



The Wages of Sin: Sex and Disease, Past and Present

By Peter Lewis Allen

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Near the end of the century, a new and terrifying disease arrives suddenly from a distant continent. Infecting people through sex, it storms from country to country, defying all drugs and medical knowledge. The deadly disease provokes widespread fear and recrimination; medical authorities call the epidemic "the just rewards of unbridled lust"; a religious leader warns that "God has raised up new diseases against debauchery." The time was the 1490s; the place, Europe; the disease, syphilis; and the religious leader was none other than John Calvin.

Throughout history, Western society has often viewed sickness as a punishment for sin. It has failed to prevent and cure diseases—especially diseases tied to sex—that were seen as the retribution of a wrathful God. *The Wages of Sin*, the remarkable history of these diseases, shows how society's views of particular afflictions often heightened the suffering of the sick and substituted condemnation for care. Peter Allen moves from the medieval diseases of lovesickness and leprosy through syphilis and bubonic plague, described by one writer as "a broom in the hands of the Almighty, with which He sweepeth the most nasty and uncomely corners of the universe." More recently, medical and social responses to masturbation in the eighteenth and nineteenth centuries and AIDS in the twentieth round out Allen's timely and erudite study of the intersection of private morality and public health. *The Wages of Sin* tells the fascinating story of how ancient views on sex and sin have shaped, and continue to shape, religious life, medical practice, and private habits.

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Editorial Review

From Publishers Weekly

A gay man who spent the early years of the AIDS epidemic pursuing a graduate degree in comparative literature and watching his ex-lover die, Allen has written an engaging contribution to the field of AIDS scholarship. The author (who, after teaching literature at Princeton and USC, is now getting an MBA in health care management at Wharton) traces the history of Western ideas concerning the links between what they saw as sin, sickness and death from the medieval era onward. In the Middle Ages, he observes, diseases such as leprosy, syphilis and bubonic plague—each of which gets a chapter—were seen as God's punishment for sinners; physicians were torn between their duties as healers and their duties as Christians not to obstruct divine justice by aiding the sufferers. This conflict persisted but, according to Allen, took a strange turn after about 1700, when doctors began to believe that one particular sexual practice—masturbation—brought down a righteous medical vengeance upon those who practiced it. Allen looks at how the remnants of these ideas about sex, disease, sin and death have shaped the more recent debates about illness—especially AIDS. He details the public health conflict between those who want to halt the spread of the disease and those who want to see divine justice visited on homosexuals and drug users, praising folks such as the former Surgeon-General C. Everett Koop. Alternately thoughtful, passionate and political, Allen has produced a stimulating work on a sensitive topic.

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From Library Journal

Ever since Adam and Eve were cast out of the Garden of Eden, Western religious traditions have linked sex to suffering. Allen (*The Art of Love: Amatory Fiction from Ovid to the "Romance of the Rose"*), uses techniques of literary criticism to trace this relationship from the medieval diagnoses of "lovesickness" (a type of depression) to the AIDS crisis of our own time. Allen also examines the cultural context of leprosy, syphilis, bubonic plague, and the 19th-century fixation on the evils of masturbation, exhaustively searching through medical and theological texts and illustrations to build a fascinating and sometimes shocking case. Allen's narrative, however, could have been greatly strengthened by attention to women's particular experiences of sexuality, pregnancy, childbirth, and sexual assault. For example, bitter disputes surrounded the Victorian use of chloroform during labor, since many theologians viewed pain in childbirth as Eve's daughters' punishment for her original sin. In spite of Allen's omissions, his book provides an important perspective for academic and medical libraries.

-Kathy Arsenault, Univ. of South Florida at St. Petersburg Lib.

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From The New England Journal of Medicine

Shortly after his partner of five years was infected with the human immunodeficiency virus (HIV) in 1982, the author found himself besieged and bewildered by public attitudes toward persons with the acquired immunodeficiency syndrome (AIDS). As the death toll mounted, neither the "uncanny silence" of the uninvolved nor the vehement castigation of the self-righteous appeared to constitute an effective response to limit the spread of the illness, to understand its mechanisms, or to prolong life for those afflicted.

This book arises in seemingly equal parts from Allen's bafflement over societal views and his scholarly intuition that such sentiments must be deeply rooted in Western culture. In *The Wages of Sin: Sex and Disease, Past and Present*, Allen traces the sources of religious and medical beliefs about several diseases that were historically linked with sin, either as cause or cure. What emerges is a series of short portraits of

two bona fide sexually transmitted diseases (syphilis and AIDS), two infections transmitted by other routes (leprosy and bubonic plague), and two noninfectious entities (lovesickness and masturbation), limned against contemporaneous cultural currents that all too often pitted religious and medical authorities against the sick, the outcast, and the downtrodden.

The first half of the book, in many ways its strongest part, chronicles contemporary Western attitudes toward medieval lovesickness (a fascinating hodgepodge of emotional lability, insomnia, jaundice, rash, and arrhythmias, culminating in lycanthropy or death unless cured by sexual intercourse), leprosy, syphilis, and bubonic plague. Pulpits, political platforms, and public hospitals resounded with condemnations of any illness thought to derive from sexual congress. The anthropomorphic tenets of Hippocrates, espoused by Galen and others, collided with the doctrine that heavenly salvation is achieved at the expense of earthly happiness. Death's tumbrel carried off lepers who were legally expelled from most major cities in Britain; those with syphilis who were barred from the gates of the Hotel-Dieu in Paris; and plague victims who were too poor to flee the streets of London. Allen's explorations trace the influence of Islamic traditions on the development of European hospitals, the roots of the implacable conflict between prelates and physicians, and the panoply of "cures" and "treatments" largely dictated by doctors' attitudes of either charity or condemnation. For example, mild treatments such as baths or milk were often prescribed for innocent victims of syphilis, such as children who had been congenitally infected, whereas mercury vapors or cauterization of the urethra was the prescription for the rouse. All were unavailing. Occasionally, even well-intentioned physicians suffered. The 17th-century Italian physician Giulio Cesare Vanini, who like Galen advocated sexual intercourse as a cure for lovesickness, was strangled by an iron collar and then burned at the stake by order of church authorities.

Overall, the book benefits from Allen's masterful scholarship in comparative literature and his illumination of historical sources, many of them recondite. Allen writes with an erudition that is enlivened by an engaging vocabulary and a pleasing cadence. Nonetheless, his message is sometimes enervated when the power of a quotation is weakened because the source is questionable. The potency of the statement that "a 1991 survey of U.S. doctors revealed that half of them would refuse to treat people with AIDS if they could, and nearly a third thought there was nothing wrong with this response" is dissipated when the source is revealed to be the author's interview with a medical ethicist. How many physicians were surveyed? How comprehensive was the sample? Where were the primary data published? When such logical questions are left unanswered, readers may lose confidence in the reliability of the data. In addition, a bit of editorial oversight from knowledgeable physicians might have prevented some misapprehensions, such as the mislabeling of leprosy as a sexually transmitted disease (bubonic plague, in contrast, is specifically excluded from this category) or the conclusion that a six-year-old girl with premature adrenarche was the victim of brain damage or parental abuse.

The second half of the book covers only two subjects: the bane of masturbation in the 18th and 19th centuries and the AIDS epidemic in the 20th. Although the former can in no way be construed as a sexually transmitted disease, it fits the author's paradigm in that it evoked enormous social opprobrium and was roundly condemned by religious and medical authorities alike. The shift to a discussion of HIV infection, in the final chapter, may seem abrupt to some; a discussion of genital herpes in the 1970s and 1980s might have provided a more cohesive transition. Nevertheless, AIDS is the topic that infuses this book. The author's introduction makes clear his agenda, and balance is not his goal. For Allen, the attitudes of his fellow citizens in the early years of the AIDS epidemic mirror precisely the benighted beliefs of bygone centuries. The prejudice that certain sicknesses equate with sin was shared, according to Allen, by public figures, private citizens, and many physicians. Perhaps the contents of another recent book, entitled *AIDS Doctors: Voices from the Epidemic* (Ronald Bayer and Gerald M. Oppenheimer. New York, Oxford University Press, 2000), will serve as expiation.

Margaret K. Hostetter, M.D.

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Users Review

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