VD) and therefore they helpfully supported the efforts of the Austrian health authorities in tracing and treating prostitutes and infected patients. The Aus-

Table 2. Venereal diseases – Vienna and Munich, 1947 (12,13).

	Vienna	Munich
Inhabitants	1.600.000,00	752.000,00
VD	12.915,00	31.166,00
thereof Sy	4.919,00	18.136,00
Venereal morbidity/100.000 inhabitants	807,00	4.155,00
Syphilis/100.000 inhabitants	307,44	2.411,70

trian law on VD was one of the first laws published by the new government in 1945. The efforts of these health measures showed favorable results within a short period of time (12), table 1.

In contrast to Vienna, the German health authorities in Munich had only very little support from the occupation forces in fighting venereal disease after the end of the World War II. Thus already in 1947, a sharp contrast in venereal morbidity existed between Vienna and Munich (12,13), table 2 .

After the end of the World War II most Viennese prostitutes worked illegally. The numbers dropped sharply in 1955, when the foreign troops left our country. At that time prostitutes (regular and illegal) had to undergo treatment for venereal diseases if found to be infected at a detainment ward of a hospital. With the possibility of a single dose therapy applied at the outpatient clinic of the Public Health Department (PHD) a marked increase of registered prostitutes was observed combined with a decline of illegal ones. Within the last few years the numbers of illegal sex workers has outnumbered again the registered ones, due to changes in immigration politics. Illegal prostitution has an impor-

Table 3. Prevalence of chlamydia infection in registered versus illegal prostitutes, 1980 – 1987 (14,15).

	1980		1985		1986		1987	
Registered Prostitutes								
Examinations	270		1.504		3.758		4.719	
Infections/%	55	20,4	252	16,9	370	9,4	309	6,5
Illegal Prostitutes								
Examinations	51		180		218		176	
Infections/%	16	31,4	58	32,2	50	22,9	19	10,8

tant impact on the incidence of VD and other sexually transmitted infections (STD).

As regular screening and treatment is a worthwhile measure to reduce infectious morbidity, clandestine FSW are invited to attain the PHD free of charge for the "STD-check" and treatment combined with social assistance and health advice. They are not reported to the police for trespassing regulations concerning prostitution or immigration. The success of the outreach for the illegally working prostitutes can be seen in the results of the Chlamydia reduction program, starting in 1980 (14,15), table 3.

After the opening of the borders to our neighbors from the former East – block, a lot of not examined FSW streamed into Vienna resembling the same situation as we had in 1980, when our program started. To overcome police regulations concerning immigration rules, we also offered free examinations to the mostly foreign bar hostesses. During the first years of the STI survey of bar hostesses the infection numbers were extremely high, but could be reduced in the same way as in local population of FSW a few years earlier (16).

The peak of infections in 1991 – 1993 is connected to the opening of Eastern borders. The rise of positive findings in 1997 is due to a change in diagnostic tools

from ELISA technique to the much more sensitive LCR (Ligase chain reaction).

The continuous rise of infections in bar hostesses after 1999 resembles the change of immigration politics, inducing a high fluctuation rate due to a 3 months limitation of the residence permit.

In 1993 the name of our facility was changed from "Public Health Advisory Board for Venereal Diseases" to "Outpatient Clinic for the Diagnosis and Treatment of Sexually Transmitted Diseases". This resembles a change of attitude, stressing the task of our social workers. Only people who can be contacted can be medically examined, treated or assisted when they are in trouble. The necessary contacts and the confidence in our medical and social care personnel are established directly at the red-light scene through patient and steady engagement.

Final statements:

- Risk prevention must not be a singular occasion but a continuous task.
- Preventive and curative medical measures must be combined with social and psychological assistance.
- Methods and equipment for microbiological and serological examination must fulfill high professional standards.
- Medical and social workers must possess a sound patience and tolerance. An openhearted willingness to accept clients as they are is to be emphasized.
- Public relations must signal that this task of preventing the spread of diseases, crime and exploitation is essential not only for clients but for the general population. Such an altitude makes the rising of necessary funds is easier.

Conclusion

Commercial sex never can and never should be abolished. What can be done with proven success is, to limit the risk to become infected for sex-workers, their customers and the population at large. With the threat of new infections and the revival of old ones this is a mission of rising importance.

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A U T H O R S ' A D D R E S S E S *Wolfgang Kopp MD, primarius, Sechsschimmelgasse 16/5, A 1090 Vienna, Austria, EU, e-mail: kopp.w@aon.at, corresponding author*
Sylvia Mayerhofer MD, Head Outpatient Clinic for Diagnosis and Treatment of Sexually Transmitted Diseases, Vienna, Austria