

# The Concerns Underlying Sex Education for Young People in France During the First Half of the 20<sup>th</sup> Century: Morality, demography and public health

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In France during the first half of the 20<sup>th</sup> century, the issue of sex education for young people of both sexes was the focus of debate among actors in various fields. Their aims converged, however, in the guiding principles they proposed for action to regulate sexual behaviour. In this essay, we would like to demonstrate that sex education, as it was proposed and introduced, was based on a set of proposals or choices reflecting an overall representation of the demographic stakes involved and a framework for their interpretation. Fuelled by fear of the “venereal peril” as well as degeneration and depopulation, sex education consisted of a set of prescriptions and recommendations to help young men gauge the consequences of sexual intercourse for themselves, their families and society. It sought to instil a sense of responsibility by preparing them for a family model that would ensure reproduction of the population in the desired quantity and quality. The representation of these demographic concerns and the framework for interpreting them determined the guidelines for sex education: they set limits on what was desirable and undesirable in the area of sex education as well as its objectives. Other concerns have already been brought out, not only in the case of France but more broadly in Europe and the United States or Canada : morality, in particular, imposed or ruled out some of the prescriptions<sup>1</sup>. By focusing our attention on these underlying concerns, we will

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1 See Alain Corbin, “Le péril vénérien au début du siècle: prophylaxie sanitaire et prophylaxie morale”, *Recherches*, décembre, 29, (1977), 245–283; Mary Lynn Stewart, “Science is Always Chaste: Sex Education and Sexual Initiation in France, 1880–1930s”, *Journal of Contemporary History*, 32(3), (1997), 381–394; Rebreyend Anne-Claire, *Intimités amoureuses, France, 1920–1975*, (Toulouse, 2008) pp. 61–63. Lutz Sauerteig and Roger Davidson, *Shaping sexual knowledge. A cultural History of Sex Education in Twentieth Century Europe* (London, 2008); Jay Cassel (1987), *The Secret Plague; Venereal Disease in*

reveal the cognitive and ideological constraints that delimited the scope of possible action in sex education. At the same time, it will enable us to decode the sometimes-conflicting stakes of sex education and the objectives it sought to achieve.

Proposals relating to sex education were underpinned by considerations about the future of the French population and the state of public health, which justified the efforts undertaken (Part I). Indeed, two dangers threatened the population: a decline in family fertility and above all the rise of venereal disease, whose effects in terms of mortality and morbidity were especially feared. The projects and efforts to introduce sex education reveal the chain of events that helped bring the issue of sex education into the public arena as a factor that could help solve the country's demographic problem.

Strong opposition – above all from Catholics – to these projects, especially to mandatory, collective sex education at school, resulted in adopting other means of reaching out to young people and oriented the content (Part II). It shows how an action programme in the area of public health was negotiated, together with its limits and the norms underlying the action ultimately carried out.

Finally, we will 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 conceived as an instrument for reproduction of the population and “preservation of the race”. Upon closer inspection, the systems used are seen to have differed according to whether they addressed girls or boys, revealing not only what was considered acceptable and unacceptable in the area of sex education, but also a hierarchy among the underlying concerns. For the history of sex education is the story of the clash between disease prevention, moralising recommendations and demographic prescriptions.

## Projects Underpinned by Demographic Considerations

### *Depopulation and Degeneration*

Since the late 19<sup>th</sup> century, the decline in demographic growth had given rise to fears of depopulation and a weakening of France's position in Europe. The anxiety caused by the publication of successive census figures generated strong reactions, mainly in two directions. On the one hand, action was deemed

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Canada, 1838–1939 (Toronto, 1987); Roy Porter Roy and Lesley Hall, *The facts of Life; the Creation of Sexual Knowledge in Britain, 1650–1950* (Yale, 1995).

necessary to increase the birth rate. Those who militated in support of a higher birth rate succeeded in laying the groundwork for a family policy focused primarily on encouraging large families<sup>2</sup>. On the other hand, attention was brought to bear on the need to reduce the mortality rate, which meant introducing a genuine public health policy<sup>3</sup>. While the dangers and effects of tuberculosis were the main target, syphilis was also viewed as a disease that could and should be combated to help lower the overall mortality rate<sup>4</sup>.

As in many other European countries, French medical circles were called upon to measure the effects of syphilis and propose a plan to combat it<sup>5</sup>. Alfred Fournier, a renowned dermatologist, estimated that 13% to 15% of the male population of Paris suffered from the disease.<sup>6</sup> The increased incidence of syphilis revealed by figures at the beginning of the century carried serious demographic consequences. The mortality of syphilitics was compounded by the ongoing effects 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*”<sup>7</sup>. Hereditary syphilis would doubly compromise the future of the population because it was responsible for most cases of female sterility and a high proportion of intrauterine deaths, and was therefore taking a toll on already reduced generations.<sup>8</sup> In 1922, the report on syphilis 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*

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2 Virginie De Luca Barrusse, *Les familles nombreuses. Une question démographique, enjeu politique, France 1880–1940* (Rennes, 2008).

3 Patrice Bourdelais, *Les épidémies terrassées. Une histoire des pays riches*, (Paris, 2003).

4 Jean-Pierre Bardet, Patrice Bourdelais, Pierre Guillaume, François Lebrun and Claude Quétel, *Peurs et terreurs face à la contagion* (Paris, 1988); Pierre Guillaume, *Du désespoir au salut. Le tuberculeux au XIXe et XXe siècle* (Paris, 1992); Claude Quétel, *Le mal de Naples. Histoire de la syphilis* (Paris, 1992).

5 Roger Davidson, *Dangerous Liaisons: a Social History of Venereal Disease in Twentieth-Century Scotland*, (Amsterdam, 2000) ; Ramón Castejón-Bolea, *Moral sexual y enfermedad: la medicina española frente al peligro venéreo, (1868–1936)*, (Granada, 2001); Roger Davidson, Leslie Hall, *Sex, Sin and Suffering, Venereal Disease and European Society since 1870*, (London, 2001); Jay Cassel, *The Secret Plague: Venereal Disease in Canada, 1838–1939*, (Toronto, 1987); Bridget Towers, “Health education policy 1916–1926, venereal disease and the prophylaxis dilemma”, *Medical History*, 24(1) (1980), 70–87.

6 Dr. Alfred Fournier, *Traité de la syphilis* (Rueff, 1903).

7 Dr. Queyrat quoted in Lucien Viborel, *La technique moderne de la propagande d’hygiène sociale* (Editions de la vie saine, 1930).

On syphilis as a hereditary disease see Alain Corbin, “L’hérédosyphilis ou l’impossible rédemption. Contribution à l’histoire de l’hérédité morbide”, *Romantisme*, 11(31), (1981), 131–150.

8 Virginie De Luca Barrusse, “Pro-Natalism and Hygienism in France, 1900–1940. The example of the Fight against Venereal Disease”, *Population*, 64(3), (2009), 477–506.

rate), 40,000 pathological abortions, 80,000 deaths of children or adults”.<sup>9</sup> 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.<sup>10</sup>

Venereal disease therefore combined the effects of depopulation and 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, thus creating pathological predispositions that became more pronounced and widespread over time<sup>11</sup>. Hence, “*one of the surest means to preserve the number and value of our children is to organise a powerful fight against syphilis*”.<sup>12</sup> The medical profession was therefore mobilised. In 1901, Alfred Fournier set up the Society for Sanitary and Moral Prophylaxis, which soon became established as a pressure group to fight venereal disease through a network of active physicians and hygienists. The fact that the prophylaxis was sanitary *and* moral was not innocent: discursive precautions were required in any discussion of sexual risks to avoid offending public opinion, which was sensitive about sexual matters.<sup>13</sup> This discursive precautions formed an initial set of underlying concerns that restricted discussion about syphilis; even the name of the disease was censored.<sup>14</sup> While the medical profession was allowed talk about it, they had to take verbal precautions when doing so. Prophylactic choices did not leave aside moral

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9 Quoted in “Projet de loi relative à la prophylaxie des maladies vénériennes, Rapport de Cavaillon et Sicard de Plauzoles”, *Prophylaxie antivénérienne*, janvier 1929.

10 Op. cit.

11 In 1857, Benedict Augustin Morel published a theory of this notion in *Traité des dégénérescences physiques, intellectuelles et morales de l'espèce humaine* (Paris).

On his influence see William Schneider, *Quality and Quantity, The quest for Biological Regeneration in Twentieth Century France* (Cambridge, 1987) pp. 11–54; Daniel Pick, *Faces of Degeneration. A European Disorder, 1848–1918* (Cambridge, 1999), pp. 97–106; Patrice Pinell, “Degeneration theory and heredity patterns between 1850 and 1900” in Gaudillière J.P., Löwy Ilona eds., *Heredity and Infection. The History of disease Transmission* (Londres, 2001), pp 245–259.

12 Dr. Sicard de Plauzoles, “La question de population, la surpopulation du globe”. *Prophylaxie antivénérienne*, 1936, june.

13 Annie Stora-Lamarre, *L'enfer de la IIIe république*, (Paris, 1990), pp. 49–79; Marcela Iacub, *Par le trou de la serrure* (Paris, 2008), pp. 87–134.

14 For example, until the 1920s, the word “syphilis” was prohibited in radio broadcasts.

considerations and they were assessed not only in terms of their therapeutic efficacy but also as a means of raising moral standards, as we shall see.

### *Initial Proposals*

From its inception in 1901, the Society for Sanitary and Moral Prophylaxis promoted sex education consisting mainly of sexual dissuasion.<sup>15</sup> A few doctors belonging to the association attempted to communicate their advice to young people in brochures, which drew mixed reactions, testifying to the general reluctance to talk about sexuality and the dangers of venereal disease, especially to girls.<sup>16</sup> Thus, in 1902, a book by Dr. Burlureaux, *Pour nos filles quand elles auront dix-huit ans* [For our daughters when they reach the age of eighteen] was extremely poorly received, contrary to the one 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. For their fiancées, chastity until marriage and fidelity to one's husband went without saying; they were basic postulates of the education of bourgeois girls. The first brochures were clearly addressed to adolescents from good families, in part because they made up the clientele of the physicians engaged in the debate. Furthermore, bourgeois children were precisely the demographic lacking in France. Indeed, population statistics confirm the Malthusianism of the bourgeoisie. Hence, this was the class that had to be encouraged to have healthy children – not the working class, which was always considered dangerous.<sup>17</sup> Whatever form sex education might take, it was always an exhortation to produce a healthy family.

In 1908, the hygienist Justin Sicard de Plauzoles, a member of the Society for Sanitary and Moral Prophylaxis, proposed a school programme intended to inculcate the idea that individuals are first and foremost “seed carriers” in the words of the childcare specialist Adolphe Pinard. He defined his sex education project as “*a pedagogical initiative tending to subject the sexual instinct to the action of the will controlled by an educated, aware and responsible intellect*”.<sup>18</sup> It was a question of developing a sense of responsibility regarding procreation.

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15 Alain Corbin, “Le péril vénérien au début du siècle: prophylaxie sanitaire et prophylaxie morale”, *Recherches*, décembre, 29, (1977), 257.

16 Jill Harsin, “Syphilis, Wives, and Physicians: Medical Ethics and the Family in Late Nineteenth-Century France”, *French historical Studies*, 16(1), (1989), 72–95.

17 Virginie De Luca Barrusse, “Des liaisons avantageuses. L’Alliance nationale pour l’accroissement de la population française et les fonctionnaires”, *Annales de démographie historique*, 2 (2008), 255–280.

18 Dr. Sicard de Plauzoles, *La fonction sexuelle* (Giard et Brière, 1908).

His programme involved 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 notion of contagious and hereditary diseases 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 and information on venereal diseases and their consequences for the individual, the family and the race and notions of prophylaxis.

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 descendents. This has to be learned in school. Among young French boys and girls, the sexual instinct must be trained and educated, like the other instincts.<sup>19</sup>

The system was designed to tame sexuality in order to manage the biological interests of the family, and consequently, of the population as a whole. This was the purpose assigned to sex education.

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 organised around several disciplines: the natural sciences, ethics and hygiene. “*The first step is to teach and then to create a higher morality in the order of the will and resistance to instinct when the latter makes itself heard loudly at the time of puberty; finally, to warn older youths about the dangers inherent in the exercise of the genital functions*”.<sup>20</sup> He proposed to teach children about sex from early age because if these questions were introduced too late, they might arouse unhealthy curiosity. At puberty, the programme was limited to explaining the reproductive organs and sexual diseases. Later on, “*it would involve initiating future mothers and fathers to matters concerned with procreation*”.<sup>21</sup> The two projects were similar, but in this case the primary objective was to channel the thinking of young people into learning about the biological functions, which would “de-eroticise” sexuality by concentrating on the mechanics of reproduction. Both proposals sought to warn, prescribe and impose conduct to combat instinctive sexuality, control it by

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19 Op. cit.

20 Dr. Doleris, Jean Bouscatel, *Hygiène et morale sociale* (Masson, 1918).

21 Op. cit. pp. 145.

understanding how it works and make young people aware of and accept maternal and paternal roles. Other authors supported these projects, but they sparked little interest.

The First World War changed the social visibility of venereal disease, however, giving the nascent movement a boost, 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.<sup>22</sup> The resurgence of syphilis, especially among soldiers coming home and threatening to infect their wives and pollute their descendents helped to open up the debate on introducing sex education at school, which until then had found only a small audience. “*I dare say the future of our race depends entirely on sex education*”,<sup>23</sup> asserted the childcare specialist Adolphe Pinard in a preface to the book by the feminist Adrienne Avril de Sainte Croix. Both authors urged the regulatory board of Public Education to supplement the training of schoolteachers so they could teach it, but their efforts proved to be in vain. Supported by eminent personalities, the movement gained momentum until it was brought to a halt by strong opposition.

## Efforts Impeded by Strong Opposition

It is important to insist on the forms of opposition that 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 who, claiming to act in the best interests of the

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22 Enrique Perdiguero, Rosa Ballester, Ramón Castejón, “Films in Spanish health education: The case of child health (1928–1936)”, *Hygiea Internationalis*, (2007), pp. 69–97; Enrique Perdiguero, Rosa Ballester, Ramón Castejón, “Mass-media and health informations campaigns in Spain (1920–1936)”, in ITEMS Networks, *Medecine, health and society in Europe; trends and prospects; contributions to the Symposium* (Coimbra, 2005), pp. 216–220 ; Ramón Castejón, Enrique Perdiguero, Rosa Ballester, “Les medios de comunicación al servicio de la lucha antivenérea y la protección de la salud materno-infantil (1900–1950)”, *Historia, Ciências, Saúde – Manguinhos*, vol. 3, 2, abr.-jun. (2006) pp. 411–437 ; Jay Cassel, *The Secret Plague; Venereal Disease in Canada, 1838–1939*, (Toronto, 1987), pp. 206–245; Davidson Roger, *Dangerous Liaisons: a Social History of Venereal Disease in Twentieth-Century Scotland*, (Amsterdam, 2000), pp. 135–155; Virginie De Luca Barrusse, “Pro-Natalism and Hygienism in France, 1900–1940. The example of the Fight against Venereal Disease”, *Population*, 64(3) (2009), 477–506.

23 Adolphe Pinard, preface to Adrienne Avril De Sainte Croix, *L'éducation sexuelle*, (Paris, 1918), p. 4.

population, imposed publicising information about sexuality<sup>24</sup>. 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 that determined the processes of sex education. Indeed, Catholics comprised the main opponents of sex education at school. In February 1922, when the Society of Sanitary and Moral Prophylaxis stepped up its support and demanded action from the ministers of Public Education and of Social Hygiene, Assistance and Benefits, the college of cardinals and bishops rejected “the processes of what is called Sex Education relying on science alone, independently of the moral teachings of religion”.<sup>25</sup>

In 1923, in the face of Catholic opposition, which had begun to marshal its forces around the issue, the National Conference on Social Hygiene Propaganda and Prophylactic Education launched a survey on sex education at school and how it should be taught.<sup>26</sup> 20,000 questionnaires were sent out to national school inspectors, school principals, teachers, high school physicians and chaplains. 15,000 replies were received. The majority of respondents thought schools should initiate children to sexual questions but they expressed reservations about the content and teaching methods, particularly as regards who would be in charge. On the basis of this survey, the Society for Sanitary and Moral Prophylaxis indicated its desire to see sex education instituted in schools for both sexes “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, bring their pregnancies to term and rear and educate their children in a healthy manner”.<sup>27</sup> This project involved both preparation for family life and protection against the dangers of venereal disease.

To reach a specifically female audience, in 1925 the Society of Sanitary and Moral Prophylaxis set up a Committee on Female Education (CFE), headed by Dr. Germaine Montreuil-Straus<sup>28</sup>. The Committee was put in charge of introducing a system for educating girls that would be “above all, moral and

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24 Jacques Donzelot, *La police des familles*, (Paris, 1977), p. 159.

25 R.P. De Ganay (1922). *L'éducation de la pureté*, (Paris, 1922), p. 5.

26 “Enquête du comité national de propagande d'hygiène sociale et d'éducation prophylactique sur l'éducation sexuelle de la jeunesse”, *Prophylaxie antivénérienne*, 1923, October.

27 Quoted by Yvonne Knibiehler, “L'éducation sexuelle des filles au XXe siècle”, *Clio*, 4 (1996), 141.

28 Catherine Rollet, “Savoir trébuche ignorance. L'éducation sexuelle et la lutte contre les maladies vénériennes entre les deux guerres”, in De Luca V. ed. *Pour la famille. Avec les familles. Des associations se mobilisent* (France 1880–1950). (Paris, 2008), pp. 159–184.



scientific preparation for marriage and motherhood with a view to personal preservation and the protection of the race”.<sup>29</sup> Until sex education could be introduced in schools, the doctors, who were exclusively women, would give lectures to young girls between the ages of sixteen and nineteen in which they would discuss their future role as wives and mothers and inform them about the risks of venereal disease. The authorisation of the Ministry of Public Education and subsidies from the Ministry of Social Hygiene, Assistance and Benefits demonstrate that the 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 bring together second- and third-year high school students – gave an initial lecture entitled *Vénus et ses dangers* [The Dangers of Venus]. Although attendance was optional, the lecture aroused great interest and drew a large audience. In view of its success, it was repeated every year.

As these lectures became more widespread, the opponents of sex education at school felt obliged to react. Parents’ associations were the primary opponents; they expressed their concern and asserted that this type of teaching was opposed to the freedom of the family and respect for their religious convictions. The first parents’ associations were of Catholic persuasion and they were reacting against the secularisation of schools. They were supported by alumni associations, which also demanded to be consulted regarding any changes in the curriculum.<sup>30</sup> In 1924, when the Minister of Public Education issued a circular asking these associations for their opinion on the desirability of such teaching at school, they had answered that the parents alone should decide. The Catholics were not against sex education per se; in fact they were 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 on average.<sup>31</sup> Could they and would they be convincing about the importance of the family? Above all, by disclosing the mechanics of reproduction, sex education would allow these young people to understand how to avoid it and trivialise sexual intercourse. Poorly supervised teaching about sexual questions at school might actually go against the very interests it was originally intended to promote: those of the family.<sup>32</sup>

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29 Germaine Montreuil–Straus, “Éducation sanitaire de la jeune fille”, *Bulletin de la Société de prophylaxie sanitaire et morale*, 1929, June.

30 Jacques Donzelot, *La police des familles*, (Paris, 1977), p. 184.

31 Virginie De Luca Barrusse, “Des liaisons avantageuses. L’Alliance nationale pour l’accroissement de la population française et les fonctionnaires”. *Annales de démographie historique*, 2 (2008), 264–265.

32 Remi Lenoir, *Généalogie de la morale familiale* (Paris, 2003), p. 307.

The Catholics attempted to silence their opponents by showing that parents already took care of this question. They sought to demonstrate that they were not opposed to the idea of sex education, which had such high social value. When viewed as a 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 the debate. In 1927, Marguerite Lebrun, the Catholic mother of a large family, published a book under the pseudonym Vérine entitled *Le sens de l'amour* [The Meaning of Love] in which she emphasised “*the attention parents must give to training young people, educating them about the meaning of love*”.<sup>33</sup> At the time, rumours were circulating that the Ministry, under pressure from the Society of Sanitary and Moral Prophylaxis to take action, intended 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 did not intend to impose sex education : “*The associations have complete freedom to decide whether or not the lectures should be given and choose the speakers*”.<sup>34</sup> The following year, Vérine created *l'École des parents*, an association that brought together Catholics convinced that sex education should be left in the care of parents. From the outset, it 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 sexual issue was always the subtext.

From April to June 1929, the Society of Sanitary and Moral Prophylaxis organised meetings during which Germaine Montreuil Strauss, Vérine, Abbé Viollet, Pastor Wauthier d'Ayguetier and Justin Sicard de Plauzoles, in particular, presented their views. These debates show the efforts made to reach a consensus by highlighting 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. For, as Sicard de Plauzoles reminded the audience, “*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, warn them about the perils of sexual life and the serious moral and social consequences that can result from sexual intercourse as well as their responsibilities and duties*”.<sup>35</sup> Authors who dealt with the topic constantly

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33 *Revue de l'Alliance nationale contre la dépopulation*, 1927, August. Vérine, *Le sens de l'amour* (Paris, 1927).

34 Quoted by Dr. Monsaingeon, *Un devoir des parents*, (Paris, 1929).

35 Dr. Sicard de Plauzoles, *Principes d'hygiène sociale* (Paris, 1927).

declared: “*There can be no sex education without moral education*”.<sup>36</sup> But aside from agreeing on this basic point, each group remained entrenched in its respective position: “*Parents do not want sex education to become mandatory at school under any circumstances*”.<sup>37</sup> Faced with firm opposition, the Society of Sanitary and Moral Prophylaxis fell back upon lectures for young people between the ages of fifteen and twenty, the overall content of which was unanimously approved. The talks were to explain physiology, genital hygiene and the dangers of venereal disease and above all insist on family life as the guarantee of a healthy life, fortified generations and a prosperous nation.<sup>38</sup> Emphasis was placed on the individual and collective dimensions of each person’s choice. Collective sex education was to be called “The Sanitary and Moral Prophylaxis Lecture Series: Advice to young people on the conduct of their lives”. As the lecture series was not mandatory, the high school principal could decide whether or not to organise it. Before deciding, the principal was to send a letter to the parents of students in the second year of high school asking them to authorise their child’s attendance. The letter was to be accompanied by a brochure explaining the purpose of the lecture series, which would be divided into three parts: the first – on morals – would be presented by the philosophy teacher; the second – on biology – by the natural history teacher; the third – on prophylaxis – by a physician. Henceforth, sex education was confined to lectures and leaflets.

This meant that a consensus had been reached on the need to combat venereal disease and the underlying health and demographic concerns had met with the approval of all the actors involved. These concerns translated into a reaffirmation of the family as the frame of reference that sex education must constantly invoke. Supervised by the Society and its CFE, the lectures on sanitary and moral prophylaxis were to be an integral part of the public health policy being developed at the time. Sex education thus became education on reproductive health, which had a hard time ridding itself of its moral overtones.

## Which Prescriptions?

In 1913, the remarks of Dr. Mathieu and Dr. Dufestel at the Alliance for Social Hygiene conference summarised quite well the content of sex education that was

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36 Lucien Viborel, *L’éducation publique contre la syphilis, de l’importance de l’éducation morale*. Rapport présenté à la Conférence internationale de la défense sociale contre la syphilis, Nancy, mai 1928 (Paris, 1928).

37 This was the conclusion of the general assembly of parents’ association presidents in Paris in 1929. Quoted in the *Bulletin de la Société de prophylaxie...*, 1929, april.

38 *Bulletin de la Société de prophylaxie...*, 1929, april.

to prevail at least until the 1950s: “Boys will be shown the danger of venereal diseases; girls will be taught the role they will be called to play in life and given an introduction to childcare”.<sup>39</sup> The differences and hierarchy of the social roles of the sexes relative to the constitution of the family and sexuality characterised the system of reproductive health education during the interwar period.<sup>40</sup> The same hierarchy of social roles according to sex was reflected in the way 19<sup>th</sup> century girls and boys learned about love in many country.<sup>41</sup> In the French case, the different prescriptions for girls and boys confirm the objectives set by the system that was introduced.

Anti-venereal prophylaxis was the sole guide for the talks given to boys. “There will be no question of giving practical lessons in lovemaking, but rather of warn the boys against the dangers of a dissolute sex life”, explained Dr. Bassac<sup>42</sup>. Overall, sex education for boys strove to demonstrate the consequences of unbridled sexuality for the individual, the family and the race. Thus, Dr. Laignel-Lavastine explained to students at Lycée Condorcet that “the dangers of Venus” were at once moral, medical and social. Precocious sexual activity would lead to vice and debauchery, he told them. The consequences were also pathological: masturbation threatened those who were impatient, along with venereal diseases, which he described in sordid detail. From the social standpoint, the danger lay in producing descendents impaired by hereditary syphilis.<sup>43</sup>

After warning the boys about the risks of venereal disease, it was necessarily 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. “There is no danger in sexual abstinence; on the contrary, it will preserve all your strength for your future marriage”,<sup>44</sup> Dr. Cavaillon and Dr. Gougerot assured the students in 1930. That same year, Dr. Fouqué beseeched athletic young people to abstain from sexual relations prior to

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39 Dr. Mathieu and Dufestel, “L’éducation de la santé dans l’enseignement secondaire”. *Alliance d’Hygiène sociale*, 1913, Congrès de Paris, 14–15 May.

40 Yvonne Knibiehler, “L’éducation sexuelle des filles au XXe siècle”, *Clio*, 4 (1996), pp. 139–160; Stewart Mary Lynn, “Sex Education and the Sexual Initiation of Bourgeois French Girls, 1880–1930”, in M.J Maynes, B. Sølund, C. Benninghaus eds., *Secret Gardens, Satanic Mills. Placing Girls in European History, 1750–1960* (Bloomington, 2005), pp. 164–177.

41 See for example Susan Freeman, *Sex goes to School; Girls and Sex Education Before the 1960’s*, (Illinois, 2008).

42 Pierre Bassac, *La vie sexuelle, précis d’initiation* (Paris, 1935), p. 5.

43 Dr Laignel-Lavastine, *Vénus et ses dangers* (Paris, 1926).

44 Drs Cavaillon et Gougerot, *Protégez-vous contre les maladies vénériennes, Conseils aux étudiants*, (Office national d’hygiène sociale, 1930).

marriage: “Marry young and remain steadfastly faithful to your spouse”.<sup>45</sup> Whereas the incipient sciences of sexology and neurology criticised prolonged abstinence for encouraging masturbation and even homosexuality, the physicians in the Society of Sanitary and Moral Prophylaxis firmly maintained their choice of abstinence as the sure guarantee against debauchery and disease<sup>46</sup>. In essence, this group was promoting morality that can be glimpsed in its recommendations to young people, a moral code that underlay – and limited – the possible scope of sex education. “Alas, instinct sometimes speaks louder than reason”.<sup>47</sup> In the lectures and brochures, young men were never made to feel guilty about succumbing to temptation: they were always victims of a moment of confusion and yielding to a temptress. The aim was to give them a sense of responsibility without stigmatising them. To achieve their objectives, physicians could not present syphilis as a shameful disease if they hoped to encourage young people to consult a doctor quickly without fear of a lecture on morals. Educating young men thus went hand in hand with pointing the finger of blame at the prostitutes and loose girls who were guilty of leading them astray.

If young men gave in to temptation, they were taught to be concerned about suspicious signs of bodily manifestations in 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 hand 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”.<sup>48</sup> Others suggested praising the woman’s bosom while looking for any suspicious blotches or admiring her mouth while scrutinising her gums and tongue.<sup>49</sup> 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 happens with cancer.<sup>50</sup> After describing suspicious signs on the woman’s body, those on the young man’s were summed up succinctly as a dubious discharge. The aim of this educational work was to make each individual capable of discerning such signs and interpreting them.

There were two possibilities open to physicians who set out to advise young people about how to protect themselves against venereal disease: they could

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45 Dr Fouqué, *Jeunesse sportive lis-moi !* (Paris, 1930).

46 Alain Corbin, “Le péril vénérien au début du siècle: prophylaxie sanitaire et prophylaxie morale”, *Recherches*, décembre, 29, (1977), 245–283.

47 Op. cit.

48 Op. cit.

49 Dr. De Bernay, *La syphilis et ses conséquences*, (Paris, 1902).

50 Patrice Pinell, *Naissance d’un fléau. Histoire de la lutte contre le cancer en France (1890–1940)*, (Paris, 1992), p. 288.

either advise them to use a condom or encourage them to use 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. Once again, we find the moralising overtones glimpsed earlier, which took concrete form in presenting methods of protection. Moreover, condoms fostered birth control, thereby contributing to depopulation. Wives familiar with condoms might use them to limit the number of their children. In 1902, Dr. Burlureaux took a stand against condoms. The following year, Dr. Sicard de Plauzoles accused certain physicians of promoting the idea of risk-free coitus with prostitutes. The demographic argument, backed by the moral argument, took precedence over the sanitary issue<sup>51</sup> and health concerns were pushed into the background by demographic and moral injunctions.

Yet, following virtually unanimous rejection, opinions about condoms increasingly diverged after the First World War. The rising prevalence of venereal disease and the continuing high rate of stillborn babies helped to shift the focus from moral prescriptions to sanitary concerns. Dissemination of figures on public health and more broadly the demographic situation reversed the order of priorities. The rate of primary syphilis among soldiers was 16 times higher in 1919 than in 1915. By the end of the war, 2% of the soldiers had been infected, i.e. nearly 50,000 men. In addition, there were 130,000 cases of gonorrhoea and 60,000 cases of cancrs.<sup>52</sup> When the law prohibiting any form of birth control dissemination was passed on 31 July 1920 under pressure from pro-birth groups, condoms were not included because they were distributed to soldiers. In 1925, one tenth of the population was believed to have syphilis, i.e. 4 million people; in 1929, the figure was estimated at 8 million.<sup>53</sup> An increasing number of physicians defended the use of condoms and rejected the prejudices against them. In 1925, Dr. Spilmann reminded students of the witty remark by a famous woman “who called [condoms] armour against pleasure and a spider web against danger. That is a mistake. When this contraceptive method is judiciously employed, it provides safe prophylaxis”.<sup>54</sup> But three years later, the Commission on Venereal Disease Prevention suggested this method not be presented to the public: condoms “should only be recommended within certain

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51 On the “demographic argument” in various policies see Paul-André Rosental, “L’argument démographique. Population et histoire politique au XXe siècle”, *Vingtième siècle*, 95(3) (2007), 3–14 and the texts in this volume.

52 A. Mignon, *Le service de santé dans l’armée pendant la guerre 1914–1918*, (Paris, 1927).

53 Estimates of the Commission of Venereal Disease Prophylaxis of the Ministry of the Interior.

54 Dr Spilmann, *Le péril vénérien, conférence de prophylaxie sanitaire et morale*, (Paris, 1926), p. 20.

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 is only relative”.<sup>55</sup> In 1930, Dr. Fouqué warned that condoms “are still extremely inadequate and can even give rise to a false sense of security if a tear goes unnoticed [...]. In place of a condom, apply Vaseline very carefully to the glans and the penis to prevent scratches”.<sup>56</sup> The choice of protective ointment instead of a condom led to describing the gestures of intimate care. Ablutions and the careful use of a prophylactic were scrupulously detailed: opening the urinary meatus and applying the ointment to one’s sex involved new gestures that implied a different relationship to the body was now permitted in order to fight venereal disease.

The education of boys during these years can be summarised as sexual dissuasion, description of symptoms and intimate hygiene. This was in stark contrast to the education given to girls, which was better organised thanks to the activity of the CFE which sponsored lectures for various groups such as Red Cross workers, young working-class girls, residences for women students. The speakers, who were always women physicians, began with a talk on anatomy, physiology and the hygiene of female genital functions and ended with a discussion of venereal disease.<sup>57</sup> While the purpose was to provide information about sexual risks, the CFE also intended 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 Monteuil Straus indicated: *Tu seras mère*. [You will be a mother]. To accompany their presentations, the speakers projected an educational film produced by the United States Association of Social Hygiene. The film was in two parts: the first part discussed the maternal function and the second venereal disease. The lectures “mainly reach bourgeois circles, but we have had a certain number of working class audiences that were equally interested in what we have to say”,<sup>58</sup> G. Montreuil Strauss asserted. There was more opposition to these lectures than to those for boys, which was relayed by newspapers in the cities that hosted the talks. Official support and the curiosity “aroused by meetings on a topic that seemed obscene which were organised by

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55 The commission, made up of members of the Society of Sanitary and Moral Prophylaxis and the League against the Venereal Peril founded in 1923 by Sicard de Plauzoles to help develop a network of dispensaries, was attached to the Ministry of Hygiene. Quoted by Lucien Viborel, *op. cit.*, p. 13.

56 Dr Fouqué, *op. cit.*

57 Yvonne Knibiehler, “L’éducation sexuelle des filles au XXe siècle”, *Clio*, 4 (1996), pp. 139–160; Catherine Rollet, “Savoir trébuche ignorance. L’éducation sexuelle et la lutte contre les maladies vénériennes entre les deux guerres”, in V. De Luca ed., *Pour la famille. Avec les familles. Des associations se mobilisent* (France 1880–1950), (Paris, 2008), pp. 159–184.

58 Germaine Montreuil Strauss, *Bull de la Société de prophylaxie...*, 1936, june.

women of the world and given by women physicians” explain why “our lectures are always full”.<sup>59</sup> Over a period of 10 years, the CFE gave 644 lectures, including 325 in the provinces. They were attended by 140,000 people.

Educators sought to combat syphilis in the lectures to boys, hereditary syphilis when they addressed girls. The aim was to protect their bellies and their children. The talk on syphilis delivered by Dr. Nelfrand was laconic to say the least: “the lesions caused by syphilis can be fatal; indeed syphilis kills 30% of patients who contract it. But what you must know about is the terrible hereditary consequences. Hereditary syphilis is, in every acceptation of the term, what can be called a birth defect”.<sup>60</sup> The remarks to girls were prompted by the essential need to respect their modesty in sexual matters. Indeed, while boys were taught ways of detecting the disease, girls were advised to ask for a prenuptial certificate, which hygienists were promoting. It would consist of a medical visit to inform young men about their own health and the dangers to which they could expose their spouses and their children. The CFE promoted the certificate in its lecture series and leaflets. Dr. Houdré explained: “Nature does not always abide by sentimental or social combinations [...]. Chronic illnesses that are hereditary or known by futures spouses or sometimes even voluntarily hidden can also be real contraindications to marriages. What can be done about this? Require that young people undergo a medical examination prior to engagement? Although this would not ensure absolute safety, it would be a reassuring guarantee”.<sup>61</sup> But the fiancée must count on the honesty of her future husband, who will have to inform her of his disease, since doctors insist on medical confidentiality. Like sex education, the prenuptial certificate aimed to give both spouses a sense of responsibility. Maintaining a difference and a hierarchy between the sexes led physicians to produce a discourse that would foster responsibility in choosing their future spouse. If the future bride succeeded in convincing her suitor to see a doctor, it meant that the young man, who had become aware of the risks of venereal disease through the education he had received, was demonstrating a sense of responsibility towards his future wife and his descendents. 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.<sup>62</sup>

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59 *Bull de la société de prophylaxie...*, 1933, march.

60 Dr. Nelfrand, *Ce que toute jeune fille doit savoir à l'âge de la puberté*, (Paris, 1932).

61 Dr. Houdré, *Ma doctoresse. Guide pratique d'hygiène et de médecine moderne de la femme moderne*, (Paris, 1928).

62 Under pressure from the medical profession, the prenuptial certificate was to become mandatory in 1942. See Anne Carol, *Histoire de l'eugénisme en France* (Paris, 1995), pp. 318–338. At the same time, the question of introducing a health record for children



Thus, during the first half of the 20<sup>th</sup> century, sex education was shaped by several competing imperatives – moral, demographic and public health – which were the underlying concerns that determined the limits and objectives of sex education. The projects to provide sex education at school took the family model as their reference. They were designed to enable individuals to “think about” their sexuality and grasp its consequences through a set of normalising recommendations that entailed learning from a very young age about biology and sexual morality. In the process, this set of prescriptions would affect demographic components: birth rate and morbidity. The size of the population – the quantity – and the health of the people – the quality – had everything to gain from sex education focused on developing self-control and awareness of the family standard.

But during the interwar period, when sex education was only permitted as optional instruction given solely to adolescents, it distilled social and sexual attitudes that echoed those of the physicians who backed it. Nevertheless, it still combined sanitary and demographic objectives with methods for moral surveillance of sexual practices. These systems were intended to convince young people to adopt the right attitude to their own health, the health of their future spouse and that of their descendants. Thinking about sex education was indeed adapted to demographic concerns, but it could not entirely rid itself of the tattered morality that suggested a certain mode of managing sexuality. Sex education became a tool for managing the population aimed at governing sexuality in accordance with principles that were moralising and sanitary rather than educational or pedagogical.

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reflected similar concerns. See Catherine Rollet, *Les carnets de santé des enfants*, (Paris, 2008), pp. 165–188.

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