

**Marketing Sexual Health in
Britain: Visual and Commercial
Lives of Infection, 1913-1996**

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Dedication

For my wife Shona, my son William, and my parents Eileen and Bernard. Your love has made this unlikely dream possible.

Acknowledgments

First of all, I would like to thank my supervisors Adrian Wilson, James Stark, and Richard Checketts. Their enthusiasm, insight, wisdom, and support has been invaluable in this process. I am sure that guiding a dyslexic mature student through a PhD journey that arrived at this stage via a non-traditional route has taken a great deal of patience. Their kindness has shone throughout this process and their advice and encouragement made sure that the journey was not only academically rigorous but also enjoyable. I would also like to thank the staff and students within the School of Philosophy, Religion and History of Science at the University of Leeds for the informal discussions and advice provided throughout this process. In particular, I acknowledge the support provided through our regular catch-up meetings of my fellow PhD students Sarah Murphy-Young, and Daniel Ewers. This support made for a much less solitary process than might otherwise have been. My thanks also go to the staff at my collaborative partners The History of Advertising Trust, specifically, Alistair Moir and Eve Read. Their help (particularly at the outset of the project) was invaluable. I also thank the AHRC for their funding via WRoCAH.

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Abstract

This thesis examines British sexual-health advertising in eight distinct periods between 1913 and 1996 by drawing on a diverse pool of historical materials, including manuscripts, letters, reports, medical journals, advertising journals, and newspaper reports. Alongside these, the thesis interrogates a representative selection of sexual health imagery – including posters/billboards, newspaper advertisements, leaflets and flyers, films, and television advertisements. Using these sources, the thesis highlights key moments for British sexual health advertising within the examined periods—such as significant changes in social conditions, legislative changes, and changes to administrative bodies.

It is argued that a complex and changing network of stakeholders was active in both shaping and responding to sexual health advertising. These stakeholders fell into four broad groupings: policy-makers; volunteers/activists; the advertising industry; and commercial enterprises. The thesis has three core arguments: [1] these stakeholder groups interacted in complex, shifting ways which had both direct and indirect consequences for the content and context of sexual health advertising; [2] there were various shifts in power and influence within the stakeholder network; [3] techniques of advertising sexual health changed over time, and these shifts were often related to the shifts of power within the network of stakeholders.

Collectively, the visual representations of sexual health and infection guided cultural and national discourses of contagion around sexual health. One example of how advertising specifically influenced these discourses was the use of *the infected subject*, a motif with a key role in many sexual-health advertisements. This motif was inflected in different ways within the eight periods examined. Analysing the utilisation of the infected subject is one way the thesis hopes to provide insight into how sexual health advertising contributed to the cultural and national discourses that shaped the visual and commercial lives of infection in twentieth-century Britain.

Table of contents

Intellectual property and publication statements	I
Dedication	II
Acknowledgments	III
Abstract.....	IV
Table of contents.....	V
Figures.....	VIII
Abbreviations.....	XV
Introduction.....	1
Thesis central argument.....	2
Periodisation.....	3
Sexual health advertising.....	5
Concepts introduced or expanded in this thesis.	12
Historiography.....	14
Chapter outlines.....	24
Chapter 1: (1913 to 1919) The emergence of state-run sexual health advertising 27	
Introduction.....	27
Sexual health advertising prior to 1913	28
The Royal Commission on Venereal Disease 1913-1916.....	34
The Local Government Board's response to RCVD's recommendations.....	49
The Venereal Disease Act 1917.....	50
Conclusion.....	53
Chapter 2: (1919-1939) The prophylaxis debate and the emergence of film 55	
Introduction.....	55
The prophylaxis debate.....	56
British Social Hygiene Council	70
Increased use of films.....	77
NCCVD/BSHC Funding.....	87
Conclusion.....	90
Chapter 3: (1939 to 1948) World War II and the rise of the graphic designer 93	
Introduction.....	93
Propaganda	94
The British Government's first centrally run sexual health campaign.....	97
Newspaper sexual health advertisements.....	100
Poster sexual health advertisements.....	111
Wartime Social Surveys on the campaign against venereal disease	122

Exhibitions.....	132
Conclusion.....	134
Chapter 4: (1949 to 1959) The life and death of the ‘Games Hand’	136
Introduction.....	136
Abram Games	138
Introducing the ‘Games Hand’ 1949-1951	146
The Ministry of Health’s senior information officer for publicity: Betty Crawter.	153
The downsizing of the Ministry of Health.....	155
Change in direction for sexual health advertising	156
Conclusion.....	165
Chapter 5: (1959-1969) Sexual health advertising emerged from depression.....	167
Introduction.....	167
Rising concern about VD infections.....	168
The various committees report their findings.	179
An increased role for the advertising industry.....	191
Conclusion.....	193
Chapter 6: (1970-1979) A new wave of sexual health advertising	195
Introduction.....	195
HEC legislative problems. Section 5 of the 1889 Indecent Advertisements Act... ..	196
Hammersmith controversy.....	208
Chester controversy.....	216
Project Icarus.....	230
Conclusion.....	236
Chapter 7: (1980-1987) A new sexual health threat.....	238
Introduction.....	238
The sexual health advertising reaction to the AIDS crisis.....	250
Don’t aid AIDS.....	260
Don’t Die of Ignorance	269
Alternative AIDS campaigns put forward by the advertising industry	274
Conclusion.....	282
Chapter 8: (1987-1996) The move away from fear in sexual health advertising	284
The condom wars 1986-7.....	285
HEC to HEA	298
New direction for sexual health advertising: moving away from fear	305
Volunteers use television/film.....	315
Increased commercial use of AIDS	318
Conclusion.....	323
Thesis Conclusion.....	326
Bibliography	336
Archives.....	336

Primary sources.....	336
Newspapers	336
Archive files and sources.....	344
Trade/Industry and medical Journals.....	352
Magazines, community newspapers, and online sources	357
Other primary sources	359
Secondary books and articles	361

Figures

Chapter	Figure	Caption	Page
Introduction	Intro.1	Here comes the bride, Reginald Mount, Ministry of Health and CCHE, 1943	1
	Intro.2	Panzani pasta advertisement, analysed by Barthes.	10
Chapter 1	1.1	Holloway's pills, 1875	29
	1.2	A grave danger, NCCVD, 1918	44
	1.3	Getting Married, NCCVD, 1918	46
	1.4	Bensons, <i>Times</i> 18th December 1918 p.4	48
Chapter 2	2.1	SPVD prevention, date unknown	58
	2.2	Once too Often NCCVD, 1920	59
	2.3a	SPVD leaflet date unknown (Front)	63
	2.3b	SPVD leaflet date unknown (Back).	63
	2.4	Real Danger NCCVD	65
	2.5	Ablution centre Manchester 1920	66
	2.6	To those about to Marry, BSHC 1925	71
	2.7	The Gods are against you, BSHC 1925	71
	2.8	How to Fight VD BSHC C.1929	72
	2.9	Teach your Children, BSHC c.1929	72
	2.10	Kittens BSHC c.1929	72
	2.11	Football NCCVD/BSHC C.1922-35	73
	2.12	Blindness, BSHC, 1929	74
	2.13	Somerset, C.1937	76
	2.14	Bristol C.1937	76
	2.15	Darlington C.1937	76
	2.16	Hull 'English' c.1937	76
	2.17	Hull 'Russian' c.1937	76
	2.18	Marriage BSHC 1927	78
	2.19	Screenshot from <i>Any Evening After Work</i> , 1930	79

Chapter 2	2.20a&b	Screenshot from <i>Any Evening After Work</i> , 1930	80
	2.21	<i>Damaged Lives</i> , 1933	81
	2.22	<i>Damaged Lives</i> , <i>Daily Mirror</i> , 18th August 1933 p.21	83
	2.23	<i>Damaged Lives</i> , <i>Daily Mirror</i> 25 th August 1933 p.21	83
	2.24	<i>Damaged Lives</i> , <i>Daily Mirror</i> 1 st September 1933 p.21	83
	2.25	<i>Damaged Lives</i> , <i>Long Eaton Advertiser</i> , 4 th May 1934, p.6.	85
	2.26	<i>Kinematograph Weekly</i> 19 th October 1933 p.20-21.	86
	2.27	£100,000 appeal BSHC 1935	89
Chapter 3	3.1	Grow your own food, 1942	95
	3.2	Careless talk costs lives	96
	3.3	Coughs and Sneezes, C.1939-45	96
	3.4	Logo for the joint Ministry of Health/CCHE health advertisements.	102
	3.5	Ten Plain Facts, Ministry of Health/CCHE, 1943	104
	3.6	For my son aged 11, July 1943	107
	3.7	FADD, 1943.	109
	3.8	FADD get it twice, 1944	110
	3.9	FADD Disfiguring, 1946	110
	3.10	FADD accident 1944	110
	3.11	FADD I don't believe, 1943	110
	3.12	FADD in a woman, 1944	110
	3.13	FADD When did VD start, 1945	110
	3.14	Hello Boy-friend, Mount, 1943	112
	3.15	Tomorrow's Citizen, Mount, 1943	114
	3.16	overprint, 1943	116
	3.17	Delay, Woman, Bennett, 1943	117
	3.18	Delay, Man, Bennett, 1943	117
	3.19	Continued, Man, Bennett, 1943	118
	3.20	Continued, Woman, Bennett, 1943	118

Chapter 3	3.21	Quack, man, 1943	119
	3.22	Quack, Woman, 1943	119
	3.23	A great Evil, 1944	125
	3.24	Every citizen, 1944	126
	3.25	Overprint, 1944	126
	3.26	Whole Nation, 1944	127
	3.27	Shadow on happiness, Henrion, 1944	128
	3.28	Shadow on Health, Henrion, 1944	128
	3.29	Shadow on future, Henrion, 1944	129
	3.30	Mother, Henrion, 1944	129
	3.31	Couple, Henrion, 1944	130
	3.32	Mother, 1946	131
	3.33	Man, 1946	131
	3.34	Woman, 1946	131
	3.35	Baby, 1945	131
	3.36	MOI exhibition 1944.	133
Chapter 4	4.1	Air Mail, Games, 1935	140
	4.2	ATS, Games, 1941	141
	4.3	Finsbury, Games, 1943	142
	4.4	Malaria, Games, 1941	143
	4.5	Feet, Games, 1941	143
	4.6	Guard Against VD, Games 1941	144
	4.7	General symbol/ 'Games Hand', Games, 1949	147
	4.8	Baby, Games, 1949	149
	4.9	Man, Games, 1951.	151
	4.10	Woman, Games, 1951	152
	4.11	Salvage, Games, c.1941	154
	4.12	Homebreakers, Ministry of Health, 1952	158
	4.13	If a man or woman, Ministry of Health, 1952	159

Chapter 4	4.14	Syphilis and Gonorrhoea, Ministry of Health, 1953	161
	4.15	Infection can last for years, Ministry of Health, 1953	162
	4.16	VD01, Ministry of Health, 1959	164
Chapter 5	5.1	VD01, Ministry of Health, 1959 (repeat of Fig 4.16)	174
	5.2	VD02, Ministry of Health, 1962	176
	5.3	Don't take the risk, CCHE, 1962	178
	5.4	VD03, Ministry of Health, 1964	182
	5.5	VD don't risk it, CCHE, C.1968	189
Chapter 6	6.1	Pregnant Man, HEC, 1969	201
	6.2	Scrub, HEC, 1970	202
	6.3	Anything once, HEC, C.1969/70	202
	6.4	Measles misery, HEC, c.1969/70	202
	6.5	Your first cigarette, HEC, 1970	203
	6.6	The Fly, HEC, c.1970	203
	6.7	How to tell, HEC, 1970	204
	6.8	VD doesn't always, HEC, 1970	205
	6.9	How to catch, HEC, 1970	206
	6.11	Sorrow, Hammersmith, c.1966-69	208
	6.12	Modern Woman, Hammersmith, c.1966-69	209
	6.13	Health Happiness, Hammersmith, c.1966-69	209
	6.14	VD don't take the risk, Hammersmith, 1966	210
	6.15	VD Why Take the Risk, Hammersmith, 1971	212
	6.16	'X in Sex', Hammersmith, 1971	213
	6.17	She didn't know, Hammersmith, 1971	213
	6.18	Infections of the heart, Cheshire, 1972	218
	6.19	The love bug, Cheshire, 1972	218
	6.20	The love game, Cheshire, 1972	218
	6.21	The first time, SHEU, 1970	222

Chapter 6	6.22	Christmas, CGP, 1972	225
	6.23	Sex life, CGP, 1972	225
	6.24	Blind, CGP, 1972	226
	6.25	Door, CGP, 1972	227
	6.26	Toilet wall, CGP, 1972	228
	6.27	Plane CGP, 1972	229
	6.28	Thoughts, Project Icarus, 1973	231
	6.29	Toilet seat, Project Icarus, 1973	232
	6.30	Seventy Million, Project Icarus, 1973	233
	6.31	Here today, Project Icarus, 1973	233
	6.32	Family, Project Icarus, 1973	234
	6.33	Sandra Croft, Project Icarus, 1973	235
Chapter 7	7.1	Unicorn, <i>Evening Mail</i> , 29 th March 1980	239
	7.2	Regent's Park Clinic, <i>Gay Times</i> , November 1985	246
	7.3	Regents Park Clinic February 1986.	247
	7.4	Worried, <i>Gay Times</i> , March 1987, p.104	248
	7.5	Onslow, <i>Gay Times</i> , May 1987, p.105	249
	7.6 a b c	Three clinic adverts, <i>Gay Times</i> , August 1987, p.101	249
	7.7	Front cover of <i>GEM</i> issue 1	252
	7.8	Safer sex cartoons in <i>GEM</i> , (September 1983) p.6	252
	7.9	We've got a real problem, Harvey Milk democratic Club, in <i>GEM</i> , Oct 1983, p.7	253
	7.10	NAH, AIDS and Women leaflet, 1985	254
	7.11	THT, worried, <i>Gay Times</i> , (July 1985) p.2	255
	7.12	HTLV-III, THT in <i>Gay Times</i> , (Feb 1986), p.53	255
	7.13	Hanky Code, GMFA	256
	7.14	THT adopt safer sex, <i>Gay Times</i> , (September 1986), p.107	257
	7.15	THT Safer sex roadshow, <i>Gay Times</i> , November 1986, p.10	257
	7.16	NAH guide for Gay Men, February 1986	258

Chapter 7	7.17	Play Safe, Vancouver, 1986	259
	7.18a b c	DAA, <i>Mail on Sunday</i> , 16 th March 1986	261
	7.19	What kind of people, <i>The Observer</i> , 21 st September 1986, p.5	264
	7.20	DAA, Rock and Roll, 1986	265
	7.21	DAA, Special person 1986	266
	7.22	DAA, Cause 1986	266
	7.23	Don't die of ignorance slogan in DAA campaign, November 1986.	269
	7.24	Billboards c.1987	269
	7.25	DDI, Monolith', 1987	270
	7.26	DDI, Iceberg, (cinema version), 1987	272
	7.27	DDI, Iceberg, (Television version), 1987	273
	7.28	Davis Wilkins 'Tap', <i>Marketing</i> , 1987	275
	7.29	DW 'Band Aid', 1987	276
	7.30	DW 'Arsenal', 1987	276
	7.31	DW 'Trident', 1987	276
	7.32	Clever dick, SSC&B Lintas, 1987	278
	7.33	First AIDS, <i>Marketing</i> 27th (February 1987), p.3	280
	7.34	Clever dick, SSC&B in <i>Diverse Reports</i> , 1987	281
	7.35	5 second warning, DDI, 1987	281
	7.36	For whose benefit, DDI, 1987	281
Chapter 8	8.1	Foolproof, Durex, 1985	287
	8.2a b	I enjoy sex, lifestyles; I'll do a lot for love, Lifestyles	289
	8.3	Red stripe, <i>Gay Times</i> , July 1986, p.107	290
	8.4 a b c	Durex 1987	293
	8.5a b c d	Mates, Chemist, Restaurant, Carol, Regret 1987/88	296
	8.6a b c d	Mates Chemist and restaurant branded and unbranded	297
	8.7a b c d e	TBWA Draft: Names, Triangle, Next year, How old, Lucky	301

Chapter 8	8.8	Two eyes, BMP/HEA, 1989	306
	8.9	Saskia part-one, BMP/HEA, 1989	307
	8.10	Saskia Part-two, BMP/HEA, 1989	307
	8.11	Don't Forget BMP/HEA, C.1990-1996	308
	8.12	Is yours up to it? BMP/HEA, 1992	308
	8.13	Say you want to use a condom, BMP/HEA c.1990	309
	8.14	How far, BMP/HEA, c.1994	309
	8.15	Sex hasn't changed much BMP/HEA, 1992	310
	8.16	Mrs Dawson, 1990	311
	8.17	Mr Brewster, 1992	311
	8.18 a b	Testimonies John, 1990	312
	8.19	Hands, 1990	314
	8.20	Torsos, BMP/HEA, C.1994	314
	8.21	THT, <i>You Know it Makes Sense</i>, 1986	316
	8.22	Hopping Pecker, THT, c.1991	317
	8.23 a b	The Big Bang Theory, THT, c.1995	317
	8.24	Condoms United Colors of Benetton, 1991	318
	8.25	AIDS–David Kirby, United Colors of Benetton, 1992	319
	8.26	Pullover, ACT-UP London, 1992	320
	8.27a b c	HIV positive Benetton, 1993, arm, bottom, groin	321
	8.28	Faces, Benetton, 1993	322
	8.29	Ric Munoz, Just Do It, Nike, 1995	322
	8.30	HIV Positive, Nike, 1995	323

Abbreviations

ASA	Advertising Standards Authority	GRID	Gay-Related Immune Deficiency
AIDS	Acquired Immune Deficiency Syndrome	HEA	Health Education Authority
BMP	Boase Massimi Pollitt	HEC	Health Education Council
BMA	British Medical Association	HIV	Human Immunodeficiency Virus
BMJ	British Medical Journal	MOH	Medical Officer of Health
CCHE	Central Council for Health Education	NCCVD	National Council for the Control of Venereal Disease
CMO	Chief Medical Officer	NAH	Nottingham AIDS Helpline
CGP	Coote, George, and Partners	RCVD	Royal Commission on Venereal Diseases
CCAD	Coventry College of Art and Design	SHEU	Scotland's Health Education Unit
DW	Davis Wilkins	SPVD	Society for the Prevention of Venereal Disease
DHSS	Department of Health and Social Security	SAC	Student Advisory Centre
D&AD	Design and Art Direction awards	TBWA	Tragos Bonnage Wiesendanger Ajroldi
DAA	Don't Aid AIDS	THT	Terrence Higgins Trust
DDI	Don't Die of Ignorance	TAMSH	The Association for Moral and Social Hygiene
FADD	From a Doctor's Diary	VD	Venereal Disease
GEM	Gay East Midlands	WW	Wicked Willie

Introduction

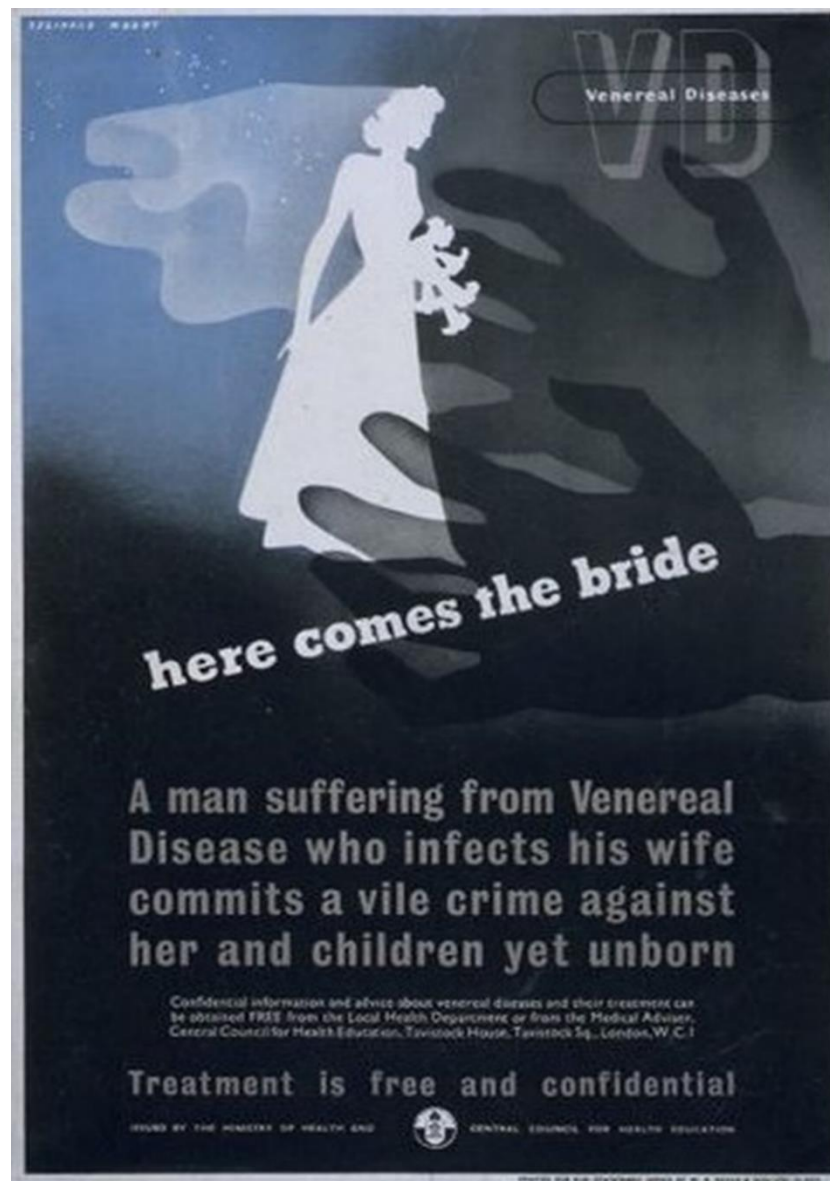


Fig Intro.1 Here comes the bride, Reginald Mount, Ministry of Health and CCHE, 1943

In 1943 the Ministry of Health and Central Council of Health Education collaborated to launch a new sexual health advertising poster: 'Here comes the bride', designed by noted British graphic artist, Reginald Mount. As seen in Fig Intro.1, the poster combined striking copy and imagery which presented several signs and codes that could be interpreted by the audience. The central silhouette, a bride with flowing veil and white dress, held clear connotations of purity, innocence, and virginity. This was juxtaposed with an equally arresting representation of threat: two dark-coloured, grasping shadowy hands, suggesting danger, fear, and surreptitious behaviour, and positioned as if to grab the bride. The hands exemplify what I shall call the *infected subject*, an unknown but sinister and threatening figure

which I shall argue was a characteristic motif of such advertisements. Mount was just one of many designers, agencies, institutions, and connected organisations who mobilised the infected subject as a central communicative device in sexual health messaging. The accompanying copy suggested a straightforward reading of the pictorial content: ‘A man suffering from Venereal Disease who infects his wife commits a vile crime against her and children yet unborn’. But the image also contains subtler signs and codes: the bride’s traditional bouquet is positioned as if to emerge from the lower torso, where the womb is situated; the flowers are white lilies, which – in addition to their signification of freshness, chastity, and virtue – were also commonly used at funerals in Britain. Thus, less explicitly, the poster warned of the dangers of sexually transmitted disease, including potential death of an unborn child.

This poster, from a set of three issued in 1943, illustrates the fact that the graphic designer (in this case Mount) worked in conjunction with major national institutions (here, the Ministry of Health and the Central Council for Health Education [CCHE]), as active participants in a wider network associated with sexual health advertising. Further, we shall see that sexual health advertising that this network produced both reflected and reshaped cultural and national discourses of contagion around sexual health.

This thesis will argue that sexual health advertisements in twentieth-century Britain were not simply the work of single creative actors but resulted from complex interactions of various members of a shifting network of stakeholders.¹ Its core themes are the membership of this network of stakeholders, their influential actions, and the consequences of the resulting advertisements for public discourse.

Thesis central argument

This thesis is framed around eight distinct periods between 1913 and 1996 and puts forward a three-part central argument. First, that a dynamic network of stakeholders impacted on sexual health advertising between 1913-1996. Second, that power relations and seats of influence within this network shifted in ways which had significant consequences for the development of sexual health advertising. Third, that the stakeholder network was heavily influenced by wider socio-cultural factors around sexual health and,

¹ The concept of a “network of stakeholders” has been used in management theory, most notably by Rowley 1997, but with a rather different intention from that of this thesis. Rowley’s concept represents a central firm interacting with a network of its stakeholders (a two-way process), whereas my “stakeholders” comprise those who influence the content of advertisements (a one-way process); Timothy J. Rowley, ‘Moving beyond Dyadic Ties: A Network Theory of Stakeholder Influences’, *The Academy of Management Review*, Vol.22, No.4 (October 1997), p.887-910.

through the medium of sexual health advertising, served to reshape and remake the social resonances of sexual health.

The source base includes manuscripts such as internal Ministry of Health documents; letters to, from and between various stakeholders; government reports and surveys; articles within medical journals such as the *BMJ*; articles from the advertising trade journals *Campaign* and *Marketing*; and various local and national newspaper reports. These sources help to uncover the interactions between various stakeholders in sexual health advertising; to illuminate various power dynamics between them; and to indicate their impact on the design, production, and reception of British sexual health advertising.

Further, the thesis analyses a representative selection of sexual health pictorial sources—posters/billboards, newspaper advertisements, leaflets and flyers, films, and television advertisements—using methods broadly informed by semiotic and structuralist approaches such as those of Roland Barthes and John Berger.² From the vast number of sexual health advertisements of the period, a selection process was made, designed to be representative of the various periods, particularly with respect to images.

Questions

At the heart of the thesis is the question: what influenced the major changes in sexual health advertising seen in twentieth-century Britain? This leads to several others: How and why did sexual health advertising campaigns develop in the way they did? What kinds of signs and codes were used in sexual health advertisements? Which of these signs and codes (if any) persisted over time? How were these signs and codes deployed? Who deployed them? And, for which specific audiences were various advertisements developed? Throughout, this thesis seeks to understand and explain why particular historical moments saw the rise of new forms of sexual health imagery and language, as well as the persistence of earlier themes.

Periodisation

The research period (1913-1996) has been divided into eight sub-periods, and within these sub-periods certain episodes for British sexual health advertising have been chosen for investigation. The periodisation was undertaken using the study's guiding questions set out above.

² Roland Barthes (trans. S Heath), *Image, Music, Text*, (London: Fontana, 1977); John Berger, *Ways of seeing*, (London: Penguin, 1972; reprint 2008).

The research period commences with a brief prelude of sexual health advertising prior to 1913, before examining The Royal Commission on Venereal Diseases (RCVD) and its findings. This was chosen as the starting point of the study due to the significant impact these findings had on British sexual health advertising throughout the twentieth-century. The study period finishes in 1996 for two reasons. Firstly, this marked the time when highly active antiretroviral therapy (HAART) changed the status of AIDS in Britain—from a terminal disease to a chronic condition. Secondly, the rise in popularity of the internet provided a new platform for sexual health advertising.³ Therefore, sexual health advertising post-1996 marked a significant divergence from sexual health advertising within the study period.

The research period was further sub-divided through the events that impacted sexual health advertising, with each sub-division covered by a thesis chapter. Chapter 1 (1913-1919) was chosen to conclude at the point the NCCVD had become the monopoly holder in legal centrally produced sexual health advertising. Chapter 2 (1919-1939) begins with this monopoly being challenged through the prophylaxis debate and concludes as WWII broke-out. Chapter 3 (1939-1948) commences at the start of WWII, a period that saw propaganda provide a new platform to deliver sexual health advertising and concludes when the 'Games Hand' was devised. The periodisation of chapter 4 (1949-1959) is self-explanatory, the period covered the development of the 'Games Hand' series of sexual health advertising. Chapter 5 (1959-1969) commences at the point the 'Games Hand' was being replaced and concludes with the creation of the HEC. Chapter 6 (1970-1979) follows the HEC's initial moves and the new wave of sexual health advertising that followed, concluding at a time when commercial stakeholders began to grow in strength within the network of stakeholders. Chapter 7 (1979-1987) commences with the bid from Unicorn sexual health clinic to gain dispensation from the 1917 VD Act to advertise. The commercial aims of private sexual health clinics were assisted by a new disease—AIDS. The initial sexual health advertising reaction to AIDS is depicted in the remainder of this chapter, concluding with the advertising industry putting forward alternative suggestions to the government's big budget 'Don't Die of Ignorance' campaign in the beginning of 1987. It has previously been noted that 1987 was a significant time for AIDS policy in Britain.⁴ Understandably, this was also a significant time for sexual health advertising, therefore,

³ Annie Turner, 'Taking it all in IT's stride', *Times*, (23rd October 1996), p.34.

⁴ For example: Virginia Berridge, *AIDS in the UK: The Making of Policy, 1981-1994*, (Oxford: Oxford University Press, 1996); Matt Cook, 'Archives of Feeling?: The Aids Crisis in Britain 1987', in *History Workshop Journal*, (Oxford: Oxford University Press, 2017), p.51-78.

chapter 8 also covers 1987. This makes for a chapter a little more episodic in layout than the previous chapters—although a chronological order is in the main retained. The periodisation for chapter 8 is based on the rising involvement of commercial enterprises, the creation of the Health Education Authority, and the commissioning of a new advertising agency—all of which shifted the tone of sexual health advertising. The chapter ends in 1996 for the reasons stated above.

Sexual health advertising

Sexual health advertising is the term used throughout this thesis for the central research object. This is an analyst's category, not an actors' category. It has been used because (a) the corresponding actors' categories were changing and contested throughout the period (so that no single such category can be regarded as representative), and (b) although not always ideal, it fits the research object better than any of the many alternatives available, because it captures the aim of advertising—to elicit a behaviour change in the target audience.

Defining the research object

The research object has two main characteristics: [1] it attempts to improve sexual health; and [2] it attempts to elicit behaviour change. Throughout the studied period there has been a strong link between sexual health advertising and sexual health education. The lines between the two terms have often been blurred and overlapped, with actors at times using the terms (or derivatives of them) interchangeably. However, the two areas also possessed characteristics that were distinct from one another—not all sexual health advertising was educational, and not all attempts to educate could be described as advertising.

The primary objective in sexual health advertising throughout the period considered has been to elicit behaviour change in an audience. Although this can also be true of some sexual health educational materials (hence the blurred lines), the primary objective of educational materials did not always seek to elicit behaviour change in the audience, as for example in outputs designed to disseminate knowledge to health professionals or within schools. These outputs may have also had a secondary objective of eliciting behaviour change, but this was not a primary role. Therefore, some outputs described by actors at the time as educational have been included within the research for this study, whilst others have not. In particular, advertising was guided throughout the period by the AIDA Model (Attention, Interest, Desire, Action - the desired sequence of

audience responses), introduced in 1898 by Ellas St Elmo Lewis, which had no application in education.⁵

Acquiring and selecting sources

The process of acquiring the appropriate sources for this study began through a recognition of key events and turning points for sexual health advertising in the twentieth-century. These events were identified in two ways. Firstly, through engagement with secondary literature. For example, the works of Towers, and Tomkins indicated that the inter-war period might be a fruitful timeframe in which to uncover more on the content of sexual health advertisements during what has been referred to as ‘the prophylaxis debate’.⁶ The next stage was to conduct archival research which provided a further way that events important to sexual health advertising were identified. In addition to corroborating key events mentioned within secondary literature, the primary archival sources revealed additional key events for sexual health advertising. This allowed for a greater understanding of the key events that the periodisation followed.

Initially the archival sources secured during the research were made up from what could be described as more traditional sources, such as letters, reports, and minutes. In addition to using these sources to support the periodisation within this thesis, they also provided the evidence required to reconstruct the genesis for particular sexual health advertisements. The investigation of the genesis for particular sexual health advertisements helped reveal the involvement of various stakeholders in sexual health advertising. Further analysis of the actions and interactions of these stakeholders led to the conception (put forward by this thesis) of a network of stakeholders in sexual health advertising.

In addition to the sources described above, this thesis makes use of the content within sexual health advertisements. The historical sexual health advertisements used as sources involved a selection process aimed to establish which advertisements were most suitable for investigation and analysis within the thesis. The selection process was informed by the periodisation established. However, the number of sexual health advertisements that this research was able to uncover varied significantly between the different periods. Some

⁵ Mark Tadajewski, ‘Correspondence sales education in the early twentieth century: The case of The Sheldon School (1902–39)’, *Business History*, vol.53.7 (2011), p.1130-1151; Albert Halter, and Annette Haxton, ‘Paul Dermée and the Poster in France in the 1920s: Jean d’Ylen as’ Maître de l’Affiche Moderne”, *Journal of Design History*, (1992), p.39-51.

⁶ Bridget A Towers, ‘Health Education Policy 1916–1926: Venereal Disease and the Prophylaxis Dilemma’, *Medical History*, vol.24, (1980), p.70–87; Sandra M Tomkins, ‘Palmitate or Permanganate: The Venereal Prophylaxis Debate in Britain, 1916–1926’, *Medical History*, vol.37, (1993), p.382–398.

periods were sparse in sexual health advertising content—such as the Games Hand period (Chapter 4). Therefore, in the periods that content was sparse all the sexual health advertising outputs that were secured were able to be used and analysed. Conversely, in some periods the availability of examples of sexual health advertising was abundant. In these periods (such as the AIDS periods in chapters 7 and 8) a selection process was required to keep the number of sexual health advertisements manageable—without losing their usefulness and relevance as a research object. This process involved two stages. First, many different sexual health advertisements were examined from the period. This led to similarities and trends within the content to be identified. Once identified, advertisements that were representative of those wider trends in sexual health advertising were selected for further analysis. These advertisements were subjectively chosen as those that best represented the trend in question. The second element of the selection process involved the genesis of the advertisements. Both the content and the genesis of sexual health advertisements are used within this thesis. Therefore, corroborating evidence through additional archival sources for both these elements was a boundary that was required for particular advertisements to be selected as research objects for deeper analysis.

Audiences

In addition to questions about the construction of advertisements, this thesis also addresses the question of how advertisements might have been interpreted by their audiences.

Throughout the thesis the term ‘**audience**’ is used when referring to those that viewed or interacted with advertisements, and as the group or individuals that were identified by designers as potential targets of sexual health advertisements. Again, the various meanings that can be attributed to the term ‘audience’ mean that this term is not always a perfect fit for this role. For example, audience has a close association with collective attendance for a performance. However, as Jordanova points out ‘audience is a convenient umbrella term to convey the idea of being in the presence of something, which is the focus of attention **and likely to elicit some response** [my emphasis], whether individual or collective.’⁷ The term audience is of particular relevance in this study for two reasons. [1] As Jordanova commented ‘the precise meanings of ‘audience’ are context dependent, being shaped by forms of production, the political environment, physical settings, types of technology, taste, fashion and social characteristics, such as income and status’.⁸ This is relevant as this study

⁷ Ludmilla J Jordanova, *The Look of the Past: Visual and Material Evidence in Historical Practice*, (Cambridge: Cambridge University Press, 2012), p.158.

⁸ Ibid.

attends to environments both political and social, as well as physical locations of display. [2] Advertising is a medium that requires careful thought by the composers and designers regarding to whom their advertisements may be targeted and although the eventual audience may be different to the intended audience, target audiences played a central role in the creation process for all advertisements—sexual health advertising was no exception. Of course, as the work of Roland Barthes shows, the author of the work does not control the meaning of the work, a position supported within this thesis through the analysis of sexual health advertisements.⁹ The term ‘audience’ provides a useful umbrella term for this study to refer to the potential group of people that the design process targeted with their advertising messages. So, although not perfect, the term ‘audience’ will be used throughout the thesis as it is the best fit for the purpose required.

Pictorial sources

This study makes use of the pictorial elements of sexual health advertising as a valuable historical source. Advertising had a recognised link with pictorial methods of communication and although it is acknowledged that some forms of advertising methods communicated their message without the use of pictures (such as the narrative construction of copy), the use of pictures was extensively used within sexual health advertising throughout the study period. Therefore, this thesis will make use of both pictorial elements and text. Sexual health advertising in this thesis is analysed through methods broadly informed by semiotic and structuralist approaches such as those of Roland Barthes and John Berger. This illuminates many of the different codes and signs within these sexual health advertisements and thus available to the audiences for interpretation.

Of course, it is impossible to know the exact thoughts and interpretations of those that viewed or created sexual health advertisements. Further, these reactions would no doubt have been diverse, as Jordanova noted:

When analysing any given artefact, a single historian must be mindful that reactions to that artefact will be diverse. Historians must knowingly school their responses to cultivate as high levels of awareness as possible, even so they cannot speak for all viewers.¹⁰

However, utilising the semiotic and structuralist approaches of scholars (such as those of Roland Barthes and John Berger), it is possible to look for some of the signs and codes that were available to be read by audiences. This of course does not tell us the exact

⁹ Barthes, (1977), p.142-148.

¹⁰ Jordanova, (2012), p.162.

way that each individual viewed and interpreted the advertisements, but it does allow illumination of differing possibilities for interpretation that they provided. The potential interpretations of signs and codes within sexual health advertisements are not put forward by this thesis to represent a 'true' meaning, or to suggest that this is how any particular individual would have thought about and interacted with the advertisements. Instead, the analysis illuminates some of the ways that interpretations of advertisement content built into the cultural discourse of contagion around sexual health. This is an important area to consider as sexual health advertising provided many representations of sexual health infection and disease. Thus, sexual health advertising helped guide cultural and national discourses of sexual contagion, infections, and different sexual behaviours.

Methodology of analysing sexual health advertisements as sources

The analysis of sexual health advertisements within this thesis has been broadly informed by semiotic and structuralist approaches to analysing imagery as put forward by academics such as Roland Barthes and John Berger.

Roland Barthes was heavily influenced by the structuralist approaches to analysing language proposed by Ferdinand de Saussure, who argued for a two-part understanding of language, a sign and a signified. However, for Saussure the relationship between the sign and the signified was metaphysically arbitrary. For example, the word cat has an utterly arbitrary relation to the animal itself. Saussure also argued that the relationship between the sign and the signified was socially determined through historical use.¹¹ So, for instance the historical and repeated use of a word such as cat, caused the arbitrary word to be understood to represent something different than that of similar words such as rat, or hat. This process also allowed for a differentiation between similar but not identical things, such as the words jaguar, and tiger. Therefore, for Saussure meaning within language was brought about through an understanding of the codes that are required to link the arbitrary sign with the thing it signified. Barthes argued that images could be analysed in a similar way¹² and argued against the notion 'that the image is an extremely rudimentary system in

¹¹ Ferdinand De Saussure (trans. W, Baskin), (Ed.) Perry Meisel & Haun Saussy, *Course in general linguistics*, (New York: Columbia University Press, 2011), p.67-68. This work of Saussure was first published in 1916 and first translated into English by Baskin in 1959.

¹² Roland Barthes (trans. A Lavers and C Smith), *Elements of Semiology*, (London: Jonathan Cape, 1967), p.11.

comparison with language', and against 'those that think signification cannot exhaust the image's ineffable richness'.¹³

To demonstrate his argument Barthes submitted an image to an 'analysis of the messages it may contain'.¹⁴ The image he chose was a Panzani pasta advertisement taken from a French magazine (Fig Intro.2). He argued that the image contained three types of messages, the linguistic, the denoted, and the connoted.



Fig Intro.2 Panzani pasta advertisement, analysed by Barthes.

The linguistic message was made up from the writing within the advertisement—the strapline at the bottom and the words on the labels. Barthes argued that the code required to understand the linguistic messages was simply a knowledge of the French language. However, Barthes further argued that the linguistic message of the word Panzani was not only the name of the brand but also provided the audience with an 'additional signified' that he described as 'Italianicity'.¹⁵ A second type of message within the advertisement was arguably much more straightforward, the denoted image. Barthes argued to read these

¹³ Roland Barthes (trans. S Heath), 'Rhetoric of the image', in *Image, Music, Text*, (London: Fontana, 1977), p.32.

¹⁴ *Ibid*, p.33.

¹⁵ *Ibid*.

types of messages ‘all that is needed is the knowledge bound up with our perception’. For example, the photograph of a tomato simply represented a tomato.¹⁶ The final type of message within the advertisement was the connoted message and this required a much deeper analysis of the image. Barthes pointed to several examples of this type of image (although he acknowledged that there could be more within the advertisement). The first of these messages was that the scene represented a return from the market. Barthes argued that this in turn represented two values: [1] the freshness of the products; and [2] the domestic preparation for which the goods are destined.¹⁷ The second connoted sign Barthes pointed to was use of colour within the advertisement which brought together the tricoloured hues of the Italian flag; thus, the image subtly provided another sign for Italy. A third connoted sign was the idea of ‘total culinary service’ presented through the ‘serried collection of different objects’. Barthes suggested that the inclusion of fresh goods such as tomato, garlic, and mushroom within the collection imparted the message that the canned and wrapped products of Panzani were indeed as natural as the fresh goods.¹⁸

What Barthes showed was how a careful analysis of an image could reveal different signs, linguistic, denoted, and connoted. Further, that these signs could be interpreted by an audience through knowledge of the codes required to decipher them. Barthes’ work informed the analytical work undertaken with this thesis of sexual health advertisements. A demonstration of this analytical work was provided in the opening paragraph of this introduction section. In that example Reginald Mount’s ‘here comes the bride’ (Fig intro.1) was examined. The analysis revealed many of the signs within that sexual health advertisement that Barthes work suggested would be available.

John Berger’s work has also been considered for the analytical process within this research. Berger argues that seeing establishes our place in the world, as ‘seeing comes before words’, he explained that a ‘child looks and recognises before it can speak’.¹⁹ Berger used the importance of seeing to argue that images (such as those within advertising) impart more to a viewer than might first be obvious. One of the influencing factors of how an image is interpreted is the context and framing that an image is placed within. The gold frames that oil paintings were presented within added to the experience of the viewer and also indicated to the viewer the value of the painting. For Berger ‘the meaning of an image

¹⁶ Ibid, p.36.

¹⁷ Ibid. p34.

¹⁸ Ibid

¹⁹ Berger, (1972), p.1.

is changed according to what one sees immediately beside it or what comes immediately after it'.²⁰ Another example of context and framing was advertising images within glossy magazines that were often juxtaposed with contradictory images from articles. The example provided by Berger was the harrowing image of Pakistani refugees placed next to an advertisement for luxury bath products.²¹ This presented images to the audience in stark contrast to the emotions the advertisements were trying to impart.

With Berger's work in mind the analysis of the sexual health advertisements within this research considered the historical context in which these advertisements were presented. For example, the signs for patriotism and national wellbeing within the sexual health advertisements in WWII (such as Fig 3.26—chapter 3). It is of little doubt that these signs would have been more prominent during this historical context. Similarly, the locations in which the advertisements were displayed was also considered. An audience member looking at a sexual health advertisement within the comfort of their own home (for example, through a newspaper advertisement) would no doubt have had a different experience to the same person hastily glancing a sexual health advertisement placed on the walls of a public lavatory. In doing this the temporality and the context of viewing sexual health advertisements was considered within the analysis throughout.

Concepts introduced or expanded in this thesis.

The Infected Subject

One example of how sexual health advertising specifically influenced discourses of contagion was through the use of *The Infected Subject*—a motif with a key role in many sexual health advertisements. This thesis puts forward the concept of an 'infected subject' motif in sexual health advertising and argues that this motif played a central and persisting role in disseminating notions of infection and disease. This thesis conceptualises the infected subject as a visual device that was used within sexual health advertisements to indicate to an audience potential sources for (or consequences of) infection and disease. It will be demonstrated that the infected subject was inflected in different ways across the study period.

The infected subject was often used as a threat contained within sexual health advertising. This threat was either explicit—such as a person that showed obvious signs of sexual infection, or it was implicit—such as imagery that depicted a non-threatening scenario

²⁰ Ibid, p.29.

²¹ Ibid. p.152.

or person, and implied that anything that does not conform to behaviour had the potential to be an infected subject. Furthermore, depictions of the infected subject across the studied period were complex as they covered a range of identities (such as individual, groups, genders, and sexualities).

Network of stakeholders in sexual health advertising

Networks of policy have been discussed previously in the history of public health, most notably in a collection of essays by various historians from the London School of Hygiene and Tropical Medicine, edited by Virginia Berridge.²² This thesis aims to develop this work by extending the idea to look at the network of stakeholders that have impacted on sexual health advertising throughout different stages of the twentieth-century.

This research for this thesis conceptualised a network of stakeholders in sexual health advertising by first examining historical actors that had an active involvement in the construction of sexual health advertisements. Once identified these actors were categorised into groups of stakeholders with common features, which allowed the stakeholders to be placed into parent groups. Four of these parent groups were identified and defined as **policy-makers**: actors such as government officials, civil servants, and local authorities; **volunteers/activists**: actors such as NCCVD, gay activists, and sexual health charities; **the advertising industry**: actors such as advertising agencies, copywriters, and graphic designers; and **commercial enterprises**: actors such as prophylaxis manufactures and vendors, and private sexual health clinics.

Conditions for sexual health advertising

Another key concept in this thesis is the conditions that the network of stakeholders worked within. Across the period studied interactions and activities of the network of stakeholders were influenced by multiple socio-economic events that changed the context in which sexual health advertising was developed. Amongst these particularly prominent were changes to conditions such as **laws; policies; institutions; platforms; budgets; perceived behavioural trends; and new sexual health diseases/treatments**.

It will be seen that these conditions impacted on sexual health advertisements. Some changes to the conditions for sexual health advertising were outside of the control of the network; others were influenced by stakeholders themselves.

²² Virginia Berridge (ed.), *Making Health Policy: Networks in Research and Policy after 1945*, (Amsterdam: Rodopi, 2005).

Historiography

The historical engagement with sex, sexuality and sexual health is vast—although the degree of engagement with sexual health *advertising* varies within these works. For instance, Dorothy Porter’s overview of public health history in Britain, USA, and Continental Europe touched upon VD, but did not mention sexual health advertising, whereas Lesley Hall, Roy Porter and Anne Hanley have referred to various campaigns such as that for Salvarsan (Paul Ehrlich’s 1910 treatment for syphilis).²³ In these studies, sexual health advertisements were often only visited in brief—such as a concise commentary about the moral aspects of the advertisements. It has been rare for the content of sexual health advertisements to be described in detail, and even more scarce for any in-depth analysis of that content to have taken place.

One area of historical investigation where sexual health advertising has received significant attention is eighteenth and nineteenth century ‘quack’ medicine.²⁴ This is of interest to this thesis as it commences when sexual health advertisements of this type were being specifically targeted through legislation. Despite the interest in earlier quack sexual health advertisements, twentieth-century sexual health advertising histories remain uncommon—although there are some notable exceptions.

20th century sexual health advertising histories

Historians’ discussions of twentieth-century sexual health advertising have largely focused on the actions of actors and have said very little about advertising content. For example, Lucy Bland’s investigation of an early twentieth-century VD campaign discussed the input of the feminist movement, the medical pressure placed on the government, and the ‘medico-moral’ strategy for VD prevention.²⁵

²³ Dorothy Porter, *Health, civilization and the state: a history of public health from ancient to modern times*, (London: Routledge, 1998); Lesley A Hall, *Sex, Gender and Social Change in Britain since 1880*, (London: Macmillan Press, 2000); Roy Porter, and Lesley A. Hall, *The Facts of Life: The Creation of Sexual Knowledge in Britain, 1650-1950*, (New Haven: Yale University Press, 1995); Anne R Hanley, *Medicine, Knowledge and Venereal Diseases in England, 1886-1916*, (Cham, Switzerland: Springer International Publishing, 2017), p.78-81.

²⁴ See for example: Francis Doherty, ‘The Anodyne Necklace: A Quack Remedy and Its Promotion,’ *Medical History*, 34, (1990), p.268–93; Roy Porter, *Health for Sale: Quackery in England 1660-1850*, (Manchester: Manchester University Press, 1989); and Alan Mackintosh, *The Patent Medicines Industry in Georgian England: constructing the market by the potency of print*, (Cham, Switzerland: Springer International, 2017).

²⁵ Lucy Bland, ‘“Cleansing the portals of life”: the venereal disease campaign in the early twentieth century’, in (ed) Mary Langan & Bill Schwarz, *Crises in the British State 1880-1930*, (London: Hutchinson and Co.,1985), p.206.

Towers and Tomkins have examined the complexities and power struggles during the interwar prophylaxis debate;²⁶ and Adrian Bingham has explored both the role of the British popular press in the WWII VD campaign, and the audience response to that campaign. In a subsequent book Bingham discussed some of the debates over the wording of advertisements, but this focus on content is unusual.²⁷

Arguably the work of Cooter and Stein has focused most directly on the content of twentieth-century sexual health advertising. These authors demonstrated how AIDS posters could be utilised as sources and considered the images of AIDS in terms of their function. They suggested a new discursive regime of power centred on the human body and its visualization, and how images of AIDS came to be understood in Western culture in relation to wider political and economic conditions.²⁸ They had previously touched upon some of these issues when they discussed the development of visual materials as sources for the historian of medicine.²⁹ The Cooter and Stein works illuminate two important areas for this study: [1] The notion that the imagery within sexual health advertising can help build discourses, and [2] the argument that visual sources ‘did not speak for themselves’ and therefore further investigation is required.³⁰

Due to the limited number of historical studies directly centred on twentieth-century sexual health advertising the remainder of this historiographical overview concerns work where historians engaged with sexual health advertising as part of studies that had another main focus. This has been split into studies of sexual health policy, sex education, contraception, and sexual health advertising within histories of AIDS.

In addition to the historiography of sexual health advertising the method of using advertisements as sources is considered. This brings up two additional strands of historiography that are relevant for this thesis. First the use of visual representations within health promotions, and secondly, the role and make-up of the audience.

²⁶ Towers, (1980), p.70–87; Tomkins, (1993), p.382–398.

²⁷ Adrian Bingham, 'The British Popular Press and Venereal Disease During the Second World War', *The Historical Journal*, 48. 4, (2005), p.1055-76; Adrian Bingham, *Family Newspapers?: Sex, Private Life, and the British Popular Press 1918-1978*, (Oxford: Oxford University Press, 2009).

²⁸ Roger Cooter, and Claudia Stein, 'Positioning the Image of Aids', *Endeavour*, 34. 1 (2010), p.12-15. The same authors also considered the ‘afterlife’ of AIDS posters as material objects in Claudia Stein, and Roger Cooter, 'Visual Objects and Universal Meanings: Aids Posters and the Politics of Globalisation and History', *Medical History*, 55. 1 (2011), p.85-108.

²⁹ Roger Cooter and Claudia Stein, 'Coming in to Focus: Posters, Power and Visual Culture in the History of Medicine', *Medizinhistorisches Journal*, 42 (2007), p.180–209.

³⁰ Ibid. p183.

Sexual health social and policy histories.

Historical studies on social and policy contexts of sexual health have offered some engagement with sexual health advertising. For example, Evans touched upon the NCCVD's role as the state's preferred provider of VD messaging when he explored the Local Government Board's role in the creation of the VD treatment centres—the NCCVD's role in sexual health advertising is investigated in chapters 1 and 2 of this thesis.³¹

Davidson included engagement with sexual health advertising within his review of policies for sexual health in twentieth-century Scotland, showing that posters contrasted ignorance and disease with knowledge and health.³² Further, Davidson argued that these sexual health advertisements reinforced prevailing double standards of sexual morality. Although he alluded to this in his work Davidson stopped short of exploring the ways that the depictions of morality built into public discourses of contagion, infection, and sexual disease.³³

Allan Brandt provided a twentieth-century history of VD in the USA in which he highlighted cultural anxieties over sexuality, contagion, and contamination.³⁴ Brandt used sexual health advertising posters to support his claims. Cooter and Stein critiqued the way Brandt utilised the posters 'to provide unmediated access to the historical narrative', arguing that he had failed to engage with the content of the posters.³⁵ Despite this Brandt's work does provide a useful social history of sexual health within an American setting, showing the value in performing such a review for the UK. Further, the Cooter and Stein critique shows how this type of review would be strengthened through engagement with sexual health advertisements as sources in themselves.

Histories of sex education

Since the lines between sex education and sexual health advertising are often blurred, it is understandable histories of sex education sometimes contain elements pertaining to sexual

³¹ David Evans, "Tackling the 'Hideous Scourge': The Creation of the Venereal Disease Treatment Centres in Early Twentieth-Century Britain", *Social History of Medicine*, Volume 5, Issue 3, (December 1992), p.413–433.

³² Roger Davidson, *Dangerous Liaisons: A Social History of Venereal Disease in Twentieth-Century Scotland*, (Amsterdam: Rodopi, 2000), p.145.

³³ Ibid. p.148.

³⁴ Allan M Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States since 1880*, (Oxford: Oxford Paperbacks, 1987).

³⁵ Cooter and Stein (2007) p.185-186.

health advertising.³⁶ Again, these studies often use sexual health advertising merely to support positions put forward on social and policy contexts, omitting to engage any further with the content of the advertisements.³⁷ One notable exception is Hannah J Elizabeth's 2020 analysis of British AIDS education material for adolescents, which investigated the content of a sexual education leaflet titled 'Love Carefully: Use a condom'. Elizabeth argued that the leaflet utilised tactics such as human emotions and authenticity to persuade teenagers to practise safer sex—as will be seen, these techniques were also commonly used within sexual health advertising.³⁸ Elizabeth used the leaflet as a source to demonstrate how representations of AIDS and adolescence were presented, providing an example of how representations contributed to discourses of contagion and sexual health in society.³⁹

Histories of contraception

'Love carefully' was a collaboration between the charity Brook and the Family Planning Association, who were perhaps better known for their contraceptive advice.

Unsurprisingly, histories of contraception, particularly those featuring condoms, have included some discussion of sexual health advertising. For instance, Borge's 2020 business history of the London Rubber Company, discussed Durex's advertising response to the AIDS crisis—a response that we will see was criticised at the time.⁴⁰ Jobling considered sexual health advertising content and showed an alternative approach to the analysis of condom advertisements in his psychoanalytic investigation.⁴¹ Finally, Claire Jones's work

³⁶ For wider UK health education histories see: Max Blythe, *A History of the Central Council for Health Education, 1927-1968*, (Oxford: Oxford University, 1987); and Ian Sutherland, *Health Education-Half a Policy: The Rise and Fall of the Health Education Council*, (Cambridge: National Extension Trust Limited, 1987).

³⁷ For example: Jeffrey Weeks, *Sex, Politics and Society: The Regulation of Sexuality since 1800*, 4th edition (London: Routledge, 2018); Lesley A Hall, 'In Ignorance and in Knowledge: Reflections on the History of Sex Education in Britain', in Lutz Sauerteig and Roger Davidson, (ed.), *Shaping Sexual Knowledge: A Cultural History of Sex Education in Twentieth Century Europe*, (New York: Routledge, 2008).

³⁸ Hannah J Elizabeth, 'Love Carefully and Without 'Over-bearing Fears': The Persuasive Power of Authenticity in Late 1980s British AIDS Education Material for Adolescents', *Social History of Medicine* (2020).

³⁹ See also, Hannah Elizabeth Kershaw, '[Re]Inventing Childhood in the Age of Aids: The Representation of HIV Positive Identities to Children and Adolescents in Britain, 1983-1997' (University of Manchester, 2017); and Hannah J Elizabeth, 'Private Things Affect Other People?: Grange Hill's Critique of British Sex Education Policy in the Age of AIDS', *Twentieth Century British History* 32.2 (June 2021), p.261-284.

⁴⁰ Jessica Borge, *Protective Practices: A History of the London Rubber Company and the Condom Business*, (Montreal: McGill-Queen's University Press, 2020).

⁴¹ Paul Jobling, 'Keeping Mrs Dawson Busy: Safe Sex, Gender, and Pleasure in Condom Advertising since 1970', in (eds. Mica Nava, Et al.), *Buy this book: studies in advertising and consumption* (London: Routledge, 1997), p.157-77.

on the history of commerce and contraceptives investigated non-traditional methods of advertising, such as chemist displays.⁴² All these studies on contraception histories have provided useful insight into the commercial relationship between condom manufacturers and retailers, and sexual health—an angle that becomes a focus for this study in chapter 8.

Sexual health advertising in the histories of HIV and AIDS

Sexual health histories of HIV and AIDS have received significant attention from academics, some of which have discussed the role of sexual health advertising. The sexual health historiography of HIV and AIDS can be broadly split into three stages. Firstly, historians wrote about other contagious disease outbreaks to illuminate parallels with AIDS.⁴³ By the late 1980s and early 1990s a second stage—contemporary histories that were written as the crisis was still unfolding.⁴⁴ Finally, from around 2000, historians began to revisit AIDS histories.

Sexual health advertising was scarce in the first historical engagements with AIDS, but it did appear within the second phase that began in 1989.⁴⁵ Jeffery Weeks wrote a history of AIDS using contemporary sources from the media such as popular newspapers in the UK and the USA, concluding that these newspapers had contributed to the discourse of AIDS as a ‘gay plague’.⁴⁶ In 1991 Virginia Berridge and Phillip Strong wrote a contemporary history that argued that UK AIDS policy developed through three distinct phases—‘from below’, ‘wartime emergency’ and ‘normalisation’.⁴⁷ As we will see in this thesis the ‘from below’ phase of policy was closely mirrored in the sexual health advertising response to AIDS.

⁴² Claire L Jones, *The business of birth control. Contraception and commerce in Britain before the sexual revolution*, (Manchester: Manchester University Press, 2020); Claire L Jones, ‘Under the Covers? Commerce, Contraceptives and Consumers in England and Wales’, 1880–1960, *Social History of Medicine*, Volume 29, Issue 4, (November 2016), p.734–756.

⁴³ For example, Roy Porter, ‘History Says No to the Policeman’s Response to Aids’, *BMJ* (Clinical research ed.), vol.293, (1986), p.1589-90; Allan M Brandt, ‘AIDS in Historical Perspective: Four Lessons from the History of Sexually Transmitted Diseases’, *American Journal of Public Health*, vol.78. 4 (1988), p.367-371; Elizabeth Fee, and Daniel M Fox (ed.), *Aids: The Burdens of History*, (Berkeley: University of California Press, 1988); Virginia Berridge and Phillip Strong, ‘AIDS and the Relevance of History’, *Social History of Medicine*, Vol 4, (April 1991), p.129–138.

⁴⁴ Virginia Berridge and Philip Strong, ‘Aids in the UK: Contemporary History and the Study of Policy’, *Twentieth Century British History*, Vol. 2.2, (1991), p.150-74.

⁴⁵ Elizabeth Fee and Daniel M. Fox, ‘The Contemporary Historiography of Aids’, *Journal of Social History*, vol. 23. 2 (1989), p.303-14.

⁴⁶ Jeffrey Weeks, ‘Aids, Altruism, and the New Right’, in Carter Erica, and Watney Simon (eds), *Taking Liberties: AIDS and Cultural Politics*, (London: Serpents Tail, 1989), p.127-32.

⁴⁷ Berridge and Strong (1991).

Other contemporary histories were significant for their sexual health advertising angle, notably Schramm-Evans' history of gay activist and charity group the Terrence Higgins Trust (THT), and Fee and Fox's edited collection of essays.⁴⁸ 'The Virus and its Publics' section of the Fee and Fox collection looked at the construction of AIDS through representations and included an essay written by Cook and Colby. Their analysis of nightly USA news broadcasts showed that the media had played 'a critical role in the public perception of the epidemic' highlighting the role media had in contributing to discourse on sexual health.⁴⁹

In 1996, Berridge wrote a key text for anyone wishing to understand AIDS policy in the UK. She expanded on the policy stages she had written about with Strong, by proposing a fourth period of policy development which she termed 'the re-politicisation of AIDS'.⁵⁰ Also within this comprehensive book on AIDS policy Berridge discussed sexual health advertisements—she provided details of campaigns and categorised them through the audiences they had targeted.⁵¹ Berridge provided an overview of the content of some of these advertisements, although the use of these sexual health advertising campaigns was in regard to their place within overall AIDS policies in the UK and no significant analysis was performed on the content and representations within these advertisements.

The third phase in the historiography of HIV and AIDS arguably began around the start of the twenty-first-century. By this time new historical work could build on the significant number of previous studies and reflect shifts in the disease. In 2002 Berridge wrote about the influence that the voluntary sector had on AIDS policy, noting that AIDS showed significant advances in patient input and health voluntarism.⁵² As we will see volunteers/activists played a central role in sexual health advertising.

⁴⁸ Zoe Schramm-Evans, 'Responses to AIDS' in Peter Aggleton, Peter Davies, and Graham Hart (eds), *AIDS: Individual, Cultural and Policy Dimensions*, (Basingstoke: The Falmer Press, 1990), p.221-232; Elizabeth Fee, Daniel M Fox, (ed.), *AIDS: The Making of Chronic Disease*, (Berkeley: University of California Press, 1992).

⁴⁹ Timothy Cook and David Colby, 'The Mass-mediated Epidemic: The Politics of AIDS on the Nightly Network News', in Fee & Fox, (1992), p.84-123. For more notable contemporary histories of AIDS written at this time see Virginia Berridge and Philip Strong (ed.), *Aids and Contemporary History*, (Cambridge: Cambridge University Press, 1993).

⁵⁰ Berridge, (1996).

⁵¹ For example: Table 3, Ibid, p.196.

⁵² Virginia Berridge, 'AIDS and the rise of the patient? Activist organisation and HIV/AIDS in the UK in the 1980s and 1990s', *Medizin, Gesellschaft, und Geschichte*, vol.21, (2002), p.109-123. For more on volunteer's role in health see Alex Mold and Virginia Berridge, *Voluntary action and illegal drugs: Health and society in Britain since the 1960s*, (London: Palgrave Macmillan, 2010).

Other twenty-first-century histories of AIDS in the UK have engaged with aspects of sexual health advertising, such as Matt Cook's work investigating the emotions surrounding AIDS, how they related to political policies and press headlines, and how AIDS impacted on attitudes towards the homosexual community.⁵³ Finally, in common with the way that the majority of historical writing has dealt with sexual health advertising, David France's history of the USA activist group ACT UP discussed some of the campaigning tactics but had very little direct discussion of the content within sexual health advertisements.⁵⁴

Visual representations within health promotion

Academics have investigated the role that visual representations have had in building discourse on sexual health—as seen within the work of Elizabeth.⁵⁵ Film historian Annette Kuhn is another scholar that has examined these representations in her study that examined the gender portrayals within VD propaganda films.⁵⁶ The use of film created a new platform for sexual health advertisers and is a key focus within chapter 2.

An increased use of the media within the field of public health during the twentieth-century has been noted.⁵⁷ This phenomenon went hand-in-hand with the emergence of evidence-based medicine within public health and an increased use of advertising techniques, in order to focus on the role of individual risks to health, and elicit behaviour change (away from potentially harmful activities).⁵⁸ Berridge and Loughlin noted this trend within their investigations into anti-smoking campaigns between the 1950s and 1970s, and Mold has also noted this within a study of public health exhibitions.⁵⁹

If we expand beyond sexual health, it is possible to see studies that have illuminated various ways the somewhat underutilised source of advertising has been fruitful for the

⁵³ Cook, (2017); and Matt Cook, 'AIDS, Mass Observation, and the Fate of the Permissive Turn', *Journal of the History of Sexuality*, vol.26. 2 (2017), p.239-72.

⁵⁴ David France, *How to survive a plague: The story of how activists and scientists tamed AIDS*, (London: Pan Macmillan, 2016).

⁵⁵ Elizabeth, *Love carefully*, (2020).

⁵⁶ Annette Kuhn, *The power of the image: essays on representation and sexuality*, (Boston: Routledge & Kegan Paul, 1985).

⁵⁷ Virginia Berridge, *Marketing health: smoking and the discourse of public health in Britain, 1945-2000*, (Oxford: Oxford University Press, 2007).

⁵⁸ Virginia Berridge, 'Medicine and the public: the 1962 report of the Royal College of Physicians and the new public health', *Bulletin of the history of medicine*, vol.81,1 (2007), p.286-311.

⁵⁹ Virginia Berridge and Kelly Loughlin, 'Smoking and the New Health Education in Britain 1950s–1970s', *American Journal of Public Health*, vol.95. 6 (2005), p.956-64; Alex Mold, 'Exhibiting Good Health: Public Health Exhibitions in London, 1948–71', *Medical History*, vol.62, (2018), p.1–26.

historian. For example, in 1989 Jordanova analysed the scientific and medical representations of gender in advertising amongst other media.⁶⁰ Jane Hand also used representations of health within public health campaigns to reveal gendered roles within representations of the healthy body.⁶¹ Discussion of how gendered roles were depicted in these advertisements is useful to this thesis as many sexual health advertisements contained representations of gender that linked it to sexual health and infection.

The imagery within advertising has been used to show the social impact of representations. For example, Stark and Stones used the representation of germs to suggest that ‘images of germs made visible social anxieties surrounding health, race, class, and national security in ways not yet recognised’.⁶² Stark also used representations within advertisements for anti-aging products, demonstrating how they helped shape discourse.⁶³ These works support the claim that national discourses were built through depictions within sexual health advertising.

Mold and Elizabeth’s study of the HEC’s Superman vs Nick O’Teen advertisements—a 1980s anti-smoking campaign aimed at children—showed the important role of various actors during the construction of health advertising materials. The study found that construction of the devious smoking enthusiast ‘Nick O’Teen’ was derived through the input of the HEC, their commissioned advertising agency (Saatchi and Saatchi), and also through contributions from a focus group of children.⁶⁴ These various actors made similar contributions to those the network of stakeholders made in sexual health advertising.

Role of the audience

Historians have investigated commercial involvement with health advertisements. This appears within the aforementioned studies on quack medicine and the recent work of historians such as Jane Hand, who used the imagery within Flora margarine advertisements

⁶⁰ Ludmilla J Jordanova, *Sexual visions: Images of gender in science and medicine between the eighteenth and twentieth centuries*, (Wisconsin: University of Wisconsin Press, 1989).

⁶¹ Jane Hand, "Look After Yourself". In (ed) Mark Jackson, and Martin D Moore, *Balancing the self: Medicine, politics and the regulation of health in the twentieth century*, (Manchester: Manchester University Press, 2020).

⁶² James F Stark, and Catherine Stones, ‘Constructing representations of germs in the twentieth century’, *Cultural and Social History*, (2019), p.1.

⁶³ James F Stark, *The Cult of Youth: Anti-Ageing in Modern Britain*, (Cambridge: Cambridge University Press, 2020).

⁶⁴ Alex Mold and Hannah Elizabeth, ‘Superman vs. Nick O’Teen: anti-smoking campaigns and children in 1980s Britain’, *Palgrave Communications*, vol.5, 116, (2019).

to show how chronic disease prevention was deployed as a selling tool.⁶⁵ Within the construction of commercial advertising the targeted audience is considered, and this was no different for health advertising.

It has been argued that from the 1960s those constructing health advertising placed a greater emphasis on the perceived public that those campaigns targeted, due to a rising use of epidemiology when considering health conditions which emphasised individuals' behaviour as a cause of disease.⁶⁶ Mold has argued that public health campaigns faced not a single imagined public, but multiple publics, and that these were often in conflict with one another.⁶⁷ Mold used a 1970s HEC alcohol awareness campaign in the north east of England to show how the imagery used within those advertisements made an appeal to the audiences emotions—an area investigated with regard to sexual health advertising within this thesis.

Another concept to emerge from the work on public health promotions is the notion of the patient as a consumer. Although it could be argued that the medical marketplace that existed prior to the NHS formation in 1948 provided opportunities for patients to exercise their consumer choices, it was not until the latter half of the twentieth-century that the notion of a patient-consumer took hold.⁶⁸ Mold has pointed to the shifting meaning of the 'patient-consumer', from patient groups' role in constructing this notion through to political epochs that provided managers to implement consumer choice for the patient by proxy.⁶⁹ This notion and what is understood by historians about it is important to this thesis because defining a patient through their ability to consume had obvious connections with advertising as a medium for communication to those audiences. Further, the importance of the audience's ability to be an effective consumer has already been shown to have played a role in the construction of some health campaigns.⁷⁰

⁶⁵ Jane Hand, 'Marketing health education: advertising margarine and visualising health in Britain from 1964–c.2000', *Contemporary British History*, vol.31:4, (2017), p.477-500.

⁶⁶ Berridge and Loughlin (2005); and Alex Mold, "Everybody Likes a Drink. Nobody Likes a Drunk?. Alcohol, Health Education and the Public in 1970s', *Britain, Social History of Medicine*, Volume 30, Issue 3, (August 2017), p.612–636.

⁶⁷ Mold, (2017) p.612–636; for more on imagined publics see: Alex Mold., Peder Clark., Gareth Millward., Daisy Payling, 'Imagining Publics', in *Placing the Public in Public Health in Post-War Britain, 1948–2012. Medicine and Biomedical Sciences in Modern History*, (Cham: Palgrave Pivot, 2019).

⁶⁸ Alex Mold, 'Patient Groups and the Construction of the Patient-Consumer in Britain: An Historical Overview', *Journal of social policy*, 39 (4), (2010), p.505-521.

⁶⁹ Ibid.

⁷⁰ Shown through an anti-drug misuse campaign in Alex Mold, 'Just say know: Drug education and its publics in 1980s Britain', *International Journal of Drug Policy*, vol.88 (2021), p.103029.

Inflection back to academic work

Thus far, histories of twentieth-century sexual health advertising have considered specific and limited periods. A full length systematic historical review of twentieth-century sexual health advertising in Britain has hitherto not been conducted. Although they undoubtedly have many strengths, one of the limitations of shorter reviews is that it becomes more difficult to notice phenomena that have had a longer association with the field than might at first be assumed. One such phenomenon is the advertising industry's connection with sexual health advertising, already established by 1918 when the NCCVD used a professional advertising company.⁷¹ Through a full length systematic historical study placing British sexual health advertising at its centre this thesis aims to contribute to the understanding of the formulation, delivery, techniques, and influences behind British sexual health advertising across the twentieth-century.

The recent works that have engaged with advertising as a source have contributed to a rising trend in the field of history of health.⁷² Historians have increasingly made use of advertising as a source to highlight areas within studies that might perhaps otherwise remain underdeveloped. This thesis aims to build on the work of these scholars by applying many principles surrounding pictorial imagery to the subject of sexual health advertising. This approach also illuminates historical shifts in the techniques of advertising for sexual health—another area that has been under-investigated by historians.

Although the use of sexual health advertising by historians up to date has not been without some benefit. It is argued here that restricting the ways in which sexual health advertising has been used has hindered its usefulness as a research object. Failure to engage with sexual health advertising through a close reading of content has resulted in historians failing to unlock the full potential of this important research object.

This thesis aims to answer a call for historical focus to be placed on specialist health promotion.⁷³ In doing so it uses sexual health advertising as the central focus, to illuminate the actions of various actors that influenced its outputs. By placing sexual health

⁷¹ 'Benson Ltd', *Times*, (18th December 1918), p.4.

⁷² Other examples include Hannah J Elizabeth, Gareth Millward, Alex Mold, 'Injections-While You-Dance': Press Advertisement and Poster Promotion of the Polio Vaccine to British Publics, 1956–1962', *Cultural and Social History*, (2019); Katrina-Louise Moseley, 'From Beveridge Britain to Birds Eye Britain: shaping knowledge about 'healthy eating' in the mid-to-late twentieth-century', *Contemporary British History*, (2021).

⁷³ Peter Duncan, 'Failing to Professionalise, Struggling to Specialise: The Rise and Fall of Health Promotion as a Putative Specialism in England, 1980–2000', *Medical History*, vol.57. 3 (2013), p.377-96.

advertisements as the central research object this thesis hopes to provide insight, not only into the advertisements and their construction, but also into the cultural and national discourses that shaped the visual and commercial lives of infection in twentieth-century Britain.

Chapter outlines

Chapter 1: (1913 to 1919) The emergence of state-run sexual health advertising

Chapter 1 begins with a prelude of sexual health advertising prior to 1913, before the Royal Commission on Venereal Diseases (RCVD) was established. It then examines the contribution to this commission from actors within the network of stakeholders, and the RCVD final recommendations—including the 1917 Venereal Disease Act. The chapter concludes with the British Government’s delegation of sexual health advertising to the NCCVD. This chapter highlights the actions of members of the network of stakeholders, a shift in the power dynamic of the network, and a change in the conditions of sexual health advertising.

Chapter 2: (1919-1939) The prophylaxis debate and the emergence of film

Chapter 2 commences with the prophylaxis debate—a debate between stakeholders about the content of sexual health advertising. The chapter then discusses the rise of a new platform for sexual health advertising: film (an arena that extended to the publicity material surrounding films). Finally, the chapter examines administration and funding changes to sexual health advertising that led to another shift in the power dynamic within the network of stakeholders. In addition to the power dynamic, chapter 2 also highlights changes in conditions for sexual health advertising, and the complex ways actors within the network interacted.

Chapter 3: (1939 to 1948) World War II and the rise of the graphic designer

Chapter 3 investigates WWII propaganda and the British government’s first national sexual health advertising campaign. These provided new platforms for graphic designers to showcase their sexual health advertising work to mass audiences. Analysing sexual health advertising reveals an increased utilisation of the infected subject—used to deliver signs and codes to the audience. The chapter illuminates a further shift in the power dynamic of the network of stakeholders, and some of the ways sexual health advertising contributed to discourses of disease, contagion, and infection.

Chapter 4: (1949 to 1959) The life and death of the ‘Games Hand’

Chapter 4 examines the influences stakeholders had on British sexual health advertising through a case study of the ‘Games Hand’—a VD motif designed by Abram Games. The period also saw the salience of sexual health advertising reduce amongst the active groups of stakeholders, which resulted in a period of depression for sexual health advertising in Britain. The chapter demonstrates further shifts in the power dynamic within the network of stakeholders and the impact of budget reductions had to the conditions that sexual health advertising emerged from.

Chapter 5: (1959-1969) Sexual health advertising emerged from depression

Chapter 5 commences with increasingly heightened discussions between stakeholders which began to raise the levels of salience of sexual health advertising. This led to a search for new initiatives to tackle perceived ‘problem’ sections of society. The chapter investigates new initiatives used to engage with the youth of society, focusing on a specific example—a Birmingham school poster competition—which highlights the controversy that often-met new campaigns of this nature. All of this was set against the backdrop of a new institution—the Health Education Council (HEC) – which fundamentally reshaped the form and scope of sexual health advertising.

Chapter 6: (1970-1979) A new wave of sexual health advertising

Chapter 6 begins with a legal issue that had the potential to hinder the HEC’s sexual health advertising endeavours. Once resolved, a new wave of sexual health advertisements emerged—many produced by local authorities. These were often controversial (for example, the Hammersmith and Cheshire campaigns) and not always accepted by the public. The chapter closes by investigating sexual health advertising designed by a group of volunteers that also had some commercial interests. The Icarus Project example highlights the fluidity between stakeholder groups, and how the commercial enterprises group had a peripheral involvement within the network of stakeholders.

Chapter 7:(1980-1987) A new sexual health threat

Chapter 7 commences with increased involvement of commercial enterprises in sexual health advertising using Unicorn private health clinic’s bid to advertise their sexual health services—revealing a process that was more subtle and complex than one might assume. The chapter then investigates the initial sexual health advertising reaction to AIDS, showing how volunteers/activist stakeholders led the way. Following this, policy-makers became involved with their campaigns ‘Don’t Aid AIDS’ and ‘Don’t Die of Ignorance’. Finally, the chapter discusses the considerable sway the advertising industry had over sexual

health advertising at this time—including discussions held inside the industry on the most effective advertising approaches to AIDS.

Chapter 8: (1987-1996) The move away from fear in sexual health advertising

Chapter 8 begins with the condom marketplace's reaction to AIDS—including Mates' attempt to compete with market-leader Durex. Both brands utilised television and sexual health to promote their commercial aims. The chapter then investigates a change of style in the policy-makers led campaigns—facilitated by the creation of the Health Education Authority, and a switch of advertising agency. Finally, the chapter shows that knowledge of HIV and AIDS had created a universal cultural reference, and how some commercial enterprises (with no sexual health connection) used this to expand their commercial reach.

Thesis contributions

All eight chapters support the overall thesis argument. Firstly, each chapter will show that a network of stakeholders impacted on sexual health advertising. Secondly, throughout the thesis it will be shown that the power relations and seats of influence within this network shifted. Each of the chapters also shows how the network of stakeholders was heavily influenced by wider socio-cultural factors and changes around sexual health. Finally, it will be shown throughout the chapters that sexual health advertising provided many signs and codes for the audience to interpret—including depictions of the infected subject— and how these interpretations contributed to discourses that impacted on the social resonances of sexual health.

Chapter 1: (1913 to 1919)

The emergence of state-run sexual health advertising

Introduction

On the 11th August 1913 Prime Minister Herbert Henry Asquith announced to the House of Commons that the British Government had agreed to set up a Royal Commission on Venereal Diseases (RCVD).⁷⁴ This was the first of several key events for sexual health advertising between 1913 and 1919, whose influence on sexual health advertising will be investigated in this chapter. Three key claims will be made: that members of the network of stakeholders influenced a change of law governing sexual health advertising; that a change in the power dynamic of the network of stakeholders led to the distancing of the commercial enterprise stakeholder group; and that the creation of free VD clinics opened up a new focus for sexual health advertising.

The chapter begins with an outline of sexual health advertising before the 1913 Commission—exploring who was advertising, where advertisements were placed, and their content—so that these earlier sexual health advertisements can serve as a comparator for those from 1913 onwards. In addition, the section will summarise the origin and implementation of the Indecent Advertisements Act (1889), which restricted both the styles of sexual health advertising and its locations for the next several decades.

The chapter's central theme is the Royal Commission on Venereal Diseases—its origins, constitution, and especially its impact. The RCVD's influential *Final Report*, which reflected the influence of many different stakeholders, included a series of important new recommendations, which led to three government responses. First, the Local Government Board set up a nationwide network of free to access VD clinics, which provided a new central focus for sexual health advertising. Second, the 1917 Venereal Disease Act outlawed the advertising of cures and treatments for VD by anyone other than registered practising medical professionals. This law separated the commercial enterprises stakeholder group from the network of stakeholders in sexual health advertising. Third, the British government began to delegate sexual health advertising to the volunteer/activist stakeholder group—specifically the National Council for the Control of Venereal Disease (NCCVD). The NCCVD became responsible for the country's sexual health advertising,

⁷⁴ 'The Revenue Bill', *Times*, (12th August 1913), p.9.

though, the State still maintained overall control, ensuring that funding was awarded only to those who followed the government's position of moral instruction.

Sexual health advertising prior to 1913

In order to fully understand the changes brought about to British sexual health advertising by the episodes described in this thesis it is important to provide some background prior to this period. The aim of the first section of this chapter is to provide a contextual base.

19th century

Medical advertising in the nineteenth century was produced in considerable amounts and appeared regularly within the pages of local newspapers.⁷⁵ Sexual health advertising at that time was evident in several forms such as handbills, posters, and also within the local newspapers. This followed the trend of advertising in general, as this expanded in number throughout the nineteenth century.⁷⁶ This trend was expanded further mid-century when prohibitive tax regimes were abandoned. The removal of advertising duty in 1853 and newspaper stamp duty in 1855 led to a 'tremendous expansion of the press' which coincided 'with a vast increase in advertising'.⁷⁷ Sexual health advertising in newspapers increased along with this general trend, were sometimes prominent, with advertisements on front pages.⁷⁸ The advertisers themselves regularly demonstrated discretion in their choice of language used within the advertisements. When advertisers did choose to use direct terms such as 'venereal', these words were placed within a body of text, or within a long list, so as to not be as obvious to the casual audience—as can be seen in the advertisement for Holloway's pills published in 1875 (Fig 1.1).⁷⁹

In addition to the term venereal, other medical names for sexually transmitted diseases such as syphilis and gonorrhoea were also used sparingly by advertisers. Instead, subtle ways were adopted by the advertisers to communicate the sexual health properties of their medicines to the audience.

⁷⁵ Hannah Barker, 'Medical Advertising and Trust in Late Georgian England', *Urban History*, vol.36. 3 (2009), p.379-98, Table 1.

⁷⁶ Terence R Nevett, *Advertising in Britain: A History* (London: Heinemann, 1982), p.25.

⁷⁷ Ibid p.67.

⁷⁸ Ibid p.35.

⁷⁹ The green highlight was not in the original advertisement. It was added to guide reader of this thesis to the word venereal within this densely worded advertisement. 'Holloway's pills', *Lancaster Gazette*, (8th May 1875), p.7.

HOLLOWAY'S PILLS.

For all Diseases affecting the Stomach, Liver, Kidneys, and Bowels.

These Pills can be confidently recommended as the most simple and certain remedy for all diseases affecting the stomach, liver, and bowels. They do not distress the system, or weaken the frame, but thoroughly invigorate the digestive organs, gently excite the stomach and liver, stimulate the kidneys to perform their functions efficiently, and act upon the bowels without griping or any other annoyance.

Diseases peculiar to Women.

There is no medicine equal to Holloway's Pills for correcting the ailments peculiar to females. Their very mild and painless action highly recommends them to every household, as they may be taken with safety for any irregularity of the system. Any mother, nurse, or young person, guided by the directions which accompany each box of Holloway's Pills, has at once available means for checking disease, purifying the blood, and expelling from the system all gross humours.

Weakness, Languor, and Debility.

These famous Pills will immediately remove all symptoms of debility, languor, and weakness, no matter the cause, as they quickly eject all impurities from the system, give tone and energy to debilitated constitutions, and brace and strengthen the nervous system in a most wonderful manner.

Biliousness, Loss of Appetite, and Lowness of Spirits.

The Pills effect a wonderful change in persons subject to bilious attack, as they create a healthy appetite, correct indigestion, remove excess of bile, and effectually cure jaundice, bilious remittents, and all the varieties of disease generated by an unhealthy condition of the liver.

The Kidneys—Their Derangement and Cure.

If these Pills be used according to the printed directions, and the Ointment rubbed over the region of the kidneys for at least half an hour at bed-time, as salt is forced into meat, it will penetrate the kidneys and correct any derangement. Should the affliction be stone or gravel, it is particularly recommended that the Ointment, in such cases, be used night and morning, as by its judicious application the most astounding cures may be performed.

Coughs, Colds, and Asthmas.

No medicine will cure coughs and colds, when of long duration, or settled on the chest; or even though they have assumed the first stage of asthma, so quickly as these Pills; they may be relied on as a certain and never-failing cure, particularly if the Ointment be well rubbed into the chest night and morning. The same treatment applies equally well for curing sore throats, diphtheria, bronchitis, and influenza.

*Holloway's Pills are the best remedy known in the world
for the following diseases:—*

Ague	Headache	Secondary Symp- toms
Asthma	Indigestion	Tic-Doloureux
Bilious Complaints	Liver Complaints	Ulcers
Blotches on the Skin	Lumbago	Veneral Affections
Bowel Complaints	Piles	Worms of all kinds
Debility	Rheumatism	Weakness from whatever cause, &c., &c.
Dropsy	Retention of Urine	
Female Irregu- larities	Scrofula, or King's Evil	
Fevers of all kinds	Sore Throats	
Gout	Stone and Gravel	

The Pills and Ointment are sold at Professor HOLLOWAY'S Establishment, 53t, Oxford Street, London; also by nearly every respectable Vendor of Medicine throughout the Civilised World, in Boxes and Pots, at 1s. 1½d., 2s. 9d., 4s. 6d., 11s., 22s., and 35s. each. The smallest Box of Pills contains four doses; and the smallest Pot of Ointment one ounce.

Full printed directions are affixed to each Box and Pot, and can be had in any language, even in Turkish, Arabic, Persian, or Chinese.

Fig. 1-1

Fig 1.1 Advertisement for Holloway's pills, 1875

Words and phrases that appeared within sexual health advertising broadly fell into three categories. [1] Phrases with vague meanings, that could be read to attribute a range of conditions such as, 'private cases', 'weakness decay of the system', 'self-acquired ailments';⁸⁰ [2] phrases that could be associated with less sensitive medical problems, such as 'skin

⁸⁰ 'Private cases', *The Sheffield and Rotherham Independent*, (3rd February 1855), p.1; 'Weakness decay of the system', *The Era*, (14th October 1855), p.2; 'Self-acquired ailments', *Bell's Life in London and Sporting Chronicle*, (4th December 1853), p8.

disorders’, and ‘skin diseases of all kinds’;⁸¹ and finally [3], colloquial names for the diseases that were common at the time, names such as ‘gleets’, ‘diseases of error’, and ‘secret diseases’.⁸² During the nineteenth century the range of names used to identify medicines as sexual health cures was extensive.⁸³ This vast range of different phrases used in sexual health advertisements during the nineteenth century points to two conclusions. Firstly, that advertisers demonstrated to their potential customers the discretion required in the subject of sexual health—this is particularly important as advertisements (with their aim to attract attention) were rarely discreet. Secondly, that advertisers were confident that their customers could decipher the codes and signs provided through the discreet wording within their advertisements. As we see will throughout this thesis, there was an importance in the codes and signs within sexual health advertising that centred on how an audience potentially interpreted them.

The Contagious Disease Acts of the 1860s

During the nineteenth century concern grew amongst influential individuals and groups over increased rates of VD. One way these concerns manifested themselves was through concern for the fitness of British troops to fight.⁸⁴ These concerns motivated legislative change that attempted to address the problems of VD. Arguably the most prominent, and academically studied, of these legislative changes were the Contagious Disease Acts of 1864, 1866, and 1869.⁸⁵ These Acts attempted to resolve the issues surrounding VD by allowing forced inspection and incarceration of women suspected of having the diseases. The law was at first restricted to certain geographical locations, such as ports, but later these locations were widened, and the length of time women could be held was also increased. Understandably, these laws attracted the opposition of the feminist movement. Pressure on the government mounted and before 1869 had ended ‘a formidable opposition

⁸¹ ‘Skin disorders’, *Bury and Norwich Post*, (1st January 1884), p.2; ‘Skin diseases of all kinds’, *Women’s Suffrage Journal*, (2nd June 1890), p8.

⁸² ‘Gleets’, *The Bucks Herald*, (22nd January 1848), p.2; ‘Diseases of error’, *The Preston Chronicle*, (26th April 1851), p.8; ‘Secret diseases’, *Leeds Times*, (19th January 1878), p2.

⁸³ Other phrases included: certain discharges; urethral discharges; derangements of the urinary organs; acquired or constitutional; complications of the urinary organs; confidential cases; folly in manhood; secret debility; impediments to marriage; solutions of Copaiba; the Spanish itch; Indian evil; Indian tetter; tetter of the privates; the French disease; the French dysphoria; weakness and debility of the generative system.

⁸⁴ Porter and Hall (1995) p.136.

⁸⁵ For example: Philippa Levine, *Prostitution, race and politics: policing venereal disease in the British Empire*. (London: Routledge, 2013 first published in 2003); and Lesley A Hall, ‘Venereal Diseases and Society in Britain, from the Contagious Disease Acts to the National Health Service’, In ed Roger Davidson, and Lesley A Hall, *Sex, Sin and Suffering*, (London: Routledge, 2001).

to the Acts had been raised and following a motion in the House of Commons for the repeal of the Acts, a Royal Commission was appointed in 1870 to inquire and report on their administration and operation'.⁸⁶ The commission found that the forced examination should cease. Further pressure was applied from several feminist groups and in 1886 the laws were repealed. Although the Contagious Disease Acts did not appear to directly impact on sexual health advertisements, the controversy surrounding them influenced stakeholder decisions in the field for many years after the laws themselves were repealed.

1889 The Indecent Advertisements Act

Despite the controversy of the Contagious Disease Acts, legislation was used once more in 1889 to address another concern regarding VD—sexual health advertising. The content and frequency of sexual health advertisements from so called 'quack' medics was a growing concern to some—with the medical profession particularly concerned about the ability of quacks to advertise. They led calls for the laws to be changed and on the 26th of July 1889 'An Act to suppress Indecent Advertisements' (short title the 1889 Indecent Advertisements Act) was passed. This change came about due to an alliance of two stakeholder groups. According to Hall, the hostility of the medical profession to 'advertising quacks' led to 'an alliance with the forces of social purity to pass an Indecent Advertisements Act in 1889'.⁸⁷

The Act directly impacted on sexual health advertising, within section 5 specifically:

Any advertisement relating to syphilis, gonorrhoea, nervous debility, or other complaint or infirmity arising from or relating to sexual intercourse, shall be deemed to be printed or written matter of an indecent nature...⁸⁸

The law covered those handing out advertisements in the street, and those that placed advertisements in locations such as hoardings, trees, or buildings. These locations were listed and were further expanded to 'any other thing whatsoever so as to be visible to a person being in or passing along any street, public highway, or footpath...'.⁸⁹ The punishment for breaking this new law was either a fine 'not exceeding forty shillings' or 'in the discretion of the court, to imprisonment for any term not exceeding one month'.⁹⁰

⁸⁶ Royal Commission on Venereal Diseases, *Final report of the commissioners*, 1916, (London: HSMO, 1916), Cmd. 8189, XVI, p.1. From now RCVD *Final Report* (1916).

⁸⁷ Hall (2000) p.31.

⁸⁸ *An Act to suppress Indecent Advertisements*, 52 and 52 Vic., c.18, section 5, (26th July 1889), NA/HO/302/31.

⁸⁹ Ibid.

⁹⁰ Ibid.

Hall has claimed that this Act was successful in removing sexual health advertisements from view as it ‘cleared the streets of quack advertisements’.⁹¹ There were several successful prosecutions under the new law, and this would no doubt have helped in removing commercial sexual health advertisements from the streets. One such example was the March 1890 prosecution of chemist Professor Price, who was reported to be sentenced to one month’s imprisonment with hard labour.⁹² Price was found guilty of employing a person to hand out bills advertising his expertise in certain diseases. The prosecution was brought about by a solicitor for the National Vigilance Association named McLachlan, and although Price was found guilty, McLachlan’s own behaviour in seeking a prosecution was criticised by the courts. McLachlan had first become aware of the issue when he was handed a printed leaflet as he passed Price’s shop. However, McLachlan was not sure that this was sufficient evidence to secure a conviction, therefore, he returned the following day with a police constable to interrogate Price. The stipendiary magistrate, when making their decision, likened McLachlan’s behaviour to the use of the rack and thumb screw to obtain admissions from suspects. Despite this the court believed sufficient evidence was present to convict Price —without the content of McLachlan’s cross-examination.⁹³ Price appealed the decision, but the sentence was upheld, and the Recorder stated that ‘he did not think it was one day too much’.⁹⁴

Although the Act primarily addressed hand bills and posters, the new law was tested by those that sought to prosecute all forms of advertising for sexually transmitted diseases. The National Vigilance Association was particularly keen to expand the new law as much as possible, by prosecuting individuals that they believed had transgressed. This eagerness can be seen in a case brought before the courts by McLachlan earlier in the same month as the Price case. This time chemist William George Duck was prosecuted under sections 3 and 5 of the law. McLachlan told the court he had seen a bottle in Duck’s shop window and purchased it. The bottle was labelled ‘Injection of Matico’ and the declaration on the label stated that the contents would ‘arrest the most inveterate discharges’.⁹⁵ The stipendiary (Mr T.W. Lewis) asked McLachlan ‘could you read this label from the street?—

⁹¹ Hall (2000) p.32.

⁹² ‘Provincial reports Cardiff, *The Chemist and Druggist*, (5th April 1890), p.463.

⁹³ ‘Indecent handbills at Cardiff, *Western Mail*, (29th March 1890), p.3.

⁹⁴ ‘Legal reports’, *The Chemist and Druggist*, (12th July 1890) p.45.

⁹⁵ ‘Important decision under the Indecent Advertisements Act’, *The Chemist and Druggist*, (15th March 1890), p.358.

Yes, sir—well, I must compliment you upon your eyesight, for I can scarcely read it here'.⁹⁶ The eagerness of McLachlan to ensure a conviction can be seen in his response to the question 'why did you get the assistant to bring the bottle outside?' McLachlan replied 'well, I had my doubt as to whether it was necessary to deliver the advertisement in the highway to make it an offence'.⁹⁷ The case was dismissed with Mr Lewis commenting that he had a grave doubt 'whether the label was an advertisement and whether it was indecent'.⁹⁸ This case highlights two important areas for sexual health advertising within this thesis. Firstly, again the bottle label highlights the need of the audience to understand the codes associated with sexual health. And secondly, what constituted an advertisement was contested. In the case of Duck, The National Vigilance Association argued that a shop window display was a form of advertising, whereas the courts dismissed this notion, casting doubt that a bottle in a shop window could be classified as a form of advertising.

Newspaper publishers also had to defend themselves against the 1889 law. In one case a copy of a newspaper containing sexual health advertising, that was purchased 'just outside the door' of the newspaper offices, was used as evidence.⁹⁹ However, after considering the matter, the magistrate declared that the 'facts stated did not show an offence with the Act'.¹⁰⁰ Although this particular prosecution was thrown out by the courts, the issue continued to be debated and in 1894 the Medical Defence Union proposed amendments to the Indecent Advertisements Act to incorporate newspapers. Although this amendment did not actually make it into law, therefore newspapers continued to print sexual health advertisements and the practice of using coded language to replace direct and familiar words continued to be prominent. This practice within newspaper advertisements was arguably even more evident, in the years following 1889.¹⁰¹

Medical and scientific events in the field of VD early 20th Century

The most obvious way that sexual health advertising could be positioned was in the advertising of successful treatments. The period immediately prior to the RCVD in 1913 was an eventful one in the field of VD treatments with several high profile 'medical breakthroughs' in the first dozen years of the twentieth century. First in 1905, an etiologic

⁹⁶ Ibid.

⁹⁷ Ibid.

⁹⁸ 'The National Vigilance Association at work in Cardiff', *Western Mail*, (13th March 1890), p.4.

⁹⁹ 'Law report', *Times*, (26th March 1890), p.3.

¹⁰⁰ Ibid.

¹⁰¹ Quote from *Truth* in 'The society papers', *Southampton Herald*, (15th September 1894), p.2.

agent for syphilis was proposed by Schaudinn and Hoffmann, who identified the organism *Spirochaete pallida* and argued that this caused syphilis.¹⁰² Then in 1906, August Von Wassermann and his team developed a procedure that they stated could reliably test for the *Treponema pallidum* antibody—and thus detect syphilis.¹⁰³ Also, in 1906 Elie Metchnikoff successfully showed that VD could be arrested with the use of calomel ointment.¹⁰⁴ Arguably the biggest of these medical discoveries occurred in 1910, when Paul Ehrlich declared that he had a new treatment for syphilis—he patented this medicine as Salvarsan. Following this, in 1912 Neo-salvarsan was introduced by Hideyo Noguchi.¹⁰⁵ This was claimed to have less side effects than Salvarsan.¹⁰⁶

It is reasonable to suggest that these high profile and significant medical developments in the field of VD during the first few years of the twentieth century contributed to a raised salience of sexual health in the minds of the stakeholders of sexual health advertising and this manifested in calls for a new Royal Commission on Venereal Disease.

The Royal Commission on Venereal Disease 1913-1916

By 1913 the subject of sexually transmitted diseases had not been tackled in any significant way by the government since the controversial, and ultimately overturned, Contagious Diseases Acts of the 1860s.¹⁰⁷ The start of the twentieth-century saw many different societies and organisations demand an official investigation into the subject. Organisations such as the Royal College of Surgeons had been calling for such a commission since 1900.¹⁰⁸ Other notable organisations such as the Congress of Medicine;¹⁰⁹ the Eugenics society;¹¹⁰ and the British Medical Association (BMA)¹¹¹, continued to echo that call

¹⁰² Jean Lindenmann, Siegel, Schaudinn, 'Fleck and the Etiology of Syphilis, Studies in History and Philosophy of Science Part C', *Studies in History and Philosophy of Biological and Biomedical Sciences*, vol.32, Issue 3, (2001), p.435-455.

¹⁰³ Simon Szreter, 'The Prevalence of Syphilis in England and Wales on the Eve of the Great War: Re-Visiting the Estimates of the Royal Commission on Venereal Diseases 1913–1916', *Social History of Medicine*, vol.27.3 (2014), p.510.

¹⁰⁴ Tomkins (1993) p.384.

¹⁰⁵ Hanley (2016).

¹⁰⁶ Tomkins (1993).

¹⁰⁷ Evans (1992).

¹⁰⁸ 'Royal College of Surgeons of England', *Times*, (9th November 1900), p.6.

¹⁰⁹ 'The Congress of Medicine', *Times*, (11th August 1913), p.3.

¹¹⁰ Evans (1992).

¹¹¹ Ibid.

throughout the first 13 years of the century. These repeated calls ensured that pressure mounted on the government to establish a Royal Commission on Venereal Diseases. In 1913 those calling for an enquiry increased this pressure through sustained and high-profile campaigning for government action on VD. One example of this can be seen in the writing of one of the country's leading venerology experts of the time, Sir Malcom Morris. Writing in *The Lancet*, Morris left readers in no doubt about his belief that a Royal Commission on the subject was overdue.¹¹² Morris highlighted the contradiction in the way that the state approached VD when compared with other health related problems:

It seems strange enough that while the state compels local authorities to build asylums for the insane, encourages them to make provisions for the segregation of cases of infectious fevers, enforces the notification of many infectious diseases, and laboriously builds up a vast system of public health legislation, it chooses to stand aside and permit a disease so highly contagious and so dire in its effects as syphilis to pursue its baleful course unchecked by the least attempt at legislative control.¹¹³

In order to argue the benefits of an in-depth investigation into the subject, Morris pointed to the way Australia had been tackling VD. In 1909, following evidence showing the extensive prevalence of VD in Melbourne, the Victoria Government had provided funds to enable a committee of medical practitioners to investigate the subject. Morris argued that this investigation in Victoria had greatly assisted the cause and had helped reduce infections in the area.¹¹⁴ He also noted that the action taken in Victoria created a local campaign to raise awareness of the issue, that other stakeholders had joined. Morris noted the cooperation of sections of the press in joining that campaign, '*The Melbourne Argus*, greatly to its credit, undertook that in future syphilis should be openly named in its columns instead of being cloaked with euphemisms'.¹¹⁵ Through his impassioned *Lancet* article Morris raised many of the issues that several stakeholders were concerned over, such as the prevalence of venereal infections, the lack of government action, and how discussions of VD were often hindered by the nature of the sensitive subject.

It has been suggested that by 1913 no significant government action had taken place on the subject of sexual health since the Contagious Diseases Acts.¹¹⁶ Although no direct

¹¹² Malcolm Morris, 'A plea for the appointment of a Royal Commission on Venereal Diseases', *The Lancet*, Vol.181, (28th June 1913), p.1817-1819.

¹¹³ Morris (1913).

¹¹⁴ Ibid.

¹¹⁵ Ibid.

¹¹⁶ Evans (1992).

significant action had taken place, it is worth noting that several government enquiries had found reason to comment on the subject of VD.

Enquiries such as those undertaken by the Advisory Board for Army Medical Services sub-committees on VD (1904 and 1906), which concluded that better results for VD infection rates would be obtained through improved diffusion of knowledge, and if ‘effective treatment for both sexes [was] under conditions to which no penal stigma is attached’.¹¹⁷ The Royal Commission on Poor Laws (1909) had also referenced VD, arguing that in certain circumstances an ‘Order for detention or continuous treatment should be obtainable’.¹¹⁸ The Royal Commission on Divorce (1912) also commented on the transmission of VD that ‘we can conceive no cause which more fully justifies an application for divorce than this class of cruelty’.¹¹⁹

Due to concerns more generally about the role of patent medicines, a Select Committee of the House of Commons on Patent Medicines was commissioned in 1912, chaired by Sir Henry Norman. This committee held various meetings across three parliamentary sessions, consisting of 33 public sittings, 42 witnesses, and over 14,000 questions.¹²⁰ By August 1914, they had concluded their work and found that the traffic in secret remedies constituted a grave and widespread public evil, and that ignorant persons or swindlers ‘exploit for their own profit the apparently invincible credulity of the public’.¹²¹ The committee put forward 24 proposals, one of which was of particular significance for sexual health advertising.

Legislative enactments recommendation no.3: That all advertisements of remedies for diseases arising from sexual intercourse or referring to sexual weakness be prohibited.¹²²

The outbreak of World War I coincided with this select committee’s report, and this timing ensured inaction on the committee’s recommendations.¹²³

These various reports and committees resulted in the government’s Inter-Departmental Committee on Physical Deterioration possessing ‘a body of evidence on the

¹¹⁷ Advisory Board for Army Medical Services, quoted in RCVD, *Final Report*, p.2.

¹¹⁸ Royal Commission on Poor Laws, quoted in RCVD, *Final Report*, p.2

¹¹⁹ RCVD *Final Report*, (1916), p.2.

¹²⁰ *Report from the Select Committee on Patent Medicines*, (London:HMSO, 4th August 1914), p.iii.

¹²¹ ‘Sale of patent medicines’, *Times*, (27th August 1914), p.3.

¹²² *Report from the Select Committee on Patent Medicines*, (1914), p.xxviii.

¹²³ Mackintosh, (2017), p.270.

subject'.¹²⁴ Arguably, most prominent in this evidence was the report gathered in 1913 on behalf of the Local Government Board.

The 1913 Local Government Board report, conducted by one of their medical inspectors, Dr R. W. Johnstone, was critical of the country's provisions for VD sufferers. Johnstone was particularly concerned that too much depended on the actions of the individual sufferer, noting that 'it is for him to avoid these diseases or to guard against them as best he may, and if attacked by them to seek medical treatment in his own way...'.¹²⁵ Despite the negativity in the report about the current state of VD provisions, Johnstone opted to conclude his report with a more positive outlook. He suggested that if the barriers to seeking the necessary treatment were removed 'there is a prospect of stamping out venereal disease'.¹²⁶ Although, he did warn that 'this result cannot be hoped for unless a franker attitude towards the whole subject is adopted, and the importance of its public health aspect is better realised and made the basis of the action which is taken'.¹²⁷ The Johnstone report was welcomed, yet as the findings of the report were extrapolated from a small sample, the calls for a full-blown investigation into VD did not abate.¹²⁸

Despite these investigations that touched upon sexual health, momentum in the call for a full enquiry was building. J. H. Sequeira recognised this in his opening speech as President of the Section of Dermatology at the BMA's eighty-eighth annual conference.¹²⁹ Sequeira stated that this would be an 'important advance' of 'incalculable good to the community'.¹³⁰ There was a growing interest outside of the medical community for a Royal Commission and Sequeira urged his fellow medical men to 'rejoice that important lay journals in this country have opened their columns to the appeal of the profession for the appointment of a Royal Commission'. Sequeira closed with a further call-to-arms: 'I trust that medical men and women everywhere will support this movement and will do all in their power to get light thrown upon this dark subject...'.¹³¹

¹²⁴ Ibid.

¹²⁵ Robert W Johnstone, *Report on venereal diseases with an introduction by the medical officer of the board*, CD 7029, (London: HMSO, July 1913), p.1.

¹²⁶ Ibid p.29.

¹²⁷ Ibid.

¹²⁸ Robert. W. Johnstone, 'Report to the Local Government Board on Venereal Disease', *The Lancet*, vol.182, (23rd August 1913), p.582-584.

¹²⁹ The BMA's 88th annual conference was held in Brighton UK on the 23rd, 24th and 25th July 1913.

¹³⁰ 'Eighty-first annual meeting of the British Medical Association', *BMJ*, (9th August 1913), Vol.2: p.308.

¹³¹ Ibid.

A further key moment in the call for a Royal Commission occurred shortly after the BMA conference—this time at an international gathering of medical professionals. In August 1913 delegates gathered in London for the seventeenth International Medical Congress.¹³² The congress was a large event, having over 7,400 attendees from 28 different countries.¹³³ On the evening of Tuesday 5th (the eve of the congress), a banquet was given at the Hotel Cecil to about 500 members, including most of the foreign delegates.¹³⁴ Representing the British government was Viscount Morley of Blackburn. In his speech he was critical of the ‘sheer moral cowardice to shrink from a large and serious inquiry into the extent, the causes, the palliatives of this hideous scourge just as the ravages of tubercle or cancer are investigated’.¹³⁵ Morley’s public outburst can be interpreted in two ways. [1] He had the full backing from the government he was representing that evening, which would indicate that the government was about to announce a Royal Commission. Or [2] he may have been acting in such a way as to force the hands of his colleagues—perhaps those that were on the fence over whether or not to sanction a full enquiry. Whatever Morley’s motives were, the result of the mounting pressure, (which included several high-profile discussions throughout the duration of the International Congress) was that the British Government was stirred into action. Before the International Congress had even closed, Prime Minister Herbert H Asquith announced in the House of Commons that the government had decided to setup a Royal Commission on Venereal Diseases.¹³⁶

RCVD committee makeup and remit

In the following weeks the Royal Commission’s committee membership was formulated. Although the committee comprised of distinguished people that had previously had cause to engage with VD, the precise makeup of the committee was a topic of heated debate amongst interested parties. The medical profession wanted the commission to concentrate on therapeutic medicine, whereas many actors within the feminist movement wanted the wider social aspects of the diseases to be investigated.¹³⁷ When the final make-up of the

¹³² It was the first time the conference had been held in London for 32 years, when amongst the attendees were notable figures such as Pasteur, Koch, and Lister.

¹³³ ‘The Congress of Medicine’, *Times*, (6th August 1913), p.7; and ‘The Congress of Medicine’, *Times*, (7th August 1913), p.7.

¹³⁴ ‘Seventeenth International Medical Congress London, August 6th to 12th’, *BMJ*, (9th August 1913), vol.2, p.329.

¹³⁵ *Ibid.*

¹³⁶ ‘The Revenue Bill’, *Times*, (12th August 1913), p.9.

¹³⁷ Evans (1992).

committee was announced, it was clear that the medical profession had won that debate.¹³⁸ In a move to appease feminist concerns Asquith offered a place on the commission to prominent feminist Millicent Fawcett, (although Fawcett turned this offer down stating that her work towards woman's suffrage absorbed her).¹³⁹

It was not only the makeup of the committee that was contested amongst the various stakeholders; the remit of the commission also fell under scrutiny. As already noted, the Contagious Diseases Acts of 1864, 1866, and 1869 had proven extremely controversial and were eventually repealed in 1886. Although, some actors still argued for compulsory treatment—for example, within the recommendations of the 1909 Royal Commission on Poor Laws. However, the Contagious Disease Acts controversy was still fresh enough in the minds of many actors, that the RCVD was expressly forbidden to return to these policies. In this regard the Government provided clear instructions:

It being understood that no return to the policy or provisions of the Contagious Diseases Acts of 1864, 1866, or 1869 is to be regarded as falling within the scope of the inquiry.¹⁴⁰

The medical profession proposed that VD should be examined with prevalence and prevention in mind. This was in contrast with the approach that many feminist groups put forward. They argued that greater emphasis on the wider social aspects should be central to the commissions examinations and that issues which led to the disease should be within the scope of the commission. Perhaps unsurprisingly, given the makeup of the panel, the remit ended up as based around medical provision and treatments for VD.

The commission decided that meetings would take place behind closed doors and update the public via a weekly press release. This led some feminists to argue that 'the evil conspiracy of silence is to be maintained'.¹⁴¹ In response to the closed meetings the *Suffragette* asserted that they would make it their business to enlighten the public and 'breakdown the dangerous conspiracy of silence'.¹⁴² To do this they proposed to publish week-by-week special articles on how to prevent sexual disease.

On Friday 7th November 1913 the RCVD held its first meeting and by the 6th of April 1914 thirty-two such meetings had taken place, in which thirty-six witnesses had been

¹³⁸ Ibid.

¹³⁹ Ibid.

¹⁴⁰ RCVD, *Final Report*, (1916), p. iii.

¹⁴¹ 'The secret discussion of public affairs', *Suffragette*, (14th November 1913), p.95.

¹⁴² 'To breakdown the conspiracy', *Suffragette*, (14th November 1913), p.95.

questioned.¹⁴³ These witnesses included stakeholders in sexual health advertising such as those from the policy-makers, and the volunteer/activist stakeholders. As the remit was focused on medical provisions, it is perhaps unsurprising that the vast majority of the witnesses in this initial batch had some form of medical background. Witnesses included doctors, surgeons, nurses, medical advisers to government departments, and military medical professionals.¹⁴⁴ On 8th June 1914 the first report from these meetings was presented by the commission. This interim report was brief and contained no findings—other than a justification from the commission for such brevity. The committee stated that ‘The branches of inquiry which are involved in the terms of reference are so numerous and, in some cases so closely interrelated, that we have found it impossible to deal with them separately, completing one branch before entering upon another.’¹⁴⁵ At the time of presenting their first report, the panel stated that ‘our investigations are incomplete’, and the RCVD required input from other stakeholders such as private individuals and several government departments in order to speak with specialist knowledge.¹⁴⁶ An appendix which contained all the minutes of the meetings that had taken place was released to accompany the first report. This appendix contained a list of witnesses and the 12,549 questions that had been put to them—with answers.¹⁴⁷

After this interim report, a further 53 meetings were held leading to a total of 86 meetings of the committee. Overall, 85 witnesses were interviewed and as with the initial batch of witnesses many of these witnesses were stakeholders in sexual health advertising. A total of 22,296 questions were asked during the commission’s investigation.¹⁴⁸ The enquiry ran until 1916 when it delivered its 2nd and much more comprehensive *Final Report*.

RCVD’s final report

During the time that the RCVD had been in session WWI had broken out and the commission acknowledged the disadvantages of issuing its final report ‘when all public activities are preoccupied in fulfilling the manifold needs of war’, but it argued that the conditions of war and the eventual return of soldiers provided an additional reason why

¹⁴³ ‘Royal Commission on Venereal Diseases’, *First Report [and Appendices] of the Commissioners*, (London: HMSO: 8th June 1914), Cd 7474, p.4.

¹⁴⁴ Royal Commission on Venereal Diseases, *Appendix to the first report of The Commissioners*, (London, HMSO: 8th June 1914), Cd 7475.

¹⁴⁵ RCVD, *First Report* (1914) p.4.

¹⁴⁶ Ibid.

¹⁴⁷ RCVD, *Appendix to the first report* (1914).

¹⁴⁸ RCVD, *Final Report*, p.2.

their findings were imperative.¹⁴⁹ The RCVD *Final Report* provided 35 separate recommendations, all of which recommended changes to the ways in which VD was dealt with in Britain. However, two of these recommendations were particularly relevant to sexual health advertising.

(Recommendation No.24) The recommendations of the Select Committee on Patent Medicines regarding the prohibition of all advertisements of remedies for venereal diseases should be put in force.

(Recommendation No.35) The National Council for Combating Venereal Diseases should be recognised by Government as an authoritative body for the purpose of spreading knowledge and giving advice in regard to the question of venereal diseases in its varied aspects. Educational authorities should use for purposes of instruction only such literature as has received the imprimatur of the National Council.¹⁵⁰

Recommendation No.24

Concerns raised by stakeholders behind this recommendation was the treatment of VD by unqualified persons. The commission argued that the underpinning reason for the use of unqualified persons by the inflicted was a fear of disgrace, which led to a desire for concealment. This combination left ‘the sufferer from venereal disease especially liable to attempt self-treatment, or to entrust his treatment to persons who are in no way qualified to deal with the disease’.¹⁵¹ What constituted unqualified practice was contested; some herbalists and chemists had been treating sexual conditions for many years and were well practiced in these treatments. However, these occupations were not considered to be sufficiently medically qualified by the members of the RCVD. In addition to chemists and herbalists, the RCVD also noted the existence of another unqualified practice—individuals that advertised treatments and in doing so set themselves up as VD specialists. These specialists were often presented as figurehead individuals within sexual health advertisements as a reassuring expert—such as ‘Professor’ Holloway in the 18th and 19th centuries (Fig 1.1).¹⁵² The RCVD noted this practice was still prevalent at their time of writing by declaring that ‘attractive advertisements of remedies by persons who claim to be specialists in venereal diseases were common in certain newspapers and elsewhere’.¹⁵³ The commission observed that those that turned to unqualified practice came from all sections

¹⁴⁹ ‘Venereal disease’, *Times*, (3rd March 1916), p.6.

¹⁵⁰ RCVD, *Final Report*, p.64.

¹⁵¹ *Ibid* p.53.

¹⁵² Roy Porter, ‘Quacks: An unconscionable time dying’ in (eds) Susan Budd, & Ursula Sharma, *The Healing Bond: The Patient-practitioner Relationship and Therapeutic Responsibility* (London: Routledge, 1994), p.70&90.

¹⁵³ RCVD, *Final Report*

of society regardless of class, ‘The upper classes resort to quacks as readily as the poor’.¹⁵⁴ The commission concluded that ‘There can be no doubt that unqualified persons and quack remedies are very widely resorted to’, although the commission did acknowledge they could not ascertain ‘whether or not this habit is increasing’.¹⁵⁵

The RCVD criticised both the unqualified person and the treatments they provided. They accused the unqualified of underhand tactics such as purposefully incorrectly ‘diagnosing a condition as syphilis in order to retain a patient’.¹⁵⁶ Poor treatment often led to the sufferer’s condition seemingly improving, before worsening with the symptoms of the advanced stages of the diseases. It was argued by the commission that these problems, in many cases, resulted in delayed effective treatment, meaning that the diseases were frequently communicated to others.

The RCVD decided against punishing this kind of VD treatment due to the difficulties this would have ensued, ‘We should have advocated legal provisions making the treatment of venereal disease by unqualified persons a penal offence, but we recognise the practical difficulties in securing the effective operation of such a law in present circumstances.’¹⁵⁷ Instead, they decided to recommend placing legislative control on sexual health advertisements from unqualified persons, which would receive less objection—and therefore be implemented faster. ‘The prohibition of advertisements is open to much less objection on this ground, and we believe that it would go far to remedy the great evils which have been emphasised by the evidence given before us.’¹⁵⁸ Therefore, to prohibit unqualified practice the commission wrote recommendation 24—which had its roots in the proposal previously put forward by the 1912 Select Committee on Patient Medicines.

Recommendation No.35

Recommendation no.35 proposed that the government made the NCCVD an authoritative body, so that it could spread knowledge and provide advice in regard VD. The decision to form a national council had been made in the July of 1914 following the findings of yet another committee—appointed by The Royal Society of Medicine, and the Eugenics Education Society.¹⁵⁹ This committee recommended establishing a national council to

¹⁵⁴ Ibid.

¹⁵⁵ Ibid.

¹⁵⁶ Ibid p.54.

¹⁵⁷ Ibid.

¹⁵⁸ Ibid.

¹⁵⁹ ‘Venereal disease, formation of a National Council’, *Times*, (18th July 1914), p.8.

orchestrate ‘popular education’ as this was considered ‘the most effective method for combatting the ravages of venereal disease’.¹⁶⁰ On 11th November 1914 the NCCVD was formally constituted at the Royal Society of Medicine. However, it was not until recommendation no.35 of the RCVD’s *Final Report* had been published that the NCCVD’s work commenced in earnest.

The first task for the NCCVD was to raise funds, and in this regard the government’s quick reactions helped. On the 3rd of May 1916, Prime Minister Herbert H Asquith responded to a question in parliament declaring that:

It has been decided that 75 per cent. of the cost of these arrangements, which it is hoped may be undertaken with the co-operation of the local authorities, shall be defrayed by means of a Grant from the Exchequer.¹⁶¹

Recommendation no.35 was amongst those accepted by the government, and consequently, the NCCVD were officially endorsed as the responsible body for sexual health advertising, supported by a central grant to fund their educational work—including their sexual health advertisements.

A by-product of this arrangement with central government was the development of a special status for the NCCVD amongst voluntary organisations in health. The subject matter that the NCCVD was concerned with may have been distinctive, but health education initiatives provided by voluntary organisations such as the NCCVD had become increasingly common within British society. Health concerns triggered by WWI gave rise to institutions such as the British Red Cross and the National Association for the Prevention of Tuberculosis.¹⁶² Although there were many voluntary organisations (covering a broad range of conditions) active within health during this period, the overwhelmingly typical funding model was self-raised funding through private donations. It was very rare for a voluntary organisation to find funding from the public purse. Therefore, the NCCVD with their central funding stood out as a special case, and this elevated their position within the voluntary sector of health—a circumstance recognised both by the Ministry of Health and by the NCCVD themselves.¹⁶³

¹⁶⁰ Ibid.

¹⁶¹ Commons Sitting, *Hansard*, Fifth Series, (3rd May 1916), Vol.82, Geo.V, year 6. p.1-100.

¹⁶² Blythe (1987) p.2.

¹⁶³ Timothy .M, Boon, *Films and the Contestation of Public Health in Interwar Britain*, unpublished PhD. Doctoral dissertation, (London: University of London, 1999), p67.

In addition to the central grant the NCCVD did seek independent funding and to this end they placed several newspaper advertisements asking for support and donations. Fig 1.2 is typical of these advertisements.

A Grave National Danger

The Perils of Venereal Disease.

A brief announcement founded upon the report of the Royal Commission and issued under the auspices of the "National Council for Combating Venereal Diseases," President, Rt. Hon. Lord Sydenham; Vice-President, The Bishop of Southwark; Hon. Treasurer, Major Darwin; General Secretary, Mrs. A. C. Goss, O.B.E.

IF your heart has been moved by the sight of a blind child, or one born to suffering or to death; if you have seen for yourself the havoc wrought among the innocent by venereal diseases, you will approach this subject not with hesitation, but in that spirit of human charity which asks "What can I do to help?"

The Royal Commission revealed a terrible story of broken homes and broken lives. It showed that a large proportion of those attacked are innocent wives and children; that a large number of children are yearly thus slain before they are born; that of all the blindness in the country one-quarter is due to venereal disease; that at a conservative estimate some 28,000 men must be "off the Army strength" owing to these causes; that the number of persons who have been infected with syphilis alone, acquired or congenital, cannot fall below 1.0 per cent. of the whole population in large cities; that gonorrhoea is probably the cause of 50 per cent. of sterility.

These grim facts speak for themselves. They show a serious weakening of the fighting and civilian population at a moment when every ounce of national effort tells. They indicate a threat to our future manhood at a time when the birth-rate is falling dangerously low. But amid the tragedy revealed one fact stands out like a beacon in the night—venereal diseases can be reduced to a mere fragment of their present terrible proportions. The advance in medical science is of such a nature that cures can be effected if early treatment is given, and in an overwhelming proportion of cases infection can be stamped out before the disease develops at all. It is mainly ignorance which stands in the way; ignorance rather than brutality which allows these plagues to be handed from one to another down the long tale of the generations. If we stand by and watch their ravages unchecked, it is not because we are helpless, but because we do not choose to help.

DIAGRAM TO SHOW INCIDENCE OF VENEREAL DISEASE.

"While we have been unable to arrive at any positive figures, the evidence we have received leads us to the conclusion that the number of persons who have been infected with syphilis, acquired or congenital, cannot fall below 1.0 per cent. of the whole population in the large cities, and the percentage affected with gonorrhoea must greatly exceed this proportion."
Report of the Royal Commission, page 23.

Will you help to stamp it out?

The position is serious. History shows that there is always an aggravation of the diseases after a War. *There is grave reason to suppose that the present War will be no exception to the rule.*

What can you do to help in this National crisis? You can enlighten the ignorant; you can safeguard the innocent; you can raise the spiritual attitude towards these subjects to a higher plane; you can bring to bear more powerfully the social and ethical forces in the country; you can help the doctors in their efforts; you can "organise for victory" over these deadly plagues.

All these things you can do by supporting the National Council for Combating Venereal Diseases.

THE WORK OF THE NATIONAL COUNCIL.

The National Council was formed under the Presidency of Lord Sydenham of Combe, in order to give effect to the recommendations of the Royal Commission on Venereal Diseases.

Leading Physicians and Surgeons are on the Executive Board. It has given lectures to some half-million soldiers; it is showing how easily these diseases are contracted; how heavy are the penalties; how dangerous the delay. It is, in fact, combating by every means in its power that basest ignorance which is the cause of nine-tenths of the suffering which these diseases bring.

But although notable work has been accomplished, very much remains to be done. For over four centuries these diseases have ravaged Europe. The casualties in Great Britain alone still reach scores of thousands a year. It is only by the earnest co-operation of every thinking man and woman in the land that these plagues can be driven out. The National Council therefore invites the assistance of all those interested in National Health or Social welfare; of all employers of labour who would like lectures given in their works; of all associations, great and small, who have the welfare of England at heart; of all individuals who can give their time or their money to fighting these devastating diseases.

Funds are urgently needed. We ask you to send what you can to-day.

HOW SYPHILIS IS PASSED ON.

This diagram shows how Syphilis is passed on. A mother bears two healthy children. Then the father contracts Syphilis. Either through ignorance or criminal folly, he passes on the disease to his innocent wife. Then the ghastly business begins. There is miscarriage or the child is still-born, or it survives for a few months or years of misery. Other children follow, only to perish like frost-bitten fruit.

Diagram to show the effects of Syphilis in producing Miscarriage, Stillbirth, or Death in early infancy. From Plate VIII., Report of the Royal Commission. After the birth of two healthy children the husband contracted syphilis. On the ten pregnancies which followed, seven resulted in miscarriage, stillbirth, or death in early infancy, while one of the three children that survived suffered from Juvenile General Paralysis.

○ - Miscarriage, Stillbirth, or Died in early infancy.
♂ - Male. ♀ - Female.

Funds are urgently needed, and by sending your contribution you will be directly helping to save the children from death and from blindness; to safeguard innocent wives; to help our soldiers; to preserve the national well-being. You will be lighting a torch which will shine down the generations; you will be dissipating the darkness of suffering, and death.

We ask you to send what you can to-day.

To the National Council for Combating Venereal Diseases.

President, RT. HON. LORD SYDENHAM. Vice-President, THE BISHOP OF SOUTHWARK.
Hon. Treasurer, MAJOR DARWIN. General Secretary, Mrs. A. C. GOSS, O.B.E.
AVENUE CHAMBERS, SOUTHAMPTON ROW, LONDON, W.C.1.

Herewith I enclose Cheque or Treasury Notes to the value of £ _____
as {Donation / Yearly Subscription} in furtherance of the work of the National Council.

Name _____
Address _____
Date _____

Cheques should be made payable to MAJOR DARWIN, Hon. Treasurer, and be crossed:
"London County and Westminster Bank, Ltd."

This form may be used, or, if preferred, subscriptions may be sent without. All subscriptions and donations will be acknowledged by post and in the charity column of "The Times," unless the contrary is specified. Please send your subscription to-day.

Fig 1.2 A grave danger, NCCVD, 1918.¹⁶⁴

In these funding advertisements the NCCVD appealed to several human states and emotions in the audience. For example, the advertisement above (Fig 1.2) opened with an appeal to compassion, the copy implored the reader to consider their emotions when thinking of disabled children. A sense of urgency was also conveyed, with the ongoing war cited as an imminent danger to VD rates. Additionally, a call to patriotism was utilised—a sense that arguably would have been heightened due to the ongoing war—as the audience was informed that their contributions would ‘preserve the national well-being’.¹⁶⁵ The latter appeal a nod to the NCCVD’s strong links with the British eugenics movement.¹⁶⁶

With funding in place, the NCCVD began their sexual health advertising work. One of the first tasks was to establish a propaganda sub-committee. On 4th April 1916, Sir Malcom Morris chaired the first meeting of this sub-committee and its terms of reference were established.¹⁶⁷ Amongst these terms of reference was the principal task which was ‘to carry out a general educational campaign’.¹⁶⁸ This campaign would include several duties for the propaganda committee, such as arranging conferences and lectures. However, point 5 of these duties—to arrange for suitable press publicity—was arguably the most significant for sexual health advertising.¹⁶⁹

As we have seen the NCCVD had already turned to newspaper advertisements to raise funds and they utilised this medium again for their campaign against VD. Fig 1.3 shows a typical advertisement that the NCCVD placed into several national and local newspapers.

The initial NCCVD sexual health advertisements published in newspapers covered a range of topics, such as the folly of self-treatment, the danger of trusting to luck, the danger of interrupted treatment, and the dangers of delay. Warnings and dangers were the prominent message contained within these advertisements, although, the most serious consequences arising from these dangers were not always directed at the audience. Instead, the effects from the dangers held in the advertisements would fall on those that the audience might care for—for example, a future wife, or a future child.

¹⁶⁵ Ibid.

¹⁶⁶ Daniel Gorman, ‘Empire, Internationalism, and the Campaign against the Traffic in Women and Children in the 1920s’, *Twentieth Century British History*, vol.19, (2008), p.205.

¹⁶⁷ Minutes of the NCCVD Propaganda Committee, (4th April 1916). Wellcome: SA/BSH/C.1/1.

¹⁶⁸ Ibid.

¹⁶⁹ Ibid.

GETTING MARRIED.

This announcement is issued by the National Council for Combating Venereal Diseases, a responsible body recognised by the Government. President: Rt. Hon. Lord Sydenham. Vice-Presidents: The Bishop of Southwark, Sir Thomas Barlow, Bart., K.C.V.O., M.D., Chairman of Propaganda, Sir Malcolm Morris, K.C.V.O., F.R.C.S.E. General Secretary: Mrs. A. C. Gotto, O.B.E.

It is an intolerable crime to infect an innocent girl with Venereal Disease. No German iniquity is more dastardly than this. Those who, at any time of their lives, have suffered from Venereal Disease, are bound in honour to consult a doctor and be certified free from infection before they marry. Otherwise, the trusting bride at the altar may become a victim to a terrible disease. And the trouble does not end even then. There may be children. The children may be born dead, or become blind—innocent babes upon whom the sins of the fathers are literally visited in the most awful manner.

But no sufferer should despair. Let him or her do the straight thing—go to the doctor, and refrain from marriage until a clean bill of health is given. Then the marriage may safely take place.

Free treatment, under conditions of secrecy, is provided by the Government in most centres. Apply at the out-patients' department of the nearest hospital, or to the local Medical Officer of Health.

Those who are in any doubt or difficulty should write for information and free literature to N.C.C.V.D., 81, Avenue Chambers, Southampton Row, London, W.C.1, marking your envelope "Medical."

Fig 1.3, Getting Married, NCCVD, 1918 ¹⁷⁰

This can be seen in Fig 1.3 where the copy in the advertisement could elicit a sense of guilt in the audience through the potential infection of a 'trusting bride'. Close reading of these advertisements reveals other codes and signs were present, and capable of eliciting emotions from the audience. For example, in Fig 1.3 the war was once again referenced, with VD compared unfavourably with the German troops, a perhaps subtle sign that VD was a powerful and dangerous enemy. A sense of duty could also have been one possible reading of the advertisement, with the audience instructed that they were 'bound in honour' to consult a doctor before getting married. Studying the early NCCVD sexual health advertisements shows two techniques that were used to convey the message to the audience. Firstly, the use of imagined futures, by suggesting to the audience a course of action that led to more favourable future outcomes, and secondly, the infected subject was also presented within these NCCVD advertisements. This was presented through the types of characteristics that an infected subject would have, such as being careless, lacking

¹⁷⁰ *Nottingham Evening Post*, (19th December 1918), p.4.

honour, not seeking appropriate treatments, being morally suspect, and delaying treatments altogether.

The composition of these advertisements was such that the audience could read the infected subject in the advertisement as being themselves. However, the audience were made aware that any treatment was secret, thus allaying any fears the audience may have had that any past transgressions would come to light. Further, the audience were informed that if they were indeed the infected subject redemption was possible.

The NCCVD sexual health advertisements (such as Fig.1.3) were also notable for the use of government endorsement. This first appeared within the opening paragraph describing the NCCVD as the ‘responsible body recognised by the government’. A second endorsement was perhaps a little more subtly featured in the penultimate paragraph—where the audience were told that treatment would be provided by the government, free of charge. These types of endorsements were typical within the NCCVD advertisements from this period and could have been read in different ways by the audience. Endorsements in the advertisements add a gravitas to the proceeding message and the offer of free treatment could reassure those on a limited budget. This potentially made the state provision a cheaper option than visiting a chemist or any other unqualified person.

NCCVD’s use of professional advertising.

The NCCVD were not alone in the construction of these advertisements, as other actors from within the network of stakeholders also played an active part. The government had chosen to delegate the nation’s sexual health advertising to the NCCVD. However, as we will see in chapter 2, they kept a close eye on the content, ensuring it matched their views. The advertising industry also played a prominent role, with the NCCVD commissioning an advertising house (SH Benson Ltd), to help construct their sexual health advertisements. This was a move that the advertising company claimed made them ‘the first to apply the power of advertising to National Health’ (Fig1.4).

Bensons claimed that they were experts in ‘publicity and propaganda’ and used a combination of art and science to convey their advertising messages for a wide range of companies and organisations such as Colman’s Mustard, the YMCA, and Bovril.¹⁷¹ Bensons argued that their NCCVD campaign marked a new era in the promotion of public health and concluded that the campaign was justified through its success—although quite how they measured this ‘success’ remains unknown.

¹⁷¹ ‘Bensons’, *Times*, 18th December 1918 p.4.

The House that sets the standard of Good Advertising.

THE House of Benson has not arrogated this title to itself; it is a description that has been freely accorded to it by those who have followed its creative work for the last twenty-five years.

Advertising is both a Science and an Art. It is because Bensons possess both the knowledge to plan and the power to achieve that they are recognized as the creators of Modern Advertising. During twenty-five years Bensons have been entrusted by leading commercial firms of the country with the spending of many millions of pounds on commercial propaganda, and the accumulated experience of the House embodies a knowledge of the scientific principles of advertising which can never be acquired by the limited study of a few propositions.

Among the National and Social Campaigns conducted by Bensons during the war period, the three following are of outstanding interest:—

1. Bensons were the first to show how the power of Press Advertising could be applied to securing funds for a great social organization. Their Press campaign for the Y.M.C.A. has justified itself by its success.
2. Bensons were the first to apply the power of Advertising to National Health. The most interesting campaign they are conducting on behalf of the National Council for Combating Venereal Diseases has marked a new era in the promotion of Public Health; it, too, has justified itself by its success.
3. Thirdly, the application of the scientific principles of advertising to Government Propaganda is perhaps best illustrated by the Coal Economy Campaign carried out by Bensons under the direction of Mr. Hartland Swann for the Board of Trade. Here, again, success has justified their work.

THE STRATEGY OF ADVERTISING.

The world is full of advertising ideas. It is, however, not ideas, but co-ordinated and sustained action that wins campaigns. The united front is as essential in Advertising as it is in War. It is first necessary to formulate a definite forward policy, and to be satisfied by all known tests that this policy is right; all ideas and suggestions which do not definitely proceed from that policy must then be rigidly excluded, and creative ideas which will directly and with their full force co-operate towards the end in view must be produced.

Conducted in this way Advertising becomes a force of wonderful power, and it can be applied equally to build great businesses, or to change the habits of whole peoples.

The House of Benson, with its expert staff and twenty-five years' experience, is equipped to assist Government Departments and Commercial Houses in wielding this power for the betterment of the country and the extension of its trade.

PHILIP BENSON.

Some Clients of Bensons.

Bovril	Lipton, Ltd.
Rowntree's Cocoa	Atkinson's Perfumes
Colman's Mustard	Kenilworth Cigarettes
Virol	Bond of Union Tobacco
Onoto Pens	Field's Ink
Osram Lamps	Wolff's Pencils
Holbrook's Sauce	Farigau
Sailor Salmon	Cerebos Salt
Caldere Yeast	Apollinaris
Edwards' Soup	Albion Motor Cars
Skipper's	Aircraft Mfg. Co., Ltd.
Saqui & Lawrence	Kalamazoo Ledgers
Y.M.C.A.	Y.W.C.A.
British and Foreign Sailors' Society,	
Comrades of the Great War,	
Harry Lauder Fund	
N.C.C.V.D.	

S. H. BENSON, Ltd.

Experts in Publicity and Propaganda.

Atlantic House, Holborn Viaduct,
London, E.C.1.

Fig 1.4 Bensons, *Times* 18th December 1918 p.4

Newspaper advertising was just one of the styles of sexual health advertising the NCCVD considered—another was handbills. The NCCVD propaganda sub-committee proposed that handbills could be distributed in ‘factories, business houses etc’. However, the sub-committee also agreed to wait until further recommendations from the RCVD had been established, suggesting that ‘it would be better not to issue any such handbills or literature urging people to go for early treatment, until the treatment centres were actually in existence’.¹⁷² To this end the Local Government Board’s actions were fundamental.

The Local Government Board’s response to RCVD’s recommendations.

As discussed, the recommendations put forward in the RCVD’s *final report* were numerous. Arguably, it was the RCVD’s recommendation on treatment provisions that would see the biggest change to how VD was dealt with in Britain. The response to this recommendation went beyond the treatment itself and also had a significant impact on sexual health advertising.

Recommendation nos.7-13 specifically outlined the ways the commission argued provisions for VD treatment should be set up and run. The RCVD recommended new facilities for VD within local authority areas in order to give ‘the best modern treatment of venereal diseases’ and be ‘readily available for the whole community’.¹⁷³ Importantly, the RCVD recommended that treatment should be free to all and there should be no refusal to treat a patient who is unwilling to go to their own doctor. The RCVD argued that these facilities should ‘be such that persons affected by these diseases will have no hesitation in taking advantage of the facilities for treatment’.¹⁷⁴ In any cases where a local authority refused to make these new provisions, it was recommended that the Local Government Board should have the power to intervene and directly arrange provision with the hospital authorities within the geographical area concerned. As we have seen, on the 3rd of May 1916 the Prime Minister agreed to accept many of the RCVD’s proposals, and the suggested infrastructure was amongst those that received approval—the proposed costing was also accepted with the state providing 75% of the costs.¹⁷⁵

The Local Government Board was instructed to implement the roll out of these new clinics. However, legislation appeared to be prohibitive, as the 1913 Public Health Act

¹⁷² Minutes of the NCCVD Propaganda Committee, (31st July 1916), point 3. Wellcome: SA/BSH/C.1/1

¹⁷³ RCVD *Final Report*, p.63.

¹⁷⁴ *Ibid.*

¹⁷⁵ Commons Sitting, *Hansard*, Fifth Series, (3rd May 1916) Vol.82, George V year 6. p.1-100.

expressly stated that 'except in cases of emergency, the Board shall not require a county council to execute and enforce any such regulation without the consent of the council'.¹⁷⁶ The Local Government Board worked around this issue by declaring the situation regarding VD an emergency,¹⁷⁷ and went further than the RCVD had proposed, by compelling local authorities to set up new VD clinics.¹⁷⁸ These clinics were rolled out throughout the country at a rapid rate and in the years following the RCVD's *final report*, the number of clinics rose significantly.¹⁷⁹

These clinics provided a geographical location for sexual health advertisements to direct their audience. This proved to be important for the call-to-action element within the AIDA (Attention, Interest, Desire, Action) model of advertising, as this element in the advertisements became easier to achieve—by instructing the audience to visit their local VD clinic. Although this call-to-action was similar to the previous instruction of visiting a doctor, the new clinics with their key aspects of free, and confidential treatments would no doubt have made the new instructions a much more appealing proposition for some members of the audience.

Although Herbert H Asquith's 3rd May 1916 announcement had accepted many of the RCVD's proposals, Recommendation no.24 was not one of those that had been accepted. Many stakeholders in the network of stakeholders argued that new legislation was required for recommendation no.24 to be effective.

The Venereal Disease Act 1917

Although the immediate actions undertaken by the Local Government Board had gone a long way to follow the RCVD's recommendations, many stakeholders argued that further government action was required. Principal amongst these was the concern that many unqualified persons were still treating cases of VD (the concerns raised by recommendation 24). Several professional medical bodies and local authorities argued that this situation led to unsatisfactory outcomes for the patient, which often resulted in a delay to effective treatment. These actors continued to place pressure on the government to introduce legislation to address this problem.

¹⁷⁶ Local Government Board Minutes, 19th April 1916, quoted in: Evans (1992), p.421.

¹⁷⁷ Evans (1992), p.421.

¹⁷⁸ Ibid.

¹⁷⁹ By 1921, 142 local authorities had schemes in place, and 191 centres were active. These centres held 800 sessions a week. Figures reported in 'Cost of venereal disease', *Times*, (3rd September 1921), p.8.

On 24th January 1917, a large and varied group of stakeholders made up of several organisations in health, medicine, and local government authorities delivered a deposition to Lord Rhondda (the President of the Local Government Board). This deposition was delivered by multiple interested stakeholders and included representatives of the following organisations: Association of Municipal Corporations; County Councils Association; Royal College of Physicians; BMA; NCCVD, and the London County Council.¹⁸⁰ This deposition called on the government to introduce legislation that would prevent unqualified persons from treating cases of VD. In arguing the case for legislative change, the group stated that public money should not be spent unless the best results could be achieved, and that the best results would come from qualified professionals having access to patients at the earliest opportunity. They argued that treatment by unqualified persons was one barrier that prevented early access to medical professionals, and in turn delayed treatment undermined the work of the local authorities in this area. The deposition also made it clear that those stakeholders they represented believed the best way to reach the goal of having only duly qualified persons treating VD, was to prevent all others from producing sexual health advertising. Dr Turner (representing the BMA) argued a ban on advertisements would ‘draw the teeth’ of unqualified practitioners.¹⁸¹ The government response to this deposition was positive and acknowledged the need for legislative change in this area. Although no specific legislative guarantees were given to the party that delivered the deposition, Lord Rhondda did provide them with the reassurance that new laws would be implemented ‘at a very early date’, noting that he had been greatly impressed with the complete agreement between the local authorities and the medical profession.¹⁸²

In the months that followed, the government did investigate and agreed that legislation was required to implement recommendation no.24. The legislation brought before the Houses of Parliament was the 1917 Venereal Disease Act.

The 24th of May 1917 was a significant day for sexual health advertising in Britain as the 1917 Venereal Disease Act was passed into law. The Act was designed to prevent the treatment of VD by anyone other than qualified medical professionals. In order to accomplish this, the Act had two main sections, which were followed by a further three short sections that set out the penalties, definitions, and the short title.¹⁸³ The first of the

¹⁸⁰ ‘Perils of ‘Quack’ Practice’, *Times*, (25th January 1917), p.5.

¹⁸¹ Ibid.

¹⁸² Ibid.

¹⁸³ The definitions of VD were given as syphilis, gonorrhoea, or soft chancre.

main sections had two subsections. Section 1.1 set out who was prevented from treating VD and section 1.2 stated that it was the Local Government Board, or the local government boards of Scotland and Ireland, that determined which areas were covered by the Act.¹⁸⁴ Section two was again split into two subsections, and it was section 2.1 that changed the legality of sexual health advertising in Britain, it read

A person shall not by any advertisement or and public notice or announcement treat or offer to treat any person for venereal disease, or prescribe or offer to prescribe any remedy therefor, or offer to give or give advice in connection with the treatment thereof.¹⁸⁵

Section 2.2 further elaborated the methods of advertisement that the Act forbid, such as written or printed papers, handbills, and labels on the various methods of transportation (e.g. packets, bottles) for treatments of VD. Some advertisements were still allowed, for example those sent to qualified medical professionals, and to retail chemists for the purpose of their business. This section also provided exemption from the Act to any advertising materials published either by or with the sanction of the Local Government Board. Therefore, this Act combined with the exemption in section 2.2 created a state monopoly for legal public-facing sexual health advertising in Britain.

The penalties for contravention of any part of this Act were set out as follows. ‘On conviction of indictment to imprisonment the penalty was imprisonment, with or without hard labour, for a term not exceeding two years. On a summary conviction the penalty was either a fine not exceeding £100, or imprisonment, with or without hard labour, for a term not exceeding six months’.¹⁸⁶ Importantly, this Act was upheld through the courts and infringements were punished. One such case was that of George Dennis Murphy, otherwise known as ‘Dr Patterson’. Murphy had advertised his ‘hygienic stores company’, and was found guilty and fined £100 with £10 10s costs. Other court cases involved herbalists, truss-makers, and surgical instrument makers.¹⁸⁷ Convictions such as these helped establish the new law and upheld the new state monopoly on sexual health advertising.

Ministry of Health

¹⁸⁴ *An Act to prevent the treatment of Venereal Disease otherwise than by duly qualified medical Practitioners, and to control the supply of Remedies therefor; and for other matters connected therewith*, (here after the short name 1917VD Act), Ch.21, 7&8 Geo. 5., (24th May 1917).

¹⁸⁵ *VD Act* (1917).

¹⁸⁶ *Ibid.*

¹⁸⁷ ‘The suppression of Quacks’, *Evening Mail*, (17th December 1919) p.8.

By the time WWI ended not only was the NCCVD the government's official VD message carrier, but additionally although still a voluntary body, through the central grant it had also become (primarily) government funded. However, on the 3rd of June 1919 the position of the NCCVD came under a potential threat due to an Act of Parliament that instigated a significant structural change to the ways in which the British government dealt with health issues. This Act established the first British Ministry of Health, intended to be a single governmental point for all healthcare needs of the nation.¹⁸⁸ One area that was within the remit of the new ministerial department was VD prevention, including sexual health advertising. Understandably the NCCVD were concerned about how their organisation would be impacted.

The merits and drawbacks of having a single centralised administrative body to take charge of all the government's health associated responsibilities had been debated in Britain for many years prior to setting up this new Ministry.¹⁸⁹ Despite administrative change long being called for, the political journey to the point that an Act passed was far from smooth, a journey narrated by several historians.¹⁹⁰ On the face of it, this new government department represented a significant administrative change, yet in reality—at least initially—these changes had little impact on the day-to-day business of the NCCVD. The central funding, which had been provided through a Local Government Board grant, simply came through the new Ministry of Health instead. Further, the Ministry of Health remained committed to the NCCVD as the government's preferred partner for sexual health advertising. The continuation of the central grant, and the remit for sexual health propaganda, meant that the transition from the stewardship of the Local Government Board to reporting to the Ministry of Health was not as traumatic for the NCCVD as it might have been anticipated.

Conclusion

¹⁸⁸ *Ministry of Health Act 1919*, Ch.21, [9 & 10 Geo.5], (3rd June 1919).

¹⁸⁹ This debate included many prominent persons in British society, such as Jeremy Bentham who in 1824 had started to call for a dedicated government minister for health. Leonard John Hume, *Bentham and bureaucracy*, (Cambridge: Cambridge University Press, 2004), p.223; and David L Cowen, 'Liberty, Laissez-Faire and Licensure in Nineteenth Century Britain.', *Bulletin of the History of Medicine*, vol.43, no. 1, (1969), p.30–40.

¹⁹⁰ See Daniel M Fox, 'Health Policies', in *Health Politics: The British and American Experience, 1911-1965*, (Princeton: Princeton University Press, 2014); Charles Webster, 'Conflict and Consensus: Explaining the British Health Service', *Twentieth Century British History*, vol.1, Issue 2, (1990), p.115–151.

This thesis began with a prelude to the 1913 RCVD and investigated the types of sexual health advertisements produced in the late 19th century; it examined how both the 1860s Contagious Disease Acts and the 1889 Indecent Advertisements Act impacted on sexual health advertising.

The formation of the RCVD showed the influence the network of stakeholders had in both calling for and shaping its recommendations. Many of these were accepted by the government, including provision of new facilities for the treatment of VD—creating new geographical locations to promote within sexual health advertisements.

The events depicted in this chapter show that of the four parent groups in the network of stakeholders, three gained power to some extent whilst one group (the commercial enterprises) saw their power lessen. One event was more significant in this—the 1917 VD Act. The eventual government acceptance that only duly qualified persons should be allowed to advertise sexual health treatments was ratified through this Act. Commercial enterprises (such as chemists) lost power within the network, whilst simultaneously, policy-makers (such as the government) strengthened their position with regard to sexual health advertising. Volunteer/activist stakeholders group also grew in power in this period when the NCCVD became the chosen distributors of the government's sexual health advertising. This move in turn helped the advertising industry further their impact on sexual health advertising, as professional advertisers (such as Bensons) were commissioned by the NCCVD. The combination of the central grant from the government and enforcement of the 1917 VD Act provided the NCCVD a monopoly for legal sexual health advertising. Further, this monopoly was state-supported by the government who officially recognised the NCCVD as their only spokespeople for sexual health advertising in Britain.

Chapter 2: (1919-1939)

The prophylaxis debate and the emergence of film

Introduction

The previous chapter showed that by the time WWI ended, the NCCVD had been installed as the British Government's chosen outlet for providing sexual health advertisements to the nation. Chapter 2 of this thesis narrates the sexual health advertising events that occurred in Britain during the years between the First and Second World Wars and reveals three notable features that emerged within this period. The first of these was 'the prophylaxis debate' between members of the network of stakeholders in sexual health advertising. As the name suggested, this debate centred on prophylaxis and, more specifically, whether it was right to include instructions in sexual health advertisements on how to self-administer chemical prophylaxis and prevent VD developing. This debate took place against the backdrop of what Anne Hanley has described as 'rapid shifts in social and medical attitudes toward the treatment of VD'.¹⁹¹ Displaying these emerging attitudes, several NCCVD members favoured the approach of letting the audience know how to self-administer these preventative treatments. However, this group met resistance from an equally impassioned group within the NCCVD, who argued against the inclusion of these instructions. Unable to resolve their differences on this, several NCCVD members split and formed a new volunteer body, the Society for the Prevention of Venereal Disease (SPVD). Sexual health advertising that the SPVD produced openly promoted the use of chemical prophylaxis. This debate highlights some of the ways that sexual health advertising content was contested. Further, this contestation occurred not only between the different groups in the network of stakeholders but also within individual groups.

The increased use of film for sexual health advertising was the second feature that distinguished the inter-war period. This provided the network of stakeholders a new vista of opportunities to explore for sexual health advertising. In addition to the films' content, this extended to the publicity material surrounding films. Sexual health advertising appeared within the film promotion posters, and newspaper cinema listings, providing new ways for sexual health to be advertised.

The final notable feature raised in this chapter relates to changes to the administration and funding of sexual health advertising. This period saw the creation of a new Central

¹⁹¹ Anne Hanley, "Sex Prejudice' and Professional Identity: Women doctors and their Patients in Britain's interwar VD service', *Journal of Social History*, vol.54, (Winter 2020), p.570 569–598.

Council for Health Education (CCHE). In addition to this the NCCVD rebranded as the British Social Hygiene Council (BSHC), which reflected a widening of the group's social interests. In 1929 arguably the biggest of these administration changes occurred when the BSHC lost its Ministry of Health central grant. This change resulted in a shift in the power dynamic within the network of stakeholders, as the BSHC had to rely on voluntary payments from local authorities to fund their sexual health advertising.

The prophylaxis debate

Although the establishment of the Ministry of Health in 1919 did not develop into an existential crisis for the NCCVD, an arguably bigger test of its place and purpose was taking place due to rising discord within its own internal structure. Several members had come to adopt opposing views to official NCCVD policy positions, and although strategy arguments had been present since the formation of the organisation, by 1919 these disagreements had become more intense.¹⁹² One subject in particular that caused much heated debate was the use of disinfectant chemicals in the treatment and prevention of VD. This tension between senior figures within the wider VD prevention movement has been investigated by historians—summarised as a period which pitted advocates of ‘medical’ and ‘moral’ prophylaxis against one another.¹⁹³

Several members of the NCCVD had become aware of increasingly compelling evidence from leading scientists and venereologists that certain chemicals—such as permanganate of potash and calomel ointment—could be used to prevent VD developing—provided the chemicals were immediately and correctly administered post-exposure. This form of early VD treatment went by the name of ‘chemical prophylaxis’. Based on their moral ideology, the NCCVD board was opposed to the use of chemical prophylaxis. They argued that this method of treatment would increase sexual indiscretions, thus should neither be encouraged nor promoted. This stance resulted in the absence of any reference to chemical prophylaxis within NCCVD sexual health advertisements. However, this moral stance, and the reluctance to mention chemical prophylaxis, was at odds with the views held by many within their own membership. These members suggested that as this type of treatment prevented the development of VD, the NCCVD was duty bound to promote it. This debate ebbed and flowed for years both internally and (more publicly) through letters published in *The Times*. Yet, the board of the NCCVD remained absolute in maintaining their stated position and—due to this impasse—several members believed that their

¹⁹² Tomkins (1993).

¹⁹³ For more on the prophylaxis debate see Tomkins (1993); and Towers (1980).

positions within the NCCVD had become untenable. In November 1919 the uneasy disagreements within the NCCVD culminated with the formation of a splinter group.¹⁹⁴ This occurred when several prominent disenfranchised members officially broke away and formed their own alternative organisation: The Society for the Prevention of Venereal Disease (SPVD). Many smaller disagreements within the NCCVD continued but this alternative organisation now provided a credible alternative for disenfranchised members to defect to.

The reason given for the SPVD's establishment means that it is of particular interest to this study; the SPVD first materialised (and then continued to attract members) as a direct result of the content—or more accurately the lack of content—within the NCCVD's sexual health advertising. As shown in Chapter 1 of this thesis the NCCVD at the time had a monopoly on centrally produced legal sexual health advertising. Therefore, any omissions within NCCVD advertising resulted in those subjects not receiving any coverage within the field of VD prevention—as was the case of chemical prophylaxis. This left many NCCVD members believing that an unacceptable hole existed within the content of sexual health advertising, and that the NCCVD was failing in its duty to disseminate to the public the entire knowledge available for VD prevention. H. Wansey Bayly's (SPVD Honorary Secretary) explained this, within his letter to the *Lancet*:

This society [SPVD] was founded solely to fill in the gap in the propaganda of the National Council for Combating Venereal Diseases left by their opposition to instruction of the public in the prevention of infection by means of immediate self-disinfection.¹⁹⁵

The animosity and frustration at the lack of dissemination of chemical prophylaxis benefits can be seen within the SPVD's declared objective, the new organisation was based upon the principle of spreading 'the truth, the whole truth, and nothing but the truth about venereal diseases'.¹⁹⁶ As the underlying reason for the new organisation would suggest, the single most striking difference between policies of the NCCVD and the SPVD was the latter's pledge to fight VD by actively promoting the use of chemical prophylaxis. The SPVD did not oppose moral guidance but argued that on its own that approach was insufficient. As SPVD president Lord Willoughby De Broke stated in the House of Lords.

We do not wish to speak of those who are advocating universal marital continence with anything except profound respect, but even the most sanguine of them must admit that continence of that kind is not yet, and that it will take a good many generations before it operates to eradicate venereal disease. But disinfection is

¹⁹⁴ 'Venereal prophylaxis', *The Chemist and Druggist*, (1st November 1919), p.51.

¹⁹⁵ H.Wansey Bayly, 'Prophylaxis and venereal disease', *The Lancet*, vol.197, (1921), p.405-406.

¹⁹⁶ 'Venereal disease', *Times*, (17th December 1919), p.11.

here and remains. Disinfection is available, and it is, I submit, the scientific way of dealing with the matter.¹⁹⁷

Fig 2.1 shows a SPVD sexual health advertisement, and although it is unknown what year this poster was displayed, the content does show the type of approach that the SPVD took in their sexual health advertising. The poster clearly indicated that if the audience wanted further information about prevention, it could be obtained. The SPVD poster had room for overprinting the details of where the audience could find this information.

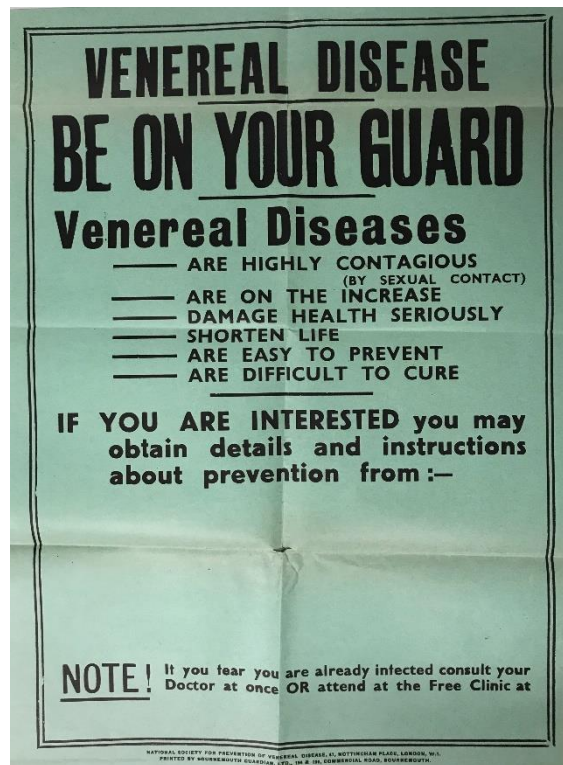


Fig 2.1 SPVD prevention, date unknown.¹⁹⁸

In contrast NCCVD sexual health advertisements—such as the example in Fig 2.2—made no mention of prevention or prophylaxis and took a moralistic tone that informed the audience of the dangers of promiscuity. Further, the advertisement specifically directed the audience to medical professionals and away from chemists, as the NCCVD told the audience that ‘the only safe course’ of treatment was from ‘proper medical attention’ which could be found at the outpatient department of most hospitals.

¹⁹⁷ Lord Willoughby De Broke, *Hansard* (10th December 1919) vol.37, Col.843.

¹⁹⁸ SPVD advert, Wellcome: SA/PVD/13

“ONCE TOO OFTEN.”

The Peril of Venereal Disease.

Some who periodically indulge in promiscuity may think that because they have escaped Venereal Disease up till now, there is really little risk attached. NO! Sooner or later they are more than likely to fall victims to one or other of these dread diseases.

With others, the first time is once too often, sometimes they get a “double dose”—Syphilis and Gonorrhœa at the same time. People who trust to luck are playing against loaded dice.

In its early stages Gonorrhœa can, in most cases, by proper treatment, be speedily cured. But the only safe course, once a risk has been taken or infection is suspected, is to seek proper medical attention at once, before the germs have time to get a grip on the system.

Treatment is provided at the Out-Patients Department of most Hospitals, and is given free, as well as under conditions of secrecy.

The N.C.C.V.D. publish a large variety of literature on all aspects of the subject, and will be pleased to send you a list. The following booklets are suggested as being of general interest:—

	Price (Postage extra).
N.C.12. Venereal Diseases and the Effects. By Otto May, M.D.	1d.
N.C.24. Interior Vite—Notes on the Moral Aspect of the Sex Problem. By J. R. Muirhead, LL.D.	1d.
N.C.25. What Mothers Must Tell Their Children. By Mary Scharlieb, M.D., M.S.	1d.
N.C.31. The Teaching of Children as to the Reproduction of Life. By Beatrice Webb, M.D.	3d.
N.C.43. The Changing Moral Standard. By Mrs. A. C. Gotto, O.B.E.	3d.
N.C.29. The Dangers of Venereal Diseases. By C. J. Macalister, M.D., F.R.C.P.	3d.

This announcement is made by the National Council for Combating Venereal Disease, and the above literature can be obtained by writing to 34, Avenue-chambers, Southampton-row, W.C.1, marking the envelope “MEDICAL” (GEN.). Free literature and information can also be had by those in doubt or difficulty.

All correspondence is treated in a confidential manner, and replies are forwarded in a plain sealed cover.

[Advt.]

Fig 2.2 Once too Often NCCVD, 1920

In order to defend its position on chemical prophylaxis, the NCCVD board resorted to two different strategies. The first was to question the science behind the use of chemical prophylaxis. Doubts were cast on the supporting evidence, with the NCCVD suggesting the evidence gathering process was flawed, for example, Lord Sydenham’s response to SPVD’s scientific claims.

Without these important details it is impossible to form a satisfactory and scientific opinion as to the results claimed. We all know how easily statistics may mislead.¹⁹⁹

Secondly, the NCCVD highlighted the need for skilled administration of the chemicals and dismissed the notion of self-administration. They pointed to the contrasting conditions that led to irregular sexual intercourse, such as drunkenness or dimly-lit

¹⁹⁹ Lord Sydenham, *Hansard* (10th December 1919) Vol.37, Col.856.

locations, against the conditions best suited to self-administration. This proclaimed inefficacy allowed the NCCVD to warn of the dangers in promoting treatment of this type. They claimed that not only was there a high chance that the treatment would be ineffective, but would also delay proper and effective treatment, leading to serious complications and an increased opportunity for spread of disease.

This warning was typical of the second NCCVD tactic, which was to provide ominous warnings of the serious issues that would arise if they provided any advice within their sexual health advertising that moved away from their core message. They maintained that moral guidance was the only correct advice to be provided in these matters and argued that any instructions that allowed redemption after transgression would encourage—rather than discourage—these acts of transgression. Importantly, this position echoed the view of their majority paymasters in the British government, who also argued that chemical prophylaxis would provide ‘a false sense of security’ and would thus ‘encourage the taking of risks which would not be otherwise incurred’.²⁰⁰ Contrary to the NCCVD position, the SPVD believed that providing information on the latest scientific and medical advice would prevent many people developing VD. To argue that position the SPVD defended the statistical reports that showed the success of disinfection, including when self-administered.

Much of the prophylaxis debate centred around the use and distribution of the ‘prophylaxis packet’. This had been the British Army Medical Corps preferred method for distributing chemical prophylaxis to military personal.²⁰¹ The ‘packet’ contained either permanganate of potash or calomel ointment, plus a swab for self-administration. The NCCVD accused the SPVD of wanting these packets to be distributed to the general public and argued against this through both moral and economic reasoning.²⁰² The SPVD dismissed this notion and argued that their aim was not for widespread supply of prophylaxis packets at taxpayers’ expense, but for a dissemination of knowledge—so that the public would be empowered to source these chemicals for themselves. The SPVD also suggested that this knowledge dissemination should be done through sexual health advertising (which, as stated, was monopolised at the time by the NCCVD). In addition to raising public understanding, the SPVD argued for a relaxation of the law to allow chemists to provide advice and written instructions on the use of chemicals for prophylaxis.²⁰³

²⁰⁰ ‘Venereal disease’, *Times*, (27th August 1919), p.7.

²⁰¹ Towers (1980) p.77.

²⁰² Tomkins (1993) p.391.

²⁰³ ‘Society for the Prevention of Venereal Diseases’, *The Chemist and Druggist*, (5th June 1920), p.57.

Chemists

Perhaps understandably pharmacists' bodies such as the Pharmaceutical Society argued that 'the doctors' had been 'given the monopoly in the treatment of venereal disease'.²⁰⁴ This was due to the 1917 VD Act in which written instructions of this type had been made illegal—including labels or notes with bottles of drugs. No doubt angered by the decision to preclude their trade from actively advertising VD cures, some in the pharmacy trade pointed to the financial benefits that the doctors received from treating sexually transmitted disease. This was further argued within the pages of *The Chemist and Druggist*—a trade newspaper for the pharmaceutical industry—that this financial benefit was also responsible for the NCCVD's standpoint on chemical prophylaxis.

Medical men get well paid for treating venereal disease, but the public could not be asked to pay heavily for a prophylactic treatment.²⁰⁵

The Pharmaceutical Society defended the professionalism of their members and took offence at those that sought to belittle their abilities in the field of sexual health. A prominent example was the leaflets distributed by the Local Government Health Board in Scotland, that classified chemists alongside 'quacks, herbalists, and persons advertising so-called cures for venereal disease'.²⁰⁶ Although it took 18 months, The Pharmaceutical Society eventually won a small victory when The Scottish Board of Health agreed to stop distributing these leaflets that pharmacists had argued were 'offensive' and 'derogatory'.²⁰⁷ Further, The Scottish Health Board agreed to revise and reprint their leaflets and assured The Pharmaceutical Society that no more of the original leaflets would be distributed.²⁰⁸

The initial defections of NCCVD members to the SPVD was not the end of the issue and was followed by a 'steady trickle' of members leaving the NCCVD and moving to the SPVD.²⁰⁹ Rather than diffusing the disagreements, the creation of the SPVD led to an escalation of the debate leading to passionate arguments being presented in newspapers and journals.²¹⁰

²⁰⁴ 'Dental Chemists' position', *The Chemist and Druggist*, (26th April 1919) p.67.

²⁰⁵ 'Venereal disease prophylaxis', *The Chemist and Druggist*, (4th January 1919), p.45.

²⁰⁶ 'Pharmaceutical society', *The Chemist and Druggist*, (27th April 1918), p 48.

²⁰⁷ 'Venereal Disease Act leaflets', *The Chemist and Druggist*, (15th November 1919), p.58.

²⁰⁸ Ibid.

²⁰⁹ Tomkins, (1993), p392.

²¹⁰ For example: 'Venereal disease', *Times*, (16th November 1921), p.11; Herbert W Butcher, et al., 'Prevention of Venereal Disease', *BMJ*, vol.1, no. 3079, (1920), p.28–29; Douglas White, 'The Prevention of Venereal Diseases in Theory and In Experience', *The Lancet*, Vol.194, (1919), p.844–846.

Holborn

The debate was not only conducted through the press, there was at least one local authority that defied the advertising monopoly held by the NCCVD and in doing so made its position on the promotion of chemical prophylaxis clear. In 1920 Holborn Borough Council had 50,000 leaflets, and an unknown number of posters printed for display in men's underground public conveniences. The cost of the printing to the Borough Council was '£19,' and they argued that this was value as it was less than 1*d.* for 10².²¹¹ This allowed the Borough Council to present these sexual health advertisements as a cost-efficient way of reducing VD. The poster and leaflet were titled 'What Every Man Should Know', and although the content of these leaflets made it clear that 'the only safe, right, and manly course is to exercise self-control', it also stated that it was 'the bounden duty of any man who will indulge in promiscuous sexual intercourse to adopt this disinfection in order to avoid disease, which he may pass on to innocent people.'²¹² The back of the leaflet also contained three additional pieces of information. [1] Simple instructions for administering self-disinfection; [2] advice that delayed self-disinfection was not effective; and [3] advice to the reader that if any symptoms of VD presented themselves, the reader must immediately seek medical attention, information on the special clinics was also provided.²¹³ Recognising a potential criticism, (if self-administering was so successful why would there be a need for points 2 and 3), Holborn Borough Council argued that although 'any fairly intelligent youth or man can very easily carry out the simple directions' required for self-disinfection, it was accepted that overindulgence in alcohol may lead to potential cases where 'a man will so render himself temporarily idiotic or imbecile he probably then would be unable to carry out efficiently direction'.²¹⁴

Figs 2.3a and 2.3b shows a similar leaflet to the one described above—a SPVD sexual health advertisement also for the Holborn district. Although the year remains unknown this leaflet demonstrates how self-disinfection advice was presented through sexual health advertising by the SPVD. For example, the need to urinate immediately after sexual intercourse and the 'excellent **additional** safeguard' of administering the ointment prior to sexual intercourse.

²¹¹ W.A. Bond, 'Prophylaxis in Venereal Disease', *The Lancet*, Vol.197, (1921), p.349-350.

²¹² Ibid.

²¹³ Ibid.

²¹⁴ Ibid.

VENEREAL DISEASE PREVENTION.

Preventive Measures of Proved Efficiency if Promptly Applied.

Recommended by the highest Medical Authority and issued by the Society for the Prevention of Venereal Disease, 6, Holborn Viaduct, London, E.C.1.

The Simple Sanitary Measures which, if taken **promptly and without delay** after sexual intercourse, are almost certain to prevent the spread of venereal diseases are:—

1. Pass water as soon as possible after sexual intercourse.
2. Then wash **thoroughly** the sexual organs with soap and water if possible.
3. Then bathe **thoroughly** with solution of potassium permanganate (easily prepared either from crystals or tablets by adding sufficient to colour the water a deep pink, or easily carried about ready for use in a bottle) all parts exposed to infection. In case of females a syringe should be used. This is the **most important** of all measures, and even when used alone has proved to be effective. The other measures are additional precautions.
4. Then apply thoroughly to all parts exposed to infection an ointment or cream containing 33 per cent. calomel. This ointment or cream, as well as the above tablets can be obtained from chemists.
5. It is an excellent **additional** safeguard to apply the above ointment or cream **before** sexual intercourse.

The entire outfit consists, therefore, of a tube of calomel ointment (33 per cent.), with some five grain tablets of potassium permanganate, or a bottle filled with a solution of the same (Condy's Fluid, diluted, will do).

The general use of these precautions amounts merely to commonsense cleanliness. There is nothing repulsive in the process, any more than in washing one's hands before a meal.

[P.T.O.]

Fig 2.3a SPVD leaflet year unknown (Front).²¹⁵

NOTE.—Although it is true that venereal diseases may be spread in many innocent ways, yet, generally speaking, the cause of spread is irregular sexual intercourse with an infected person. Abstention from such is therefore urged not only in the interests of morality, but also from motives of personal safety. At the same time it is realised that such warnings have been issued for centuries without effect upon a large proportion of the public. In the interests of the public health therefore, it is considered to be urgently necessary to explain to all interested persons the simple precautions that must be taken whenever there is a possible risk of infection.

VENEREAL DISEASE IS DANGEROUS. PREVENTION IS BETTER THAN CURE.

SA/PVD/13

Fig 2.3b SPVD leaflet year unknown (Back).

By the end of 1919 the NCCVD board—and in particular their stance on chemical prophylaxis—was under pressure. As a result some of those that remained within the organisation called for concessions on prophylaxis in the hope to appease those that believed the public were suffering through perceived lack of knowledge dissemination. The pressure that the NCCVD was under not only came from this, but also from the host of

²¹⁵ SPVD leaflet Wellcome: SA/PVD/13.

medical voices presented within the pages of the lay and medical press—these voices added their weight behind the medical benefits of chemical prophylaxis.

Ablution centres

Under this pressure the NCCVD modified their position and made two major concessions. The first came in the shape of SPVD proposed ablution centres for swift supervised administration of chemical prophylaxis post-exposure, rather than self-administration.²¹⁶ The NCCVD agreed to trial these centres. On the 16th December 1919, the first ‘early treatment centre’ opened as part of a trial in Manchester.²¹⁷ This was overseen by the Manchester Corporation and had the support of the Ministry of Health.²¹⁸ The NCCVD adjusted its position to suggest that these centres should be set up throughout the country but referred to these as ‘early treatment centres’ rather than ablution centres—Tomkins has argued that this was due to the NCCVD’s desire to be clear that they did not condone methods of prevention, other than moral behaviour.²¹⁹

The second concession the NCCVD made was to recommend self-administering soap and water immediately after potential infection (Fig 2.4). However, Lord Sydenham’s comment in the House of Lords made it clear that soap and water would not be central to the NCCVD sexual health advertising:

We decline to make soap and water or anything of that kind the only or even main plank of our platform, and for the reasons I have given, we are deeply impressed with the danger of making any announcement which may be misunderstood by the public.²²⁰

Despite NCCVD reservations, the move to use sexual health advertising to encourage individuals to cleanse post-exposure had government backing. The Ministry of Health—whilst acknowledging that the NCCVD was responsible for the content of the centrally produced sexual health advertising—provided strong encouragement that the notion of cleansing oneself post-intercourse should be included in NCCVD sexual health advertising.²²¹

²¹⁶ Hanley (2020) p.587

²¹⁷ Letter from Manchester Town Hall Clerk to Ministry of health, (18th December 1919). NA/MH/55/203.

²¹⁸ ‘Venereal disease’, *Times*, (3rd July 1920), p.11; ‘Prevention of Venereal Diseases: Deputation to the Minister of Health’, *BMJ*, vol.2, (17th July 1920), p.80-81; Davidson, (2000), p81.

²¹⁹ Tomkins, (1993), p393.

²²⁰ Lord Sydenham, *Hansard*, House of Lords, (10th December 1919), Vol.37, Col.858.

²²¹ Ministry of Health circular 202 (31st May 1921), NA/ADM/1/8624/77.

**IS THERE REAL DANGER OF
VENEREAL DISEASE?**

People who say to themselves "I don't think there is much danger of Venereal Disease—Other people don't seem to get it," should remember that ten per cent. of the population of large cities is suffering or has suffered in times past from either syphilis or gonorrhoea.

There are some who take risks and for a time escape. But sooner or later they are bound to fall victims to these terrible complaints.

Immediate local cleansing, followed as soon as possible by disinfection under medical supervision, will in most cases destroy the germs before they get a grip on the system. But even then it is necessary to keep a close watch for symptoms, and should any appear medical aid must *at once* be sought.

Treatment is provided at the Out-Patient Departments of most Hospitals, and is given free as well as under conditions of privacy.

The N.C.C.V.D. publish a large variety of literature on all aspects of the subject, and will be pleased to send you a list. The following booklets are suggested as being of general interest:—

N.C.12. Venereal Diseases and their Effects. By Otto May, M.D. 1½d.	N.C.31. The Teaching of Children as to the Reproduction of The <i>Sex</i> . By Beatrice Webb, M.D. 3d.
N.C.24. <i>Integer Vitae</i> —Notes on the Moral Aspect of the Sex Problem. By J. R. Muirhead, LL.D. 1½d.	N.C.43. The Changing Moral Standard. By Mrs. A. C. Gotto, O.B.E. 3d.
N.C.25. What Mothers Must Tell Their Children. By Mary Scharlieb, M.D., M.S. 1½d.	N.C.29. The Dangers of the Venereal Diseases. By C. J. Macalister, M.D., F.R.C.P. 3d.

The above literature can be obtained by writing to the N.C.C.V.D., 34, Avenue Chambers, Southampton Row, London, W.C.1, marking the envelope "MEDICAL" (GEN.).

Buy the "Welfare Library," comprising 7 interesting books on social subjects, including those named above, price 1s. 3d. complete, from Messrs. W. H. Smith & Sons Bookstalls.

Free literature and information can also be had by those in doubt or difficulty.

All correspondence is treated in a confidential manner and replies are forwarded in a plain sealed cover.

This announcement is issued by the National Council for Combating Venereal Disease, a responsible body recognised by the Government. President: Col. Lord Gorell, C.B.E., M.G. Vice-Presidents: Sir Thomas Barlow, Bt., M.D., F.R.S., Sir Francis Champneys, Bt., M.D., Sir Malcolm Morris, K.C.V.O., F.R.C.S.E., the Rt. Rev. The Lord Bishop of Oxford, Mrs. Scharlieb, C.B.E., M.D., M.S. Gen. Secretary: Mrs. C. Neville Rolfe, O.B.E. (Mrs. A. C. Gotto).

Fig 2.4 Real Danger NCCVD²²²

Many inside and outside of the NCCVD believed that this new approach was inadequate in the face of the mounting difficulties that the organisation faced. Indeed, the new moves raised questions the NCCVD found increasingly difficult to answer. Firstly, increased public cost associated with the creation of ablution centres was hard to justify—especially given the NCCVD's previous argument against the prophylaxis packet on the grounds of expense to the exchequer. Secondly, critics asked the NCCVD to explain the difference between recommending soap, as a means of prophylaxis, opposed to the more effective chemicals such as permanganate of potash and calomel ointment.²²³

Nevertheless, the NCCVD did commit to a trial of the centres in Manchester. A WC cubical within the Manchester Great Bridgewater Street male public convenience was converted into an early treatment centre (Fig 2.5), where an attendant would be on hand to provide the appropriate chemicals and oversee treatment.²²⁴

²²² NCCVD, *John Bull*, (5th February 1921) p.2.

²²³ Tomkins (1993), p.394.

²²⁴ Ministry of Health letter to Manchester Town Hall Clerk, (29th October 1919), NA/MH/55/203.

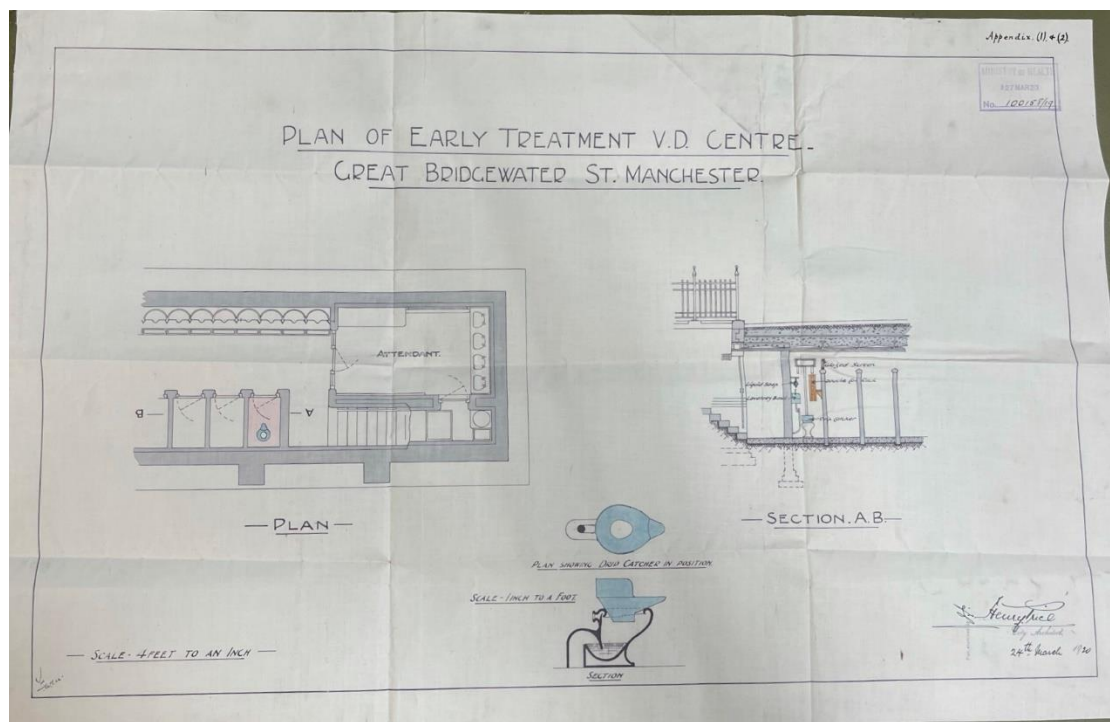


Fig 2.5 Ablution centre Manchester 1920²²⁵

Specific but limited sexual health advertising was included as part of this trial through ‘the posting of small notices 12” x 18” in public conveniences in the city’.²²⁶ In these posters ‘it was pointed out that the treatment could not be relied upon if it was delayed for 2 to 3 hours’.²²⁷ These posters drew the attention and wrath of The Association for Moral and Social Hygiene (TAMSH)—an association that acted as a self-declared ‘advisor body to the principle women’s organisations on the questions affecting public health and morals’.²²⁸ TAMSH were angered by the content of the advertisements they argued that these posters recommended the same system of self-disinfection that was advocated by the SPVD. The advertisements in question informed the audience that ‘venereal disease can be prevented with almost complete certainty if the right precautions be taken in time and are carefully and correctly carried out’.²²⁹ TAMSH argued that the security offered in this advertisement was ‘a fallacious one’, and they used a similar argument to the NCCVD in that the ‘circumstances attending promiscuous sexual intercourse’ were not aligned to receiving skilfully applied prophylaxis.²³⁰ Further, TAMSH argued that Manchester City Council as a

²²⁵ Early Treatment centre plan, NA/MH/55/203.

²²⁶ Early Treatment centre Ministry of Health report, (24th March 1920), NA/MH/55/203.

²²⁷ Letter from Manchester Town Clerk to Ministry of Health, (24th March 1920), NA/MH 55/203.

²²⁸ Letter from TAMSH, (21st July 1920), NA/MH/55/203.

²²⁹ Letter from Alison Neilans Secretary of TAMSH to Manchester City Council, (22nd June 1920), NA/MH/55/203.

²³⁰ Ibid.

‘public authority’ should not be disseminating this information as they would be ‘influencing public opinion’. TAMSH called on Manchester City Council to remove these notices arguing that they influenced the audience in two ways:

[1] That youths and men of all ages are not expected to refrain from illicit intercourse, and [2] that such illicit intercourse can be made safe.²³¹

TAMSH found a surprising ally in their bid to have the posters removed. Although the national committee of the NCCVD had moved towards a position of supporting ‘early treatment centres’ the Manchester branch of the NCCVD were not in favour of these facilities, particularly the content of sexual health advertising used to promote them. The local branch of the NCCVD found support within Manchester City Council for the withdrawal of advertisements that directed people towards the ‘early treatment centres’, and a motion was carried by the council to remove these posters.²³² By March 1921 sexual health advertisements that specifically mentioned these centres were removed and replaced with alternative posters.²³³ Somewhat ‘encouraged by the success of their protest against the advertisements that had been displayed in the city’ those against prophylaxis treatment ‘were now agitating for the closing of the ablution centres’.²³⁴ The Ministry of Health discussed this matter and argued that the wording in the Manchester posters had contributed to the problem. The posters contained a contradiction with ‘strong advocacy of self-disinfection’ whilst ‘calling attention to the situation of these centres’.²³⁵ The Ministry of Health argued that the wording on the posters mixed up the two separate issues of ablution centres and self-disinfection—and further argued that promotion of the latter was at the expense of the former.²³⁶ On the 30th of June 1922 the trial centres were shut following the passing of a resolution by Manchester City Council.²³⁷

Peace between the NCCVD and the SPVD—the Trevethin Report

At a national level the shifts that the NCCVD adopted led to calls for a truce between the NCCVD and the SPVD, and to find ways in which the two organisations could work

²³¹ Ibid.

²³² Letter from Manchester City Council to Minister of Health, (12th February 1921), NA/MH/55/203.

²³³ Letter from the deputy Town Clerk to Ministry of Health, (9th March 1921), NA/MH/55/203.

²³⁴ Internal Ministry of health document, (9th April 1921), NA/MH/55/203.

²³⁵ Ibid.

²³⁶ Ibid.

²³⁷ Letter from the Acting MOH (Manchester) to Ministry of Health, (30th June 1922), NA/MH/55/203.

together. One suggestion was for a liaison officer to go between the two bodies and another was that roles for VD prevention could be apportioned, with the NCCVD to continue with their current advertising as they had ‘evidenced marked ability in the educational and administrative sphere’ while the SPVD could take a role that developed medical policy ‘for which it is eminently adapted’.²³⁸ Despite these initial moves towards reconciliation, peace did not immediately break out. However, in 1922, one final nudge towards accord came by way of an agreement between both organisations to support a new committee chaired by a significant figure, Lord Trevethin, who had left the post of Lord Chief Justice only a month prior to residing over this new VD investigation.²³⁹

This 1922 investigation did not have the wide-ranging scope of the 1913 RCVD, the remit was simply to ‘consider and report upon the best medical measures for preventing VD in the civil community, having regard to administrative practicability, including cost’.²⁴⁰ Importantly for the prophylaxis debate, Trevethin and his committee were respected by both the NCCVD and the SPVD—both bodies explicitly stated their support and confidence in the committee and agreed to fully cooperate.²⁴¹ In a show of government support for Trevethin and his team the committee held its meetings inside the Ministry of Health building in Whitehall.²⁴² The committee sat for a year, held 28 full meetings and 7 sub-committee meetings and interviewed representatives from a wide range of interested bodies (including representatives of both the NCCVD and the SPVD). In May 1923, the Trevethin committee delivered its unanimous report and the findings seemed to satisfy and frustrate both parties equally.

The report vindicated the SPVD’s stance on several of their stated positions, for example, on the efficiency of self-administration. The committee stated, ‘we see no reason to doubt that an intelligent man, if furnished with reasonable instructions, could in favourable conditions effectively disinfect himself’.²⁴³ The committee also dismissed as speculation any link between self-administration and a rise in the disease rate and suggested that those who held that view ‘attach too much weight to the deterrent effect of the fear of

²³⁸ H. Wansey Bayly, ‘Venereal disease’, *Times*, (20th February 1922), p.6.

²³⁹ ‘The Lord Chief Justice’, *Times*, (3rd March 1922), p.12.

²⁴⁰ ‘Inquiry on Venereal Disease: Report of Lord Trevethin's Committee’, *BMJ*, vol.1:3258, (1923), p976-9.

²⁴¹ ‘Venereal disease’, *Times*, (20th April 1922), p.12.

²⁴² ‘News in Brief’, *Times*, (15th May 1922), p.7.

²⁴³ Ministry of Health, *Report of the Committee of Inquiry on Venereal Diseases*, HMSO, (1923), NA/FD1/3166. From now on the Trevethin report.

disease'.²⁴⁴ Chemist sales was another of the SPVD viewpoints that was supported in the committee's report 'we do not think that there is any justification for putting obstacles in the way of individuals who desire to procure the necessary disinfectants'. To explain their decision in this area the committee pointed to the legal sale of sheaths, thus highlighting that some types of prophylaxis were already being sold with written instructions and advertising—albeit a 'mechanical means of protection' rather than a chemical method. The committee urged a change in legislation to allow chemist sales but were mindful of the advertising implications of any such change. They recommended that the law be changed to allow 'properly qualified chemists to sell *ad hoc* disinfectants' provided these were 'sold in a form approved, with instructions for use by some competent authority'.²⁴⁵ To address concerns that this move could undermine the original aims of the 1917 VD Act, the committee added that any commercial advertisement of *ad hoc* disinfectants should be prohibited, a move that the committee argued would ensure no return to quack advertisements.²⁴⁶

The report was not all good news for the SPVD, the committee found in favour of the NCCVD's stance against provision of the packet system of chemical prophylaxis, basing their conclusion through economic reasoning rather than moral argument. Finally, the report concluded that there were three ways public money could be better spent in the fight against VD.

(a) Treatment of disease; (b) Continuous education of the community in regard to the nature and dangers of venereal disease and the importance of seeking prompt and skilled treatment; and (c) The elimination of those conditions of life which tend to foster promiscuous intercourse and the spread of disease'.²⁴⁷

All three findings were welcome news for the NCCVD as vindication for their advertising—as strategies to promote treatment via recognised clinics, the dangers of unskilled treatment, and moral guidance against promiscuous sex had all been evident in NCCVD sexual health advertising.

The SPVD and the NCCVD could both point to some of the findings of the Trevethin committee to justify actions that each had taken. Both organisations accepted the report's findings and found enough common ground in its conclusions to agree to work on

²⁴⁴ Ibid.

²⁴⁵ Ibid.

²⁴⁶ Ibid.

²⁴⁷ Ibid.

some level with a united voice.²⁴⁸ Therefore, the Trevethin report proved to be significant in the road to peace between the feuding organisations and brought an end to over three years of hostilities.

In November 1923 a formal meeting to forge a closer working relationship proposed the two organisations should merge.²⁴⁹ To facilitate this, NCCVD appointed Lord Trevethin as its president, and the two parties formed a liaison committee tasked to formulate a joint advertising strategy.²⁵⁰ There was also a renewed (but ultimately failed) call for the SPVD to receive a portion of the annual central grant that was given exclusively to the NCCVD.²⁵¹ Further collaboration occurred in 1925 when Sir Auckland Geddes agreed to hold the role of president in both organisations.²⁵² Nevertheless, despite the closer working relationship (and shared officials) the original issue that drove the two organisations apart still existed—the absence of chemical prophylaxis within the NCCVD advertisements—although the tension of previous years was not evident due to a reported change in the NCCVD’s position on chemical prophylaxis. The two organisations worked together to lobby the Ministry of Health to allow inclusion of chemical prophylaxis instruction in sexual health advertisements.²⁵³ However, Tomkins has argued that the Ministry of Health’s position did not change in this regard.²⁵⁴ So, despite their new position and working relationship with the SPVD, the proposed merger never materialised. The NCCVD board were likely to have been apprehensive about losing their main source of funding, and their privileged position of being the government’s official outlet for VD prevention advertising which would have been threatened if they went directly against the Ministry of Health’s position on chemical prophylaxis within their advertisements.

British Social Hygiene Council

In May 1925, the NCCVD was subject to a rebranding exercise when it was renamed the British Social Hygiene Council (BSHC).²⁵⁵ Hall has argued that this change was a reflection

²⁴⁸ ‘Joint Action Against Venereal Diseases’, *The Lancet*, Volume 202, Issue 5218, (1st September 1923), p.469.

²⁴⁹ ‘The Venereal Disease Societies: A Fusion of Work’, *The Lancet*, Vol.203, (1924), p.40-41.

²⁵⁰ *Proceedings of the Imperial Social Hygiene Congress*, (May 12th-16th, 1924), p.284.

²⁵¹ ‘Grants For Venereal Diseases’, *Public Health*, Vol.37, (October 1923), p.4.

²⁵² Tomkins (1993).

²⁵³ Ibid.

²⁵⁴ Ibid.

²⁵⁵ British Social Hygiene Council, *Times*, (20th May 1925), p23.

of the broader based social agenda of the council to create a VD-free society.²⁵⁶ Under this new guise the BSHC continued as the government's chosen agency for sexual health advertising and continued to receive the annual central grant.²⁵⁷ The BSHC carried on producing sexual health advertising—in a style commensurate with the NCCVD (Fig 2.6 & 2.7).

TO THOSE ABOUT TO MARRY.

“HAVE YOU A CLEAN BILL OF HEALTH?”

Those who, at any time, have suffered from Venereal Disease are bound in honour to obtain medical opinion as to whether they are free from infection before they marry. Otherwise an innocent partner may become a victim to terrible disease and possibly lifelong suffering. The safeguard against such a tragedy is expert advice.

Remember that the disappearance of the symptoms does not necessarily mean the disappearance of infectivity. Either consult a doctor, or attend at one of the Free Treatment Centres, where an examination, and treatment, if necessary, may be had, both free of charge and under conditions of secrecy.

Full information free (in plain cover) can be obtained from the Hon. Medical Secretary, British Social Hygiene Council Incorporated, 102P, Dean Street, Oxford Street, London, W.1, and his advice will be available free at this address on Mondays, Wednesdays and Fridays from 12.30 to 2 p.m., and on Tuesdays and Thursdays from 5 to 7 p.m. No examination or treatment is undertaken at these offices.

Write for five useful booklets for Parents, 1/4 the Set. Six useful booklets for Girls, 1/4 the Set. Seven useful booklets for Young Men, 1/5 the Set. All post free in plain cover.

VENEREAL DISEASES.

“THE ODDS ARE AGAINST YOU.”

Are you prepared to ruin your health, perhaps your life? Are you prepared to risk breaking up your home, perhaps to infect your partner in marriage, and bring into the world children who become blind or die early?

A man or woman who leads an unchaste life is practically certain to contract Venereal Disease sooner or later. Often a person is infected the first time a risk is taken.

If you desire information in plain cover on this subject, write to the Hon. Medical Secretary, British Social Hygiene Council Incorporated, Dept. N., Carteret House, 1, Carteret Street, Westminster, S.W.1, and his advice will be available free at this address on Mondays, Wednesdays, and Fridays, from 12.30 to 2 p.m., and on Tuesdays and Thursdays from 5 to 7 p.m. No examination or treatment will be undertaken at these offices.

Write for five useful booklets for Parents, 1s. 4d. the set. Six useful booklets for Girls, 1s. 4d. the set. Seven useful booklets for Young Men, 1s. 5d. the set, all post free in plain cover. Advt.

Fig 2.6 To those about to Marry, BSHC 1925²⁵⁸

Fig 2.7 The Gods are against you, BSHC 1925²⁵⁹

This text-based style of newspaper sexual health advertising continued to be published by the BSHC throughout the period examined in this chapter with the addition of some with pictorial elements, predominantly utilised within various pamphlets (Fig 2.8, 2.9 & 2.10.)

²⁵⁶ Hall, (2000) p.90.

²⁵⁷ *Times*, (20th May 1925), p.23.

²⁵⁸ BSHC, *John Bull*, (23rd May 1925), p.2.

²⁵⁹ BSHC, *The Daily News*, (27th May 1925), p.10.



Fig 2.8 How to Fight VD BSHC C.1929²⁶⁰

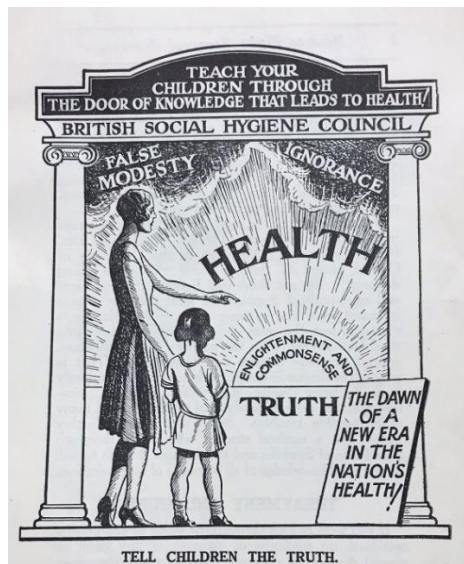


Fig 2.9 Teach your Children, BSHC c.1929



Fig 2.10 Kittens BSHC c.1929

These images had signs and codes for the audience to interpret which were arguably straightforward and easy to decipher, such as the inference of infertility through the depiction of a downcast woman surrounded by a cat and her kittens in Fig 2.10—further

²⁶⁰ Figs 2.8–2.10 all taken from BSHC pamphlets within NA/MH/55/1331

clarified for the audience through the copy within the image. Other signs were a little more subtle, such as the call to patriotism in the placard at the bottom right of Fig 2.9 or the way that hygiene, common-sense, and knowledge were depicted slaying the beast of VD (Fig 2.8). It is arguable that the audience would have interpreted a eugenics tone in these messages, and this would support Roger Davidson's observation that 'the language of VD propaganda in interwar Scotland was clearly shaped by eugenics'.²⁶¹ The influence of the eugenics movement in these advertisements was unsurprising given that the BSHC had strong links with the British eugenics movement (as had the NCCVD) due to figures such as Sybil Neville Rolfe, a cofounder of both the Eugenics society and the NCCVD.²⁶²

Some of the images that the BSHC and, their previous incarnation, the NCCVD used within the pamphlets were also converted into sexual health advertising posters (for example, Fig 2.11.)

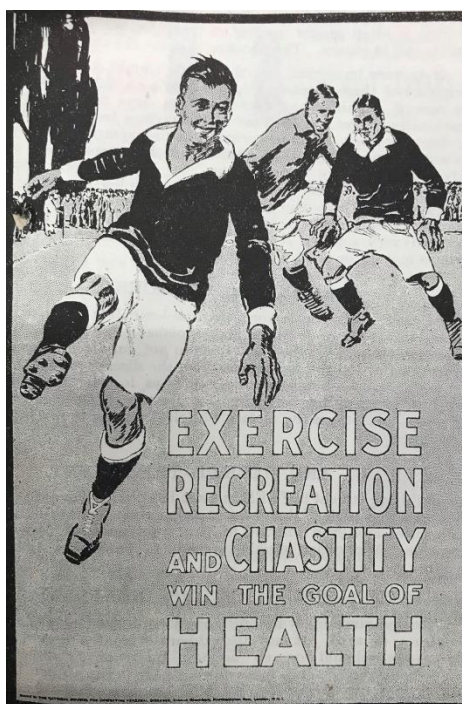


Fig 2.11 Football NCCVD/BSHC C.1922-35²⁶³

The pictorial element of the poster depicted three men playing a team sport. The absence of the ball left the exact sport unclear but the word 'goal' in the copy indicated to the audience that the sport in question was football. All three men were depicted having fun, especially the smiling player in the foreground. By using football signs and codes for teamwork and comradery, this could have added an element of peer pressure into the

²⁶¹ Davidson (2000), p.144.

²⁶² Gorman, (2008), p.205.

²⁶³ Football, NA/ADM/8624/77.

interpretations from the audience. The audience may have felt a sense of duty to their ‘pals’ to stay fit, healthy and ‘not let the side down’. This advertisement did not use the infected subject, instead presented healthy bodies for the audience to interpret what particular actions had led to their happiness.

However, the infected subject was used within some BSHC sexual health advertising, particularly prominent in the advertisement in Fig 2.12.

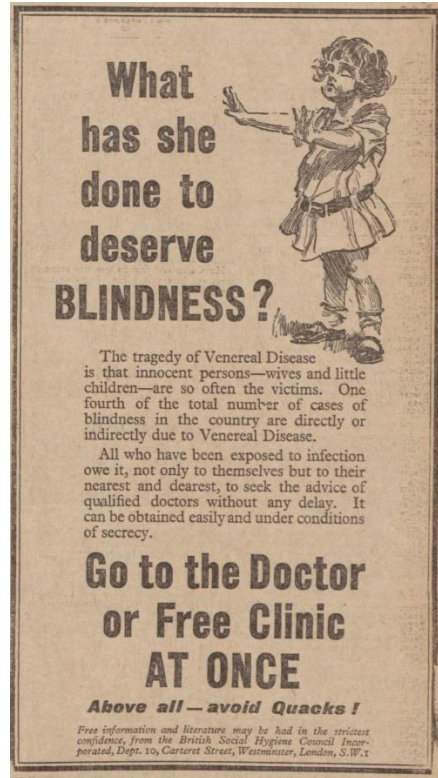


Fig 2.12 Blindness, BSHC, 1929²⁶⁴

The image showed a representation of a child, with eyes shut and arms stretching out to feel the way and provided the audience with arguably easy to decipher signs and codes of blindness. This image also provided an opportunity for the audience to interpret vulnerability for the child as she grasped outwards into the darkness. The child’s clothing indicated to the audience that this was a female but may have presented a contradiction of whether the child was well cared for or not. The child was depicted as wearing ribbon adorned stockings and puffed sleeves, reminiscent of the style of party outfits in the 1930s, yet these clothes looked unkempt, even somewhat scruffy. The type and condition of her clothing could have been read by the audience as a reflection of her circumstance—that a fully able-bodied child would have been adorned and turned out in a similar way to other well-kept children. However, due to her condition of blindness—brought on by the

²⁶⁴ BSHC, *Derby Daily Telegraph*, (10th April 1929), p.9.

transgressions of her parent/s—the child was left looking bedraggled and had not reached the potential she might otherwise have done. This provided the audience with a negative imagined future scenario for the infected subject which would no doubt have elicited a sense of guilt or compassion in some members of the audience. This would have been further heightened by the advertisement copy, headlined with a question ‘what has she done to deserve blindness?’ The large font that the word ‘blindness’ was presented in provided an extra emphasis on this condition and a similar technique was used to emphasise the urgent need for treatment ‘at once’. Through a combination of copy and image the audience was provided with signs and codes for failed promise of the child’s potential and failed parental promise to protect your children. Especially visible, the copy told the audience that it was the duty of those that had exposed themselves to risk in the interest of their ‘nearest and dearest’ to immediately seek medical advice. The emotive imagery and copy in the BSHC sexual health advertising illuminates the combination of moral and medical tactics used by the BSHC in this period. In addition, advertising techniques utilised by the BSHC can be observed such as the advertisers call-to-action to ‘seek the advice of qualified doctors’ and ‘above all—avoid quacks!’.

Local Authorities

Although the BSHC had moved towards a more pictorial and creative form of sexual health advertising, local authority produced sexual health advertisement remained focused on copy. Many of these were copy-based posters displayed in public conveniences in local areas and provided the audience with simple information about the location and opening times of VD clinics. Example of these types of sexual health advertisements are shown in Figs 2.13, 2.14, & 2.15.²⁶⁵

²⁶⁵ Local authority sexual health advertisements, Figs 2.13-2.17 all in NA/MH/55/1331.

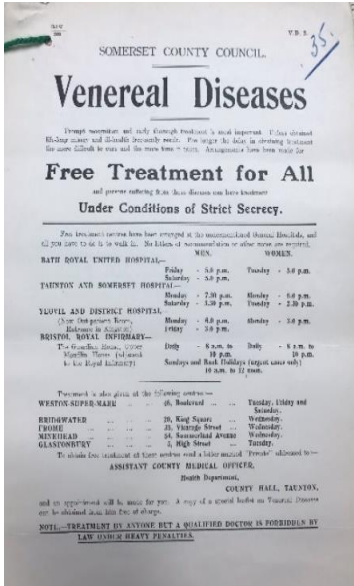


Fig 2.13 Somerset, C.1937



Fig 2.14 Bristol C.1937

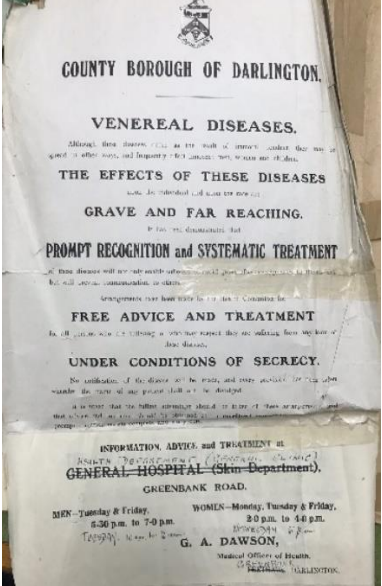


Fig 2.15 Darlington C.1937

In addition to this type of poster, some local areas also, on occasion took a more unique approach to sexual health advertising such as the welcome cards that Kingston Upon Hull County Borough provided for the port's visiting seamen (Fig 2.16 & 2.17).

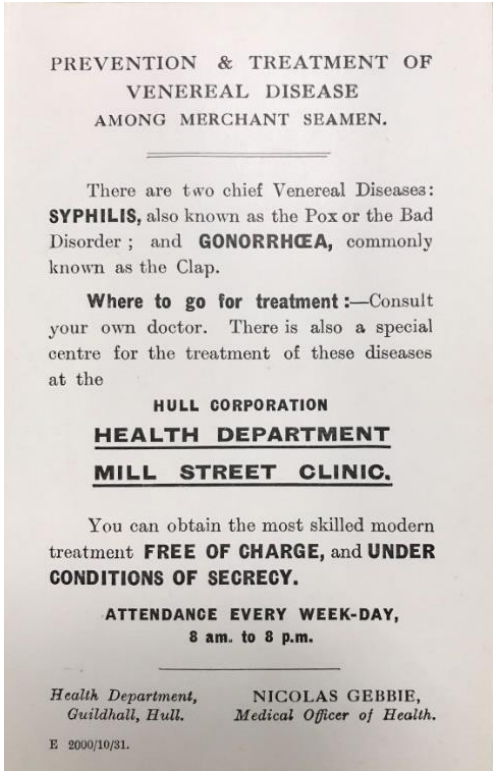


Fig 2.16 Hull 'English' c.1937

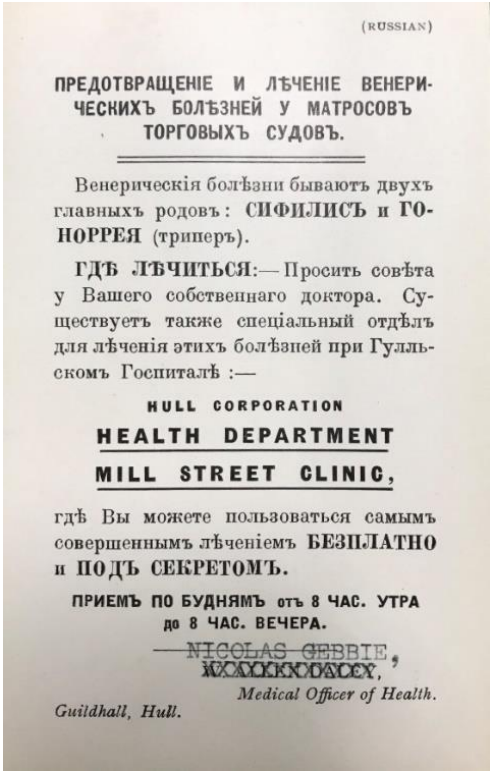


Fig 2.17 Hull 'Russian' c.1937

The Boarding Medical officers and Sanitary Inspectors would hand these cards out to visiting and returning seamen when entering the port. The cards, printed in several different languages, provided information on the local VD facilities.²⁶⁶

Meanwhile, at a national level the BSHC continued their move towards new initiatives in both techniques and media in sexual health advertising to increase reach and impact. Radio as a medium was suggested, but dismissed, as ‘it would not be possible to deal directly with venereal diseases’.²⁶⁷ However, another media, film, became increasingly used in this period.

Increased use of films

Although the method of delivering a sexual health message via film had begun in 1917 with the release of the NCCVD production *Whatever a man soweth*, the interwar period saw an increased use of this approach.²⁶⁸ This phenomenon was not unique to sexual health, the increased use of film as a tool in health promotion has been extensively researched by Timothy Boon, who found that at least 350 films were produced during this period and that these films were used to promote a broad range of public health issues.²⁶⁹ Film historian Annette Kuhn has studied the content, design and influences of these films to highlight their cultural and social significance.²⁷⁰ Although it is arguable that the films endorsed by the NCCVD/BSHC were a form of sexual health advertising, the engagement with these films within this thesis focuses on two specific (hitherto under investigated) areas. Firstly, sexual health advertising depicted as a feature within these films and secondly sexual health advertising aspects in materials used to promote these films.

A central moral element was always prominent within the narrative based films and the BSHC’s preferred medical approach to the dilemmas presented were always depicted.²⁷¹ One feature of the films that played a significant role in demonstrating to an audience where appropriate health advice of this nature might be sought was in the films’ depictions of sexual health advertising itself. In the 1929 film *Deferred Payment*, the principal male

²⁶⁶ Kingston Upon Hull’s returned V.56 form, NA/MH/55/1331.

²⁶⁷ Minutes of Propaganda committee NCCVD, (29th September 1924), point VI, Wellcome SA/BSH/C.1/5.

²⁶⁸ Boon, (1999).

²⁶⁹ Ibid.

²⁷⁰ Kuhn (1985); Annette Kuhn, *Cinema, Censorship and Sexuality 1909-1925* (London: Routledge: 2016).

²⁷¹ Boon categorised these films into two genres, ‘moral tales’ and ‘instructional film’. Boon, (1999) p134.

character Leonard Dawson was shown reading a newspaper in which he saw an advertisement for the BSHC that read 'Marriage: Don't spoil your paradise before you enter it'. Once the advertisement had been shown long enough to be read by the audience, imagery of a dancer Leonard once knew and of Gladys (Leonard's sweetheart) were in turn superimposed on the text.²⁷²

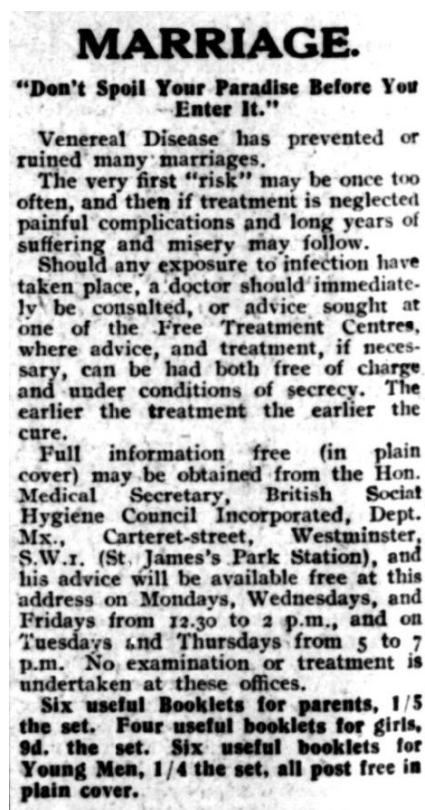


Fig 2.18 Marriage BSHC 1927²⁷³

The contrasting image of Leonard's sweetheart and the dancer provided a sign that allowed the audience to conclude that Leonard had at some point sexually transgressed with the dancer—and the cause of his angst when seeing the advertisement. Fig 2.18 shows a 1927 version of the BSHC sexual health advertisement that did run in newspapers throughout the country, therefore the audience of *Deferred Payment* had potentially already seen this in real-life. Even if the audience had not seen this particular sexual health advertisement, the depiction of where these advertisements were situated (in newspapers) would no doubt have guided an inquisitive mind to look further into this for similar sexual health advertisements.

²⁷² Boon (1999), p154-155.

²⁷³ 'Marriage', *Uxbridge & W. Drayton Gazette*, (5th August 1927), p.10.

The 1930 film *Any Evening After Work* provided another example. Here the central character—having fallen foul of an infectious sexual encounter—was depicted walking around the town, trying to pluck up the courage to see a doctor. As he was walking, he noticed a sexual health advertisement poster for a lecture sponsored by the BSHC on 'Problems of life and health' (Fig 2.19).

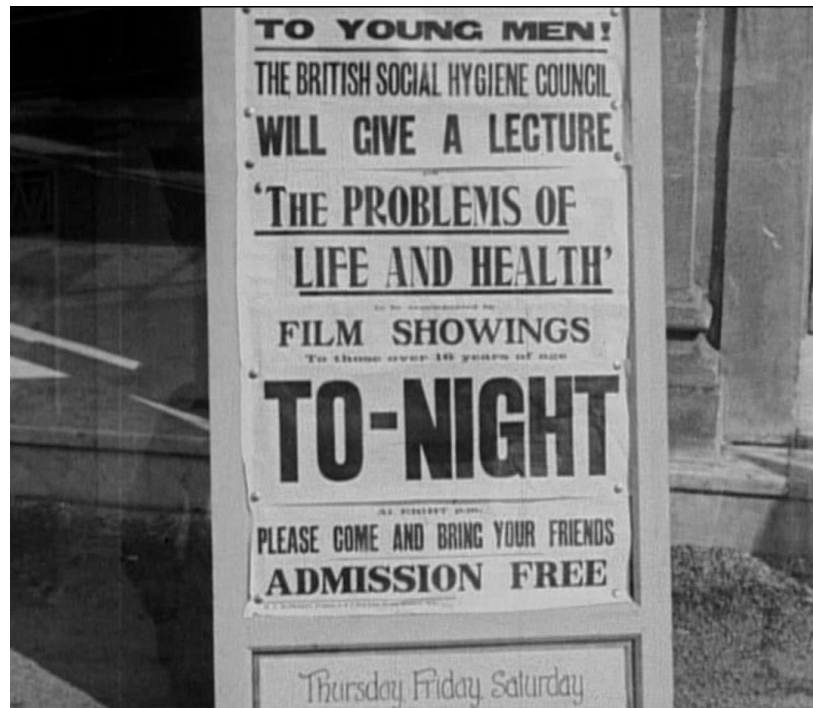


Fig 2.19 Screenshot from *Any Evening After Work*, 1930

The film shows that at the lecture a doctor related several case histories of VD including a sailor, a city clerk, and a steelworker—the audience (both the fictional audience in the film and the audience of the film) were advised to seek treatment if they thought they needed it. Sexual health advertising played a central role in the narrative of the film, the chance encounter with the poster acted as the stimulus that eventually put the protagonist on the road to redemption. Further examples of BSHC sexual health advertising were also briefly shown in the film including Fig 2.11, which could be seen in the shot as the central character entered the lecture theatre (Figs 2.20a & b) and provided another example of the BSHC's use of real-life sexual health advertisements within their propaganda films.



Fig 2.20a Screenshot from *Any Evening After Work*, 1930



Fig 2.20b Screenshot from *Any Evening After Work*, 1930

Some sexual health films of this period were instructional in format; films of this type, and also some of the narrative films, were designed to be presented within a lecture or at specially arranged (and often gender-segregated) viewings. In contrast, other sexual health films had much more in common with typical commercial films found in the

cinema, in that their intended purpose was to entertain the public and make money for the producers. As commercial entities these films were intended to reach the widest possible paying public audience. To help with this, posters were often produced to promote these films and due to the subject matter a credit or endorsement from the BSHC would on occasion be placed on these posters.

Damaged Lives

Controversy surrounding sexual health films was not uncommon, rather than shy away from the controversial nature of these productions, the advertising material often alluded to it. Not all the films of this period were British-made, indeed films produced in the USA and Canada were edited, renamed, and published with the endorsement of the BSHC—these were also accompanied with promotional posters and artwork. One such film was the 1933 film *Damaged Lives*, which was originally banned in the USA. The decision to censor this film was eventually overturned and when *Damaged Lives* finally received permission to be screened the promotion posters used this original ban to highlight the controversy of the subject matter in the film. This was an attempt to increase excitement and intrigue in the films potential audience Fig 2.21 shows a poster produced to promote this film.

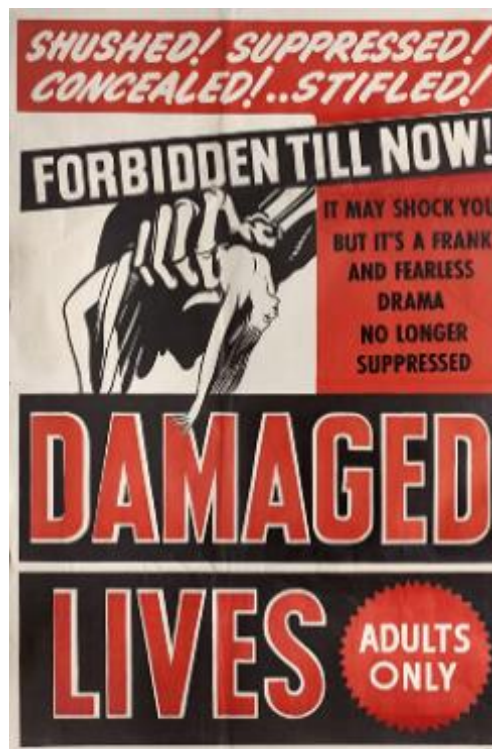


Fig 2.21 *Damaged Lives*, 1933

The image (Fig 2.21) was produced when *Damaged Lives* received its licence to be shown. The image was made up of three colours: red, black, and white. Across the top of the poster the words ‘shushed!’, ‘suppressed!’, ‘concealed!’, and ‘stifled!’, these arguably

provided obvious codes for the audience to conclude that *Damaged Lives* contained hitherto veiled content that censors had previously deemed too offensive or scandalous to be shown. This copy was not used as a warning as to the content of the film but as a tantalising teaser to the elements within the film that led to censorship. Further evidence of this appeared through the declaration ‘forbidden till now’ and the perhaps faux warning that ‘It may shock you but it’s a frank and fearless drama no longer suppressed’. The final piece of copy on the poster was a large ‘adults only’ sign, which again offered a code to the audience that the subject dealt with in this film was so dangerous that it could potentially corrupt the young. The copy was accompanied by an image that also contained signs that the audience could interpret.

The image was made up of two main components, a female body and a skeleton hand. The female body was central to the image in both that it was positioned centrally and that it played a crucial role within the work. The body was represented as a lifeless figure, the long hair of the woman draped vertically down from her head which was also positioned in a vertical manner—at 90 degrees to the woman’s torso, indicating a state of lifelessness. This was further signalled by a small vertical line placed upon the shut eyelid that resulted in a cross positioned where the eye should be. The woman’s arm hung straight down, and an outstretched finger provided a subtle pointing action towards the film title. The female figure was presented in a state of undress, aside from a drape of material, which covered the upper legs and groin area. The woman’s upper torso was shown exposed, thus revealing the shape of her chest—the breasts were presented in limited definition, depicted through the shape of the silhouette and a curved line in the centre of the upper torso. Overall, the figure was depicted in a vulnerable but sexual position, and even in this lifeless state this representation included many signs and codes that could have been interpreted by the audience as sexual appeal.

The second prominent element of the image was a human arm, the Radius and Ulna bones were visible to the audience and these bones—along with the finger bones—made the image recognisable as a human skeleton. The skeleton was depicted holding the female body through her midriff. Although both the skeleton and the female body are undeniably depictions of human bodily shapes, the skeleton was depicted proportionately much larger than the female. The skeleton’s clenched fist easily encompassed the size of the female’s midriff within its grasp. This provided the audience with two potential ways of interpreting this difference, either the female was small, or the skeleton was large. Either way it is likely that the proportion of the woman to the skeleton would have increased the sense of vulnerability of the woman. Through a combination of copy and imagery the contents of

this poster provided the audience with signs and codes for notions of fear, vulnerability, jeopardy, intrigue, and sex appeal.

Other methods were used to promote *Damaged Lives*, newspaper advertisements were one such technique. Several newspaper advertisements were created for the film (Figs 2.22, 2.23 and 2.24) each contained subtle signs and codes that were provided to the audience through the copy and images within the advertisements.



Fig 2.22 *Damaged Lives*, *Daily Mirror*, 18th August 1933 p.21



Fig 2.23 *Damaged Lives*, *Daily Mirror*, 25th August 1933 p.21

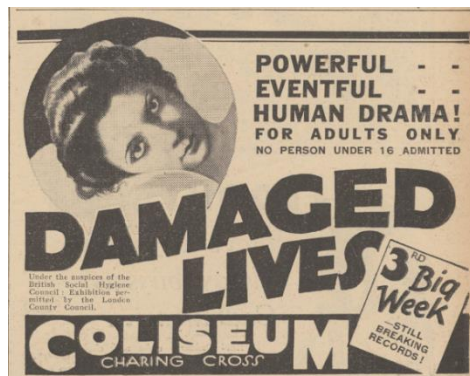


Fig 2.24 *Damaged Lives*, *Daily Mirror*, 1st September 1933 p.21

Three common techniques were used in each of the iterations, firstly the notion that this was a film restricted to adults only. Secondly, that this film had the official backing of the leading voice on sexual health advertising in Britain, the BSHC. This linked the film and the contents of the newspaper advertisements firmly with the subject of sexual health. Thirdly the infected subject was utilised in each of these advertisements but this motif was inflected differently in each. For example, the image in Fig 2.22 depicted a male and female couple, the woman was looking upwards at the man, whilst he was depicted staring into space, both had expressions that provided obvious signs for concern and worry, and it was unclear to the audience which of the main characters was the infected subject. The copy built excitement and anticipation through words such as ‘arresting’ and ‘gripping’. In another advertisement (Fig 2.23) a pensive look on the face of the woman was another way of representing the sorrowful thoughts of the infected subject. The advertisement also used the advertiser’s technique of recommendation by an expert in the form of a quote from renowned journalist and drama critic Hannen Swaffer, who stated that *Damaged Lives* was ‘The most amazing film show I have seen for years’. A third iteration of the *Damaged Lives* newspaper advertisements (Fig 2.24) was somewhat different, instead of what could be arguably conceived as negative imagery of the infected subject the audience were provided with appealing signs of sexual allure. This was done through two signs, first the woman was pictured laying down and secondly her eyes were fixed on the audience’s point of view, combined this made for a sexualised representation of the film’s main character. Copy did not feature as prominently in this advertisement, although a code for the popularity of the film was evident in the copy that told the audience the film was in its ‘3rd big week’ and that it was ‘still breaking records’.

The attention that *Damaged Lives* received was used as a tool to further promote the BSHC backed film. Attendance figures from other areas indicated the significant number of people the film had attracted ‘260,738 persons paid admission at the London Coliseum’ and a further ‘66,065’ in Manchester (Fig 2.25).

MONDAY
MAY 7th

SCALA
LONG EATON

ALL THE
WEEK

The Film Epic of the
GREATEST HUMAN PROBLEM

DAMAGED LIVES

(Under the auspices of the British Social Hygiene Council)

Devastatingly Frank and Fearless

FACTS
★ 260,738 Persons
paid admission at the
London Coliseum
★ 66,065 Persons
paid admission at the
Manchester
Hippodrome

ADULTS ONLY
NO PERSON UNDER 16 ADMITTED

MATINEE
SATURDAY
at 3 p.m.

NOW
Is Your Chance
to see this
Powerful
Human Drama

PRICES AS USUAL

Fig 2.25 *Damaged Lives*, Long Eaton Advertiser, 4th May 1934, p.6.

A similar approach was adopted in Fig 2.26, that used visual signs to depict the popularity—via lengthy queues outside the cinema. This was supported by copy that declared that ‘not since the first days of the talkies have I witnessed such scenes as occurred at the Manchester Hippodrome yesterday’. This clamour for tickets indicated *Damaged Lives* was a film worth watching and individuals needed to ensure that they did not miss out on seeing this popular film.

Damaged Lives was not the only commercial film that the BSHC endorsed during this period. Several other films such as *Shall the children pay?* and *Marriage Forbidden* had similar promotional materials that made it clear that the production was supported by the nation’s leading authority on VD. The endorsement of these films provided the BSHC an extended vista in which to disseminate their sexual health advertising messages and the interpretations the audience made of the signs and codes provided in these advertisements would no doubt have contributed to their thoughts on infection and disease.

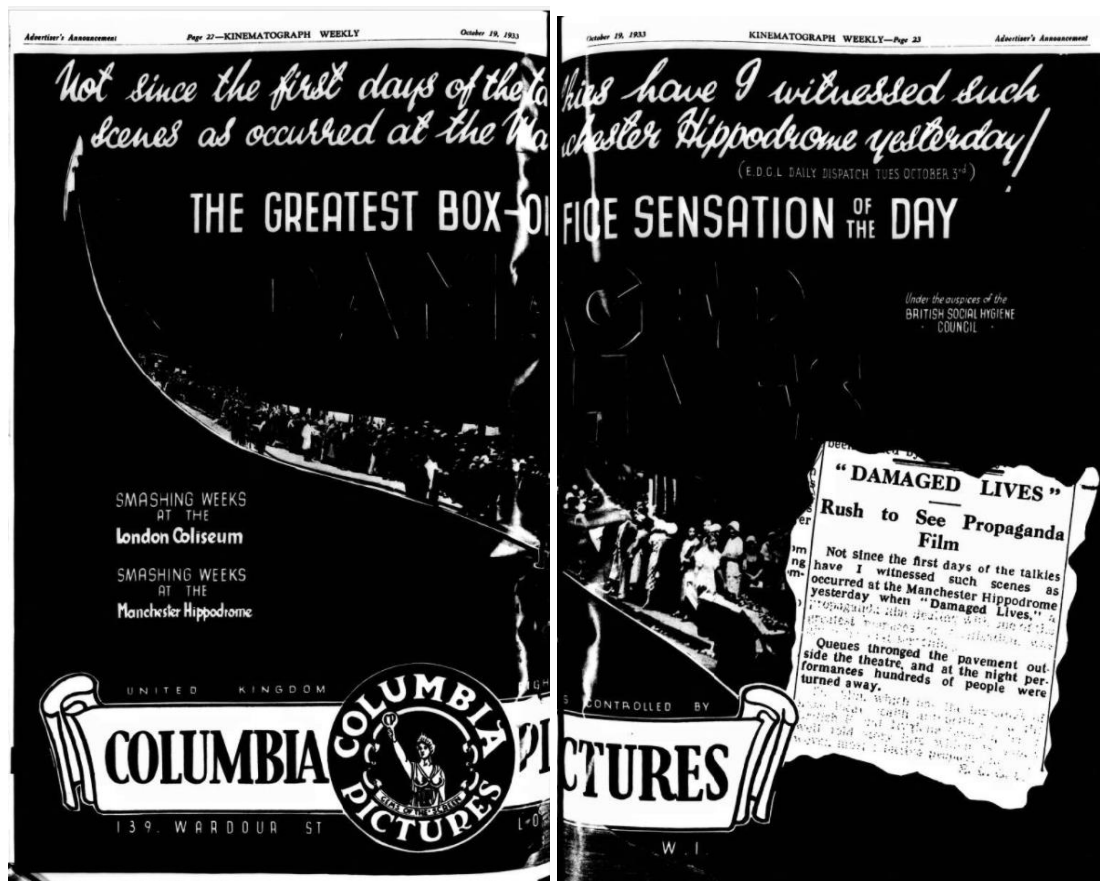


Fig 2.26 *Kinematograph Weekly* 19th October 1933 p.20-21.

These examples again show the move towards a more creative and pictorial form of sexual health advertising within this period. Further, the use of film through these various platforms helps illuminate the subtle impact that commercial enterprises (such as film production companies, picture houses), had on sexual health advertisements. This indicates that although commercial enterprises were still ostensibly excluded from legitimate, legal sexual health advertising, they did have some involvement within the network of stakeholders, and that this involvement impacted on sexual health advertising during this period.

Central Council for Health Education

Having already discussed the transition of the NCCVD to the BSHC this chapter closes with discussion of two further administrative changes that impacted on British sexual health advertising during this period. The first of these was the creation of the Central Council for Health Education (CCHE). In 1925 the Public Health Act was introduced, this ultimately had consequences for the way sexual health advertising was constructed in Britain. This Act empowered local authorities to engage in public health work and—as the voluntary health sector was a very busy marketplace at this time—resulted in numerous voluntary organisations reaching out to local authorities to offer their services for their

particular individual health issues. The Medical Officers of Health at the various local authorities wished to streamline the process by dealing with one central body.²⁷⁴ So, in January 1928, on the initiative of the Society of Medical Officers of Health, the CCHE was constituted to advise and assist local authorities on the education of the people in health matters.²⁷⁵ The aim of this new organisation was to establish a more efficient way of organising the nation's health promotion needs.²⁷⁶ The Medical Officers of Health intended to 'cut waste of effort' and 'overlapping' by dispensing with the 'multiplicity of health organizations' and using the CCHE as a single body to deal with all health promotion requirements.²⁷⁷

This move had the potential to directly affect the BSHC. However, even though the CCHE had been set up to provide a central body for all the health advertising needs of the nation—initially the CCHE remit did not include sexual health advertising. In the first few years of the CCHE's existence the BSHC continued to receive the central funding grant, this had resulted in a significant degree of autonomy for the BSHC from the CCHE. In 1928 this autonomy was significantly damaged when the British Government announced a change in the way the BSHC was to be funded.²⁷⁸

NCCVD/BSHC Funding

In 1929 a wider ranging restructure of the way that British Government administered exchequer grants to local authorities changed the way many health issues were funded in the country—this change resulted in a significant adjustment for the BSHC. The 1929 Local Government Act introduced a new funding structure for exchequer grants with local authorities expected to take up much more of the funding directly.²⁷⁹ The BSHC resisted this move and even lobbied for a clause that would allow the Ministry of Health to compel local authorities to fund VD prevention.²⁸⁰ The BSHC argued that this clause was necessary as the move would see sexual health advertisements 'competing [with] health services whose appeal is more popular', the BSHC further argued that local authorities may

²⁷⁴ For more on Medical Officers of Health see: Martin Gorsky, 'Local leadership in public health: the role of the medical officer of health in Britain, 1872–1974', *Journal of Epidemiology & Community Health*, (2007), vol.61, p.468-472.

²⁷⁵ 'Central Council for Health Education', *Times*, (30th January 1928), p.7.

²⁷⁶ For more on the CCHE see Blythe (1987).

²⁷⁷ 'Central Council for Health Education', *Times*, (30th January 1928), p.7.

²⁷⁸ 'Local Government Bill', *Times*, (14th November 1928) p.10.

²⁷⁹ 'Social Hygiene', *Times* (13th July 1929), p.19.

²⁸⁰ Letter to *Times* from Lord Linlithgow (president of BSHC) in *Times*, (22nd January 1929), p.8.

well be swayed by ‘the apathy of public opinion’ to disregard the importance of sexual health advertising.²⁸¹ The Minister for Health (Neville Chamberlin) rejected the clause ‘with very considerable reluctance’ because of the ‘valued work’ the BSHC had done up to date. Chamberlin justified his decision by arguing that ‘the position to-day was completely different from what it was 12 years ago’.²⁸² He also pointed to the gradual reduction in the funds supplied by central government through the annual grant over the preceding years as ‘the local authorities had come to realise the necessity for and value of the work preventing venereal disease’.²⁸³

From 1st April 1930 the new structure was active and the BSHC no longer benefited from the central grant.²⁸⁴ This did result (as predicted by the BSHC) in reduced funding, with many local authorities reluctant to fund the body to the same amount as had previously been secured centrally.²⁸⁵ In addition to the impact that the reduced funding had, the status of the BSHC was also affected by the change. As discussed, the central grant had elevated the BSHC compared to other voluntary bodies. The change to this funding model not only ended this special status but also meant that funding was more precarious as it became dependant on the goodwill and success of negotiations with the entire ensemble of local authorities.

Understandably, due to this voluntary nature of the donations and differing priorities for the various local authorities, monies received for the BSHC varied from one authority to another. By 1935 this situation had reached a critical point and the BSHC launched a major funding campaign, stating that it was in financial crisis. Fig 2.27 shows an advertisement from BSHC that implored the public to raise £100,000, a hugely ambitious figure in interwar Britain. The BSHC stated that this money was needed ‘to safeguard youth and save the children of the future’.²⁸⁶

²⁸¹ Ibid.

²⁸² ‘Parliament’, *Times*, (29th January 1929), p.8.

²⁸³ Ibid.

²⁸⁴ ‘Health and Empire’, *Times*, (9th July 1929), p.9.

²⁸⁵ Internal Ministry of Health memo, NA/MH/55/1330.

²⁸⁶ ‘BSHC’, *Times*, (26th March 1935), p.11.

BEFORE INSTITUTION OF TREATMENT EVERY 100 PREGNANCIES RESULTED IN:
50 TOTAL FAILURES, 7 MENTAL CASES, 4 HEALTHY CHILDREN.

IGNORANCE & DISEASE **KNOWLEDGE & HEALTH**

What of the Next Generation?

AFTER INSTITUTION OF TREATMENT EVERY 100 PREGNANCIES RESULTED IN:
6 TOTAL FAILURES, 1 MENTAL CASE, 91 HEALTHY CHILDREN.

THE BRITISH SOCIAL HYGIENE COUNCIL (Inc.)
 17, DARTMOUTH STREET, LONDON, S.W.1.
 (Incorporated in England)

WHAT THE COUNCIL IS AND WHAT IT DOES
 The British Social Hygiene Council was set up in 1926 to co-ordinate the work of the various organizations which are concerned with the health of the nation. It is a non-profit-making organization and its objects are to promote the health of the nation by the dissemination of knowledge and the improvement of the environment. It does this by publishing leaflets, holding lectures, and by other means. It is a national organization and its work is carried out in all parts of the country.

An Appeal to the Nation for £100,000 to SAFEGUARD YOUTH AND SAVE THE CHILDREN OF THE FUTURE

H.R.H. THE PRINCE OF WALES, IN HIS SPEECH DELIVERED AT ST. JAMES'S PALACE ON FRIDAY, MARCH 1ST, 1935, SAID: "But in common with you, all I am concerned for boys and girls after they have left school, during that difficult time up to the age of 18. The interest of home and school declines, and boys and girls enter an unfamiliar world at the most critical moment of their physical, moral and mental development. . . . It is our business to see that, whatever we may lose in quantity, we gain, in quality, for a nation's future."

The Council has been carrying out certain aspects of this vitally important National work on behalf of adolescent Youth for the past 10 years under various financial difficulties. This report has been submitted to His Royal Highness's advisers.

THE BRITISH SOCIAL HYGIENE COUNCIL
 makes this its first public appeal for funds, relying upon the individual generosity and operations of British public to supply the means necessary to carry out its work. It is a national organization and its work is carried out in all parts of the country. It is a non-profit-making organization and its objects are to promote the health of the nation by the dissemination of knowledge and the improvement of the environment. It does this by publishing leaflets, holding lectures, and by other means. It is a national organization and its work is carried out in all parts of the country.

WHAT HAS ALREADY BEEN ACHIEVED
 The Council has been carrying out certain aspects of this vitally important National work on behalf of adolescent Youth for the past 10 years under various financial difficulties. This report has been submitted to His Royal Highness's advisers.

HEALTHY MOTHERHOOD
 Possibly the greatest tragedy that befalls a woman is the loss of her child. This is often the result of disease contracted during pregnancy. The Council has been carrying out certain aspects of this vitally important National work on behalf of adolescent Youth for the past 10 years under various financial difficulties. This report has been submitted to His Royal Highness's advisers.

HOW TO ASSIST
 1. By sending a Donation, large or small. Postal Orders will be welcomed. Our bank is Citibank.
 2. By signing a Cheque to subscribe annually for a period of three years. Council's paper "Matters" in the former period to enable the donor to obtain a full list of the names of the subscribers. A form for this purpose will be sent to you on request.
 3. By making a Donation or helping in other ways. The Council's work is carried out in all parts of the country. It is a non-profit-making organization and its objects are to promote the health of the nation by the dissemination of knowledge and the improvement of the environment. It does this by publishing leaflets, holding lectures, and by other means. It is a national organization and its work is carried out in all parts of the country.

OR... THE TRAGEDY OF DISEASE WHICH? . . . It rests with YOU!

Do please help us

DONATION FORM
 I shall be happy to send the enclosed sum to the Health of the Nation and the use of the proceeds and to the Director of the Council.

NAME: _____
 ADDRESS: _____
 POSTAL ADDRESS: _____

To the Rt. Hon. The Lord Stanley of Alderley, 17, Dartmouth Street, London, S.W.1.

Fig 2.27 £100,000 appeal BSHC 1935

The appeal used a range of advertising methods to engage with the audience from authority figure appeals such as a quote from the Prince of Wales, to attempts to elicit guilt and responsibility through copy and images that compared 'healthy motherhood' with 'the tragedy of disease' and declared the choice between the two 'rests with YOU' the audience. This example illustrates that sexual health advertising in this period was not merely concerned with improving sexual health and fighting disease, but with who in the network of stakeholders held the power and resources to control discourses of sexual health. It is also arguable that these funding constraints may have increased the BSHC's association with the commercial films—as the films and their promotion materials were funded by film production companies and cinema houses—thus facilitating the increase in commercial enterprises involvement and power in the network of stakeholders involved in sexual health advertising.

These funding issues no doubt contributed to a marked reduction in the frequency of BSHC newspaper advertisements that appeared following the restructure. Due to these funding issues, the quality of sexual health advertising began to be noticed and draw

criticism from a variety of sources. The Mass Observation Project, for example, launched in 1937 with the aim of collecting the views of ‘ordinary people’, provided an interesting assessment of sexual health advertising of that time.²⁸⁷ Some members of the public argued that the sexual health message was not good enough, questions were raised over the suitability and effectiveness of sexual health advertisements. No more so than a Mass Observation respondent that commented in his 12th June 1937 survey²⁸⁸ on a ‘well presented’ film on cancer cure and research, which led him to ponder ‘why don’t they push out propaganda for Venereal Disease along the same lines?’.²⁸⁹ He was critical of the existing advertising on this subject, suggesting that the current propaganda, ‘is hysterical’ and ‘does more harm than good’.²⁹⁰ Further, he believed—with some justification—that his view of the situation came from a position of some knowledge within the field of advertising, as he worked for an advertising agency as a ‘copy and ideas man’.²⁹¹

By 1937 many in the local authorities had also expressed their dismay at the work of the BSHC. Although some local authorities defended the work of the BSHC, many respondents to a Ministry of Health survey questioned both the quality and quantity of sexual health advertisements that the BSHC had produced in their area. One such authority was West Bromwich who argued that ‘the work done [by the BSHC] is negligible’ and furthered their point by declaring that going forward the local authority would retain the budget put aside for sexual health advertising—instead of providing the BSHC with the monies.²⁹²

This shows that during this period, the voluntary/activist stakeholder groups who dominated the network of stakeholders at the beginning, began (due to various changes in conditions) to see their influence wane, as other stakeholders began to become more prominent.

Conclusion

This chapter commenced with the NCCVD as the recognised provider of sexual health advertising for the Ministry of Health—which provided the NCCVD with an effective monopoly over the centrally produced sexual health advertising in Britain. One subject that

²⁸⁷ Cook, (2017), p.239.

²⁸⁸ Mass observation ref: MO/DS539/Day survey 12th June 1937.

²⁸⁹ Ibid.

²⁹⁰ Ibid.

²⁹¹ Ibid.

²⁹² Local authority responses to Ministry of Health questionnaire NA/MH/55/1331.

fell foul of this monopoly was chemical prophylaxis. This was of some concern to many stakeholders in sexual health advertising (including some members of the NCCVD). These concerns were so great that a breakaway group was organised around the inclusion of chemical prophylaxis within sexual health advertising—and the SPVD were formed. This facilitated a debate between the NCCVD and the SPVD but also involved other stakeholders in sexual health advertising such as chemists and policy-makers. The debate ebbed and flowed in public through national newspapers, professional journals, and parliament.

Eventually the NCCVD made concessions, including a trial of ‘early treatment centres.’ in Manchester. The sexual health advertising that surrounded these centres played a central role in the ultimate downfall of the trial as they had conflated the two topics of [1] self-administered prophylaxis, and [2] supervised application of the chemicals. This provided opponents of the centres an opportunity to call for the advertisements to be removed, and once the advertisements were no longer present the opponents moved on to the centres themselves. This case demonstrates the important role sexual health advertising had in guiding sexual health policy—rather than solely being the product of policy. Further, the case demonstrates the importance of how the content of sexual health advertising was interpreted by the audience, including stakeholders. Peace eventually broke out when both the NCCVD and the SPVD accepted the Trevethin report findings—these findings allowed both sides to ‘save face’. This led the two voluntary organisations into a closer working relationship—even sharing a president. In May 1925 the NCCVD became known as the BSHC, and its sexual health advertising continued in a similar fashion to that under the former’s name

One significant difference noted about this period was the increased use of films as a platform for disseminating the sexual health message. Films provided the BSHC new ways to expand the reach of their sexual health advertising messages. This was not restricted to the films’ moral and instructional content but also encompassed the ways the films depicted sexual health advertising. The films’ content on occasion referred to sexual health advertising and showed the audience not only the types of adverts but also where they could be found—including ‘real life’ adverts. Further, the promotional materials of the films often carried the BSHC stamp of approval. These materials were full of codes and signs about sexual health, infection, and disease that an audience could interpret, thus contributing to the discourses in these areas. The involvement of commercial enterprises in the construction of these advertisements shows that although the commercial stakeholders had been excluded from legally advertising for sexual health directly, they did remain active

in the creation of some advertising that contributed to the discourses that surrounded sexual health.

This was all set against a backdrop of changes to the administration of British sexual health advertising. In 1925 the CCHE was established a move that at first had limited impact on sexual health advertising. A more significant impact came about due to the BSHCs central grant being removed, resulting in a funding crisis for the BSHC. Perhaps this lack of funds contributed to the widely held view that British sexual health advertising was inadequate. The chapter concluded with criticisms relating to this, voiced by many policy-makers and also by some members of the public.

The view that British sexual health advertising needed a fresh approach was given a boost in 1942 when the CCHE (under the direction of the Ministry of Health) took over many of the functions of the BSHC, one of those functions was an increased involvement with sexual health advertising.²⁹³ This provided the impetus for a change of direction and the start of a new period for British sexual health advertising, which will be examined in Chapter 3.

²⁹³ Letter from Ministry of Health to local authorities, (27th March 1942), NA/HLG/7/756.

Chapter 3: (1939 to 1948)

World War II and the rise of the graphic designer

Introduction

The present chapter covers the period 1939-1948 and investigates various methods used by the government to spread their sexual health messages. WWII resulted in significant changes to the conditions that the network of stakeholders worked within to create sexual health advertising, and this created new opportunities. Propaganda was one such opportunity as it provided a new platform for graphic designers to showcase their sexual health advertising work to mass audiences.

The investigation begins with the first stage of the first national government-led sexual health advertising campaign. This initial stage aimed to ‘remove the misguided secrecy’ that surrounded the topic of sexual health.²⁹⁴ This was followed by a series of newspaper sexual health advertisements. The initial aspects of this newspaper campaign have been investigated, most notably by Adrian Bingham within his investigations into British newspapers and their role in the formulation of this campaign.²⁹⁵ However, this chapter investigates the content of sexual health advertisements, and the extent of this campaign in greater detail by considering the advertisements from not only their initial run, but also the later iteration—The Doctor’s Diary series.

At the same time the newspaper sexual health advertising campaign was in progress the government also released several sexual health advertising posters. These commissioned works included significant input from the advertising industry group through the involvement of graphic designers. A close reading of a selection of these establishes that there was an increased use of the infected subject motif and also reveals the ways that this motif was deployed by members of the network of stakeholders. In doing so some of the signs and codes they contained is revealed.

These signs and codes were open for the audience to interpret, and such interpretations were linked with discourses of contagion and disease. Therefore, the response from the public becomes the next focus for the chapter. Audience reaction to the

²⁹⁴ ‘Infection In War-Time’, *Times*, (30th October 1942), p.2.

²⁹⁵ Bingham (2005) and (2009).

sexual health campaign is engaged with through two wartime social surveys, the first conducted in 1943 and a second collected in 1944. The results of these surveys help to better understand some of the views of the audience and how they interpreted sexual health advertisements.

The chapter then discusses the work of a prominent graphic designer commissioned by the Ministry of Health in 1944—FHK Henrion. Analysing his work reveals more signs and codes and further use of the infected subject motif. This campaign also shows greater alignment between the posters and the newspaper sexual health advertisements that ran concurrently. Posters and newspaper were not the only method of disseminating the sexual health message; alternative methods were used. Chapter 3 concludes by investigating one such method, exhibitions. This illuminates one of the ways a target audience was approached with a sexual health message—exhibitions within a factory setting were seen by some stakeholders as a good way of reaching a working-class audience.

Propaganda

The vast range of topics covered by using propaganda as a style of communications led to its ubiquitous presence in this period. This was facilitated through the various forms of media utilised to disseminate propaganda messages, such as radio-talks, cinema newsreels, leaflets/handbills, posters, newspapers, and billboards. The plethora of ways that propaganda was initiated (and subsequently engaged with) meant that not only was this a period when propaganda was ubiquitous in Britain but was also a time when an increasingly sensitised audience were accustomed to this style of communication.

The somewhat negative connotations of the word propaganda can be traced back to the 1622 Roman Catholic Church missions that aimed not only to spread the Catholic message but simultaneously oppose the Protestant message.²⁹⁶ The twin purpose of those missions has led claims that subsequent usage of the term was somewhat pejorative.²⁹⁷ Not all have agreed with the universality of this negative association, for some the term simply meant to convey or boost a message through advertising. Although many historical actors would no doubt have been aware of the negative connotations of the term propaganda

²⁹⁶ "propaganda", *OED Online*, Oxford University Press, online, [accessed 17th September 2019], www.oed.com/view/Entry/152605.

²⁹⁷ Garth S Jowett, & Victoria O'Donnell, *Propaganda & Persuasion*, (London: Sage Publications, 2018), p.2.

during the period studied in this chapter it was arguably the non-pejorative use that remained the most prevalent in Britain.²⁹⁸

Therefore in 1939 propaganda campaigns were not a new concept, indeed campaigns of this nature had been prominent in WWI and had raised the public's awareness of these types of campaigns.²⁹⁹ Following the conclusion of WWI propaganda continued to be produced by governmental departments such as the Foreign Office News Department.³⁰⁰ By the time WWII commenced, propaganda had been used as a form of messaging with such frequency that the public were somewhat conditioned into receiving this type of messaging. Further, the outbreak of WWII contributed to an increased use of this form of communications by various government departments.

Propaganda was used to convey different messages to the public on a range of topics. Campaigns were designed for subjects such as salvage, growing your own food, and keeping military movements secret. These campaigns used a combination of eye-catching imagery and slogans to help get the message across to the audience, such as 'use spades not ships' (Fig 3.1) and 'careless talk costs lives.' (Fig 3.2).



Fig 3.1 Grow your own food A. Games 1942³⁰¹

²⁹⁸ George Seldes wrote 'The term "propaganda" has not the sinister significance in Europe which it has acquired in America... in European business offices the word means advertising or boosting generally'. George Seldes, *You can't print that!: The truth behind the news, 1918-1928*, (New York: Payson & Clarke ltd, 1929), p.427.

²⁹⁹ Jo Fox & David Welch, 'Justifying War: Propaganda, Politics and The Modern Age', In: David Welch, Jo Fox, (eds), *Justifying War*, (London: Palgrave Macmillan, 2012).

³⁰⁰ Mariel Grant, *Propaganda and the role of the state in inter-war Britain*, (Oxford: Clarendon Press, 1994).

³⁰¹ Grow your own food IWM Ref: Art.IWM PST 2916

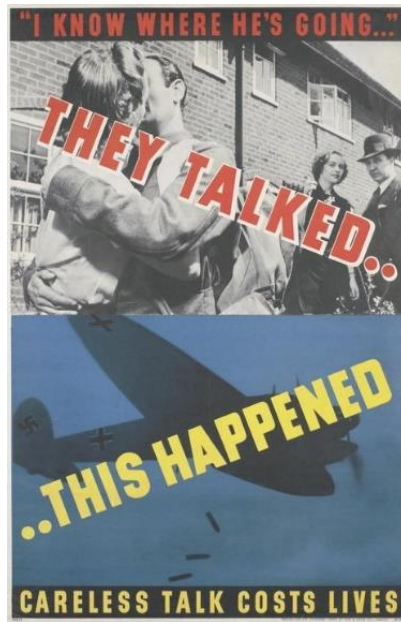


Fig 3.2 Careless talk costs lives³⁰²

Propaganda was also used to emphasise health benefits this included a number of public health issues, none more so than the public health-based campaign ‘Coughs and sneezes spread diseases’ (Fig 3.3).



Fig 3.3 Coughs and Sneezes Ministry of Health. C.1939-45³⁰³

³⁰² Careless talk, IWM Ref: Art.IWM PST 13903

³⁰³ Coughs and sneezes, IWM Ref: Art.IWM PST 14148

As propaganda was used so frequently by a multitude of government departments when the government wanted to confront the rising problem of sexually transmitted diseases, it is no surprise that propaganda methods were chosen to disseminate the sexual health message.

The British Government's first centrally run sexual health campaign

In 1939 claims that war caused a rise in VD were not new. Indeed, the relationship between war and an increase of VD has been established by historians that have studied health issues during periods of war.³⁰⁴ Historical actors at the time of war have also referenced this phenomenon for example the claim was made as WWII commenced by the British Chief Medical Officer Arthur MacNalty³⁰⁵ He argued that 'it is well known that a state of war favours the spread of venereal diseases' as he implored local MOH to upkeep their facilities for treatment.³⁰⁶ MacNalty's statement shows that even at the beginning of the conflict those in positions of influence were mindful that, in the respect of sexual health, WWII would be no different to previous conflicts. MacNalty was not the only senior figure that warned of the impact that wartime conditions on sexual disease could have. The Minister for Health also cautioned the local authorities about the importance of maintaining a sufficient supply of practitioners with the correct skills and experience in treating VD, when redistributing medical personal for the war effort.³⁰⁷ Within the Ministry of Health this phenomenon was being attributed to a '...lack of self-control' due to 'the excitement of war conditions' and the 'movements of population from towns to the vicinity of munition factories, military camps and aerodromes in the country districts'.³⁰⁸

BSHC replaced by the CCHE

On 1st April 1942 a change occurred in the administrative body that took responsibility for promotional work that dealt with VD. An agreement between the CCHE and the BSHC was endorsed by central government such that the BSHC was to transfer all its responsibilities for sexual health advertising to the CCHE—including 'the transfer of

³⁰⁴ Edward H Beardsley, 'Allied Against Sin: American and British Responses to Venereal Disease in World War I', *Medical History*, vol.20, no. 2, (1976), p.189–202.

³⁰⁵ Arthur Salusbury MacNalty was Britain's Chief Medical Officer between 1935- 1940; C. D. Waterston, and A. Macmillan Shearer, *Biographical index Part 2 K-Z, Former Fellows of The Royal Society of Edinburgh 1783-2002*, The Royal Society of Edinburgh, (July 2006), p.609.

³⁰⁶ Letter from A. S. MacNalty to Medical Officers of Health, (1st September 1939), NA/HLG/7/756.

³⁰⁷ Circular D.67, (21st March 1939), NA/HLG 7/756.

³⁰⁸ Letter from Ministry of Health to local councils, (26th January 1940), NA/HLG 7/756.

certain staff and equipment'.³⁰⁹ It was argued by those in favour of this move that the change would allow 'popular enlightenment' on VD to fall 'into its proper place in general education on health matters.'³¹⁰

Removing the misguided secrecy

The prevalent mindset that a rise in VD was linked with wartime activities was reinforced when a wartime health report on behalf of the Ministry of Health, revealed that VD had increased by a figure of around 70% during 1939-1940 (when compared to pre-war figures).³¹¹ In order to tackle this issue the Ministry of Health set about producing a VD awareness campaign, the first on this subject that the government itself had published. In the autumn of 1942 this campaign was launched by MacNalty's replacement as British Chief Medical Officer, Sir (William) Wilson Jameson.³¹² Jameson called a press conference on 29th October 1942, where he argued that 'misguided secrecy' was the main threat to combatting the rise in VD, and that the Ministry of Health campaign aimed to remove the 'hush hush' that surrounded it.³¹³ Following this initial press conference, a period of visible public and governmental discussions of VD commenced. This included debates in both houses of parliament and a national conference on the subject.³¹⁴ Another method used by the government for increasing discussion of the topic was to hold a number of radio talks, with Wilson Jameson himself providing one such talk, aired on the BBC Home Service. In the speech Jameson talked of the dangers of two rising diseases: tuberculosis, and VD, warning that 'although they had shown a steady decline before the war, (these diseases) have unfortunately increased since 1938' and that 'this increase was to some extent foreseen, because these two diseases seem to thrive in conditions brought about by war'.³¹⁵

Jameson wanted to provoke public discussion of the problem and he hoped acting centrally would 'pave the way for local action.'³¹⁶ Jameson warned that treatment centres

³⁰⁹ Letter from Ministry of Health to local authorities, (27th March 1942), NA/HLG/7/756.

³¹⁰ 'The Public Health', *Times*, (7th October 1942), p.5.

³¹¹ 'Nation's Health in War-Time', *Times*, (5th March 1942), p.2.

³¹² Jameson was the 9th CMO and to take up this position he was persuaded to relinquish both the positions of Dean of LSHTM, and the medical officer for the secretary of state of the colonies; 'Ministry of Health Changes', *Times*, (12th November 1940), p.4.

³¹³ 'Infection In War-Time', *Times*, (30th October 1942), p.2.

³¹⁴ J Wilson, & V Barker, *The Campaign against venereal diseases*, (January 1944), p.1, NA/RG/23/56.

³¹⁵ A recording is available at the British Library, (BBC Archive disc LP 5401); W, Jameson., 'Public Health and Public Opinion', *The Listener*, Vol XXVIII No. 720, (29th October 1942), p.547.

³¹⁶ *Ibid.*

must be regularly and widely advertised, and that this should be done by means of posters, and within the pages of the newspapers. He also encouraged suitable articles to be printed in the press, citing a *Manchester Evening News* article that had been published as an example.

The Daily Mirror was another newspaper that had also been producing articles that aided the discussion of VD. *The Daily Mirror* launched their VD awareness campaign in August 1942. It remains unclear if the national newspaper had been acting independently or if they had been asked to run sympathetic articles to aid the government's own propaganda on the subject—Adrian Bingham has pointed to content within personal letters that suggest the Ministry of Health was not itself the instigator of these articles and that *The Daily Mirror* believed that they had stirred the government into action on VD.³¹⁷ Whether or not the Ministry of Health were the driver of the *Daily Mirror* articles, the government very quickly aligned themselves with the message that was provided. Just eleven days after the initial launch of *The Daily Mirror's* campaign a statement of support from the Ministry was printed in the paper. This statement was published on the eve of the newspapers launch of a series of articles written by 'Dr Glenn' a pseudonym for a highly qualified medical professional that *The Daily Mirror* described as being 'in charge of important VD clinics'.³¹⁸ These articles were printed on Thursdays over a number of weeks running until the October of 1942. The Dr Glenn articles covered a range of topics such as how VD was acquired; recognising symptoms; and obtaining proper treatment.³¹⁹

By the end of 1942 through the various debates, talks, discussions, and sympathetic newspaper articles VD had been brought into a more prominent public position. The results of a Mass Observation survey supported the notion that the subject had been made more prominent, with 75% of respondents stating that they had seen newspaper articles such as *The Daily Mirror's* and 'the great majority were glad that the papers had taken up the subject'.³²⁰ The government took advantage of this new prominence and moved to the next stage of their campaign with the object to provide the public with more detailed knowledge of VD, its symptoms, causes and prevention.³²¹

The government's three-pronged attack

³¹⁷ Bingham (2005), p.1064; and (2009) p.64

³¹⁸ 'The Ministry of Health welcomes this campaign', *The Daily Mirror*, (19th August 1942), p.7.

³¹⁹ The Dr Glenn series was printed every Thursday in *The Daily Mirror* between 20th August and 8th October 1942.

³²⁰ 'Report on public attitudes too [sic] VD' Mass Observation Survey 1573A (26th January 1943).

³²¹ Wilson, & Barker, (1944), p.1. NA/RG/23/56.

In December 1942 this next stage began with a three-pronged policy change designed to attack VD infection rates. Firstly, a new defence regulation gave powers of compulsion to Medical Officers of counties and boroughs. This was achieved through the use of emergency powers to create the Defence Regulation 33B and granted restricted powers of compulsion to known sources of VD. Some MPs argued that the powers were too weak and on Tuesday December 15th the government survived an attempt by these MPs to annul 33B in order to replace it with a much sterner regulation.³²² The second measure used to tackle the rising VD problem was the expansion of treatment facilities and the hours they kept. Local authorities had previously been advised that it was essential to maintain treatment of VD.³²³ The new policy measure went further by warning local authorities that VD treatment centres were required to run sessions that kept hours ‘adjusted to suit the convenience of patients.’³²⁴ However, the most important of these three policy changes for this study was the third change— public awareness/education, a policy that Wilson Jameson personally attached considerable importance to.³²⁵

Jameson had already personally contributed on this subject through press coverage and radio talks but also believed that notices that promoted VD clinics should be displayed to the public more prominently and that knowledge of these diseases should be spread through posters, leaflets, and films. In line with this policy change the government commissioned a series of newspaper advertisements to be run in both national and local newspapers with the continued aim of breaking the old tradition of, as Jameson put it, the ‘hush hush’ that surrounded the subject of VD.³²⁶

Newspaper sexual health advertisements

The proposed advertisements were not without their critics, there was fierce resistance to the content and general subject matter by some newspaper editors and proprietors—most notably *The Daily Express*—perhaps unsurprising given that the chairman of Express Newspapers had told the Royal Commission on the Press that ‘Our test is that our papers should be such that we should never be ashamed of our daughters reading them’.³²⁷ However, *The Daily Express* was not the only newspaper to have concerns over the subject

³²² ‘VD future of the race is next problem’, *The Daily Mirror*, (16th December 1942), p.2.

³²³ Letter from MacNalty to MOHs, (1st September 1939) NA/HLG/7/756.

³²⁴ Letter from Jameson to PRMOs, (8th January 1943), NA/HLG 7/756.

³²⁵ Ibid.

³²⁶ ‘Infection in War-Time’, *Times*, (30th October 1942), p.2.

³²⁷ Bingham (2009), p.68.

matter that the Ministry of Health wanted to advertise in their publications. So-much-so that discussion of the content of the adverts had been ongoing with several of the editorial teams and owners of a number of newspapers. During these discussions a number of concessions were made regarding the eventual content that would appear in sexual health advertisements. This resulted in a number of negotiated clauses, three of these clauses directly altered the content of the advertisements prior to print (clauses 3, 7, and 10).³²⁸

Clause 3 addressed the names given to the two main venereal diseases syphilis and gonorrhoea. At the time it was common for these diseases to be referred to by their colloquial names ‘pox’ (syphilis) and ‘clap’ (gonorrhoea). Clause 3 removed these common names and used only the lesser-known medical terms. Clause 7 removed a passage of the advertisement completely. The originally proposed advertisement had read:

Venereal disease contracted through irregular sex alliance is spread to innocent partners. An infected man may give the disease to his wife, who, in turn, may infect her unborn baby.

Clause 7 removed this passage in its entirety and offered no alternative wording. It simply kept the statement that led up to the removed section: ‘Professional prostitutes are not the only source of infection...’ and the sentence that had originally been planned to follow the removed section: ‘clean living is the only way to escape infectors—abstinence is not harmful’.³²⁹

Finally, Clause 10 was more subtle in the changes required to the original advertisement prior to print. Clause 10 referred to the section of the advertisement that dealt with the symptoms of the disease. The new version almost entirely kept the description of the symptoms as originally proposed. However, the clause ensured that the words ‘sex organs’ were omitted from the final printed version of the advertisement.³³⁰

Although the revised version of the advertisement gained broad backing from several newspaper editorial teams, the launch of the campaign was not greeted with unequivocal backing from the newspaper press institutions. Despite the concessions *The Daily Express* still decided to abstain completely from running any of the advertisements as did *The Observer* and several local newspapers such as the *Dumbarton Herald*, *Glasgow Citizen*,

³²⁸ BBB., ‘False Modesty Won’t Stop This Disease’, *The Daily Mirror*, (19th February 1943), p.3.

³²⁹ Ibid.

³³⁰ Ibid.

Dundee Courier, *Dundee Evening Telegraph*; and *The Yorkshire Evening Press*.³³¹ The government agreed to the clauses and even though these few newspapers had decided not to accept the revised advertisements, the government pressed ahead with their advertising campaign.

On Friday 19th February 1943 the first of these advertisements was printed within publications spread across the nation—making that date a significant one in British sexual health advertising history, as it was the first time that the government had centrally published a nationwide advertising campaign on this subject. This marked a change in government strategy in dealing with sexual health advertising from delegating to a volunteer organisation—the NCCVD/BSHC to one that directly addressed members of the public with a message straight from the government into their daily newspapers. The government did not embark on this venture alone, they worked alongside the CCHE to produce the sexual health advertising campaign. The audience were presented a visible sign within the advertisements that this was a message direct from the two institutions through a logo that featured both the Ministry of Health and the CCHE (Fig 3.4). This logo would no doubt have provided an air of authority to the sexual health messages within the advertisements, it would also have raised the profile of the two organisations, and the work they were undertaking towards improving the health of the nation.



Fig 3.4 Logo for the joint Ministry of Health/CCHE health advertisements.

³³¹ 'Newspapers cause last minute hitch in VD campaign', *Advertiser's Weekly*, (23rd February 1943), p.169.

First campaign

The first advertisement, ‘Ten plain facts about venereal disease’ (Fig 3.5) was the start of a series of sexual health advertisements reported to have cost £100,000.³³² The advertisements in the series varied in the specific message delivered but their central theme was an aim to raise awareness of the diseases and their causes. Eighteen iterations of adverts were produced and printed from February until August 1943. The first four advertisements were very similar in style, consisting of an introduction from a person of authority such as The Minister of Health, The Archbishop of Canterbury, or The Chief Medical Officer, and then a statement about VD. The fifth advertisement in the series moved away from this formula and was presented in the form of an extract from a letter that the CCHE had received. It remains unclear whether this extract was taken from genuine communications to the CCHE or if those responsible for the advertising output had designed the letter themselves. Whatever the source may have been the letter provided an opportunity to present a reply—as though the letter was receiving a response direct from a doctor. The sexual health series continued to use this formula with several issues covered; questions such as ‘will it return?’, ‘how long must we wait to get married’, and ‘are you ever properly cured?’ were posed. Exceptions to this style were the advertisement ‘every citizen’ and the Scottish only advertisement ‘Prudes and Hypocrites’. ‘Every citizen’ returned to the earlier model of an introductory statement from an authoritative figure, followed by a statement on VD, whereas ‘Prudes and Hypocrites’ provided the Scottish audience with a critic of attitudes to discussing VD. Details of the content for the 1943 sexual health advertisements series and the newspapers they were designed are contained in the Table 3.1 (parts 1&2).

³³² Ibid p.176.

Ten plain facts about

Venereal Diseases

"It is very important under present conditions that the public should know of the existence of venereal diseases; their prevalence in war-time; how they are caused; the urgent necessity for early treatment; and where advice and treatment can be obtained."

—THE MINISTER OF HEALTH.

1. Venereal Diseases have increased since the war and are still increasing; 70,000 new cases are now occurring yearly among civilians alone. Venereal diseases cause much misery. They bring tragedy into many homes, and considerably damage our war effort by causing reduced efficiency and wasted hours.

2. Ignorance and secrecy are highly dangerous. Only from a plain and frank statement of the facts can we all know what these diseases are, how they are spread, how they can be avoided and how and where they can be cured.

3. The two principal venereal diseases are syphilis and gonorrhœa. They are caused by quite different living organisms or germs.

4. Syphilis is a dangerous, a killing disease. If not treated early and thoroughly by a doctor it can cause serious mutilation, heart disease, paralysis, and insanity, any of which may be fatal. Syphilis can be passed on to an unborn child from its mother and (unless skilled treatment is given early in pregnancy) is one of the causes of blindness, deafness, and mental defects.

5. Gonorrhœa, though not so dangerous to life, is more serious than is generally believed, and is one of the causes of arthritis, sterility, and chronic ill-health.

6. Syphilis and gonorrhœa are almost always contracted through intercourse with an infected person. The germs of these diseases quickly die outside the human body. In practice, therefore,

there is no need to fear their spread by accidental infection.

7. Professional prostitutes are not the only source of infection. Any free-and-easy sex behaviour must mean a risk of infection and cannot be made safe. Clean living is the only way to escape infection—abstinence is not harmful.

8. Venereal diseases can be cured if treated *early* by a specialist doctor. Advice and treatment are available at the clinics set up by County and County Borough Councils for the purpose. Treatment is free, confidential and *effective*. Any family doctor or Medical Officer of Health will give the address of the nearest clinic. Quack treatment or self-treatment is absolutely useless and may even be disastrous.

9. Disappearance of the early symptoms does not necessarily mean that the patient has been cured. It is essential to continue the treatment until the doctor says it may be stopped.

10. Anyone who has the slightest reason to suspect infection should seek medical treatment **AT ONCE**. A doctor or clinic should be consulted immediately about any suspicious sore or unusual discharge. It may not be venereal disease, but it is best to be sure.

These are the signs The first sign of syphilis is a small ulcer. It appears from 10 to 90 days after infection; usually about three weeks.

Gonorrhœa first shows itself as a discharge which usually appears from 2 to 10 days after infection.

Further information can be obtained **IN CONFIDENCE** from the local Health Department, or from the Medical Adviser, Central Council for Health Education, Tavistock House, Tavistock Square, London, W.C.1. (Phone: Euston 3341.)

ISSUED BY THE  MINISTRY OF HEALTH
AND THE CENTRAL COUNCIL FOR HEALTH EDUCATION
(V.D.L.-7)

Fig. 3.5 Ten Plain Facts, Ministry of Health/CCHE, 1943.

Table 3.1 Part 1 February–April 1943 ³³³

Title	Overview of contents	Publications	First date
Ten plain facts about venereal disease	Ten small statements giving information such as clinical names for the venereal diseases and the amount of recent new cases at the time.	National and Provincial (AM & PM)	19/2/1943
Plain Speaking	Almost identical to above with change of headline	National and Provincial (AM & PM)	1/3/1943
A great evil	Quote from the Archbishop of Canterbury followed by 5 subheadings providing information such as the names of the venereal diseases.	National	13/3/1943
Questions Answered	Introduction by Wilson Jameson followed by 6 questions answers such as can venereal diseases “just happen?”	National and Provincial (AM & PM)	15/3/1943
I was too frightened	In the style of a written letter from a concerned patient and a typed reply from a doctor.	National and Provincial (AM & PM)	22/3/1943
Prudes and Hypocrites	Criticised those that would not talk about the venereal diseases ‘frankly’ and ‘openly’, claiming that ignorance ‘made thousands suffer needlessly’	Scotland Newspapers only	22/3/1943
I had treatment for a time	Introduction described as an extract from one of the many letters received by the CCHE. The advert also has a message directing the audience to the official film ‘Subject for Discussion’	Provincial (AM & PM) and Sundays	11/4/1943
Ashamed to have treatment	An extract from a letter asking can a person be cured who has had it (VD) for nearly 8 years	Provincial (AM & PM)	19/4/1943
How long must we wait?	Another extract from a letter, this time the writer ask how long they must wait to get married after her fiancé has been undergoing treatment for VD	Provincial	26/4/1943
Will it return?	A mother asking if syphilis would return following treatment. The mother wanted to know prior to having another child.	National	26/4/1943


³³³ Information taken from NA/BN/10/220 and a systematic review of regional/local newspapers of the period.

Table 4.1 Part 2 May–August 1943³³⁴

Title	Overview of contents	Publications	First date
Are you ever properly cured?	Someone asking if people can be ever properly cured. The doctor's response is that once your treatment is completed fully then you should not fear a reoccurrence.	Sundays	2/5/1943
Every citizen should know	A change from the extracts from letters model and a return to statements. This is unusual in the series as it does not contain the VD symbol in the advert at all	National	5/6/1943
I would like a baby but	A return to the extract formula: A man states that he is worried about infecting his wife and child following successful treatment for VD. The doctor reassures the man that as long as the treatment was completed then there is no danger to his wife and future child.	Provincial (AM & PM)	7/6/1943
Will it affect my baby?	A concerned mother asks will it affect her baby. The doctor told the woman that she must be professionally treated and does indicate that if the pregnancy has been whilst infected then this can result in several medical problems for the child.	National	7/6/1943
A bit worried	A person writes to ask about the congenital syphilis he had in their 20s. Treatment was completed, so the doctor reassures the writer that will not infect his wife or child.	Sunday	13/6/1943
Caused untold misery	A man queries the methods of transmission. The doctor replied that it was extremely unusual to contract VD in any other way than sexual intercourse with an infected person.	National	28/6/1943
For my son aged 11	A man stated that he has seen a booklet titled 'From Boyhood to Manhood' and wondered if there was any similar material that would be suitable for his son aged 11. The doctor replies with a list of 7 titles available from the CCHE complete with age-appropriate advice.	National	3/7/1943
A great black snowball	A statement from the Minister of Health. Followed 5 statements such as the Hush hush is being banished	Provincial (AM & PM) and Sundays	9/8/1943

³³⁴ Ibid.

Following the publication of the first advertisement, letters started coming in to the CCHE office ‘on or after February 26th’.³³⁵ Feedback from the public was by-and-large positive, and the volume of correspondence that the CCHE received settled down into a constant level of around 85-100 letters a day—with replies sent on the day they were received.³³⁶ This all changed on 3rd July following the publication in the national newspapers of a new sexual health advertisement titled ‘For my son aged 11’ (Fig 3.6). Following this the correspondence to the CCHE increased ‘to thousands per day, for example 4,631 on 6th August’.³³⁷ The increase in correspondence overwhelmed the CCHE office, and with ‘30,731 letters outstanding’ the CCHE reached out to the Ministry of Health for help. The Ministry sent over between 10-15 clerks each evening between 6-9pm and introduced a new system that used the Ministry of Health offices, giving back to the CCHE only the letters that required ‘personal replies’. By the 22nd of September the backlog had been dealt with and all correspondence duties returned to the CCHE, at that point the letters were being received at a rate of 150 a day and replied to the day they were received.³³⁸



Venereal VD Diseases

This is an extract from one of many letters received and permission has been given by the writer to use this extract. All evidence of identification has been removed.

“.. for my son aged 11”

“ I recently had a glance at a booklet ‘From Boyhood to Manhood’ issued by you. This made me hope that you might have a similar booklet suitable for my son aged eleven. Neither my wife nor myself was given any information about sex in our youth and I am determined that my son shall not suffer the worry and misery which I suffered. So if you have any booklets suitable for my son, and/or my wife and myself I will gladly purchase them, if you tell me the titles and cost.”

The Doctor replies :


“ Yours is a wise and thoughtful request. As your experience has shown, ignorance of sex matters can cause unhappiness. Such ignorance is also a great contributory cause of venereal disease (although happily you do not need help in that direction). It is a mistake to leave young people to get their knowledge of sex matters where they can, by loose talk or experiment. As you so rightly realise, a frank and open discussion between parent and child is the best way to give a clear and clean knowledge of the subject. I am sending you the following booklets :—

From Boyhood to Manhood <i>(For youths under 16)</i>	The Approach to Womanhood <i>(For girls over 16)</i>
Manhood <i>(For youths over 16)</i>	Women in Wartime
Yoursell and Your Body <i>(For girls under 16)</i>	Facts on Sex for Men
	What are the Venereal Diseases?

These will give you and your wife the information you need to discuss the matter sensibly with your boy and with other parents who may seek your advice.”

NOTE.—Copies of any of these booklets may be obtained by sending their cost in stamps to the Central Council for Health Education (address below). Booklets cost 2d. each, including postage.

FREE CONFIDENTIAL ADVICE AND TREATMENT are available at clinics set up by County and County Borough Councils. Any doctor will give the address. Further information can be obtained **IN CONFIDENCE** from the Health Department at your local Council's offices, or by writing to the Medical Adviser, Central Council for Health Education, Dept.M-12F, Tavistock Square, London, W.C.1. All replies are sent in plain envelopes.



Central Council for Health Education
(M-12-F)

Issued by the Ministry of Health and the Central Council for Health Education.

Fig 3.6 For my son aged 11, July 1943

³³⁵ Progress report appendix 3, (18th October 1943), NA/ED/121/49.

³³⁶ Ibid

³³⁷ Ibid.

³³⁸ Ibid


The advertisement that had caused the issue had one distinct difference to those in the campaign that had gone before. Rather than simply directing the audience to the health department at their local council offices or writing to the CCHE's central office, a list of booklets that were available from the CCHE was printed—this included information on the age suitability of each publication. This suggests that it was the opportunity to read further on the subject of VD that drove the audience to send the spate of letters. In August of 1943 the newspaper campaign changed the style of the advertisements. This coincided with the six-month review that had been reported at the campaign's outset.³³⁹ The new design developed the letter extract formula by emphasising the interactions that a 'Doctor' that specialised in VD would have by featuring their diary. This formula resembled the *Daily Mirror's* use of 'Dr Glenn' in the series of articles written earlier that year.

From a Doctor's Diary

Starting in September 1943, the 'From a Doctor's Diary' (FADD) series ran intermittently for around three years. Fig 3.7 shows the first of these advertisements that used case notes from a 'doctor' (the credentials of which remain unclear) to provide the audience with narrative-based information on VD. The topic for this first Doctors Diary advertisement was the importance of treatment for both sexual partners when one has syphilis—the title was 'there are some things you just can't tell your wife, Doctor'.

This sexual health advertisement contained codes and signs that would little doubt have conjured a moralistic warning to the audience. This was presented through copy with moralistic judgement statements such as 'carrying on with loose women' and 'the terrible consequences that come from loose living'. In addition to the moralistic tone, a sense of doing the right thing was also elicited through statements such as 'it is your duty to tell her', and 'the husband funk'd it' when referring to the earlier opportunity to tell his wife of his condition.

³³⁹ 'Newspapers cause last minute hitch in VD campaign', *Advertiser's Weekly*, (23rd February 1943), p.169 & 176.



From a doctor's diary *This is based on a doctor's experience of cases of V.D. It has been carefully edited so that the people concerned shall not be recognised.*


“There are some things you just can't tell your Wife, doctor”

That's what a patient confessed to me — he dared not tell his wife that he had caught syphilis. I replied, 'It's your duty to tell her; the risks of not doing so are too big to take. Let me give you an instance.

Recently, I saw a mother with a little girl of 4. The mother had got an ulcer on her nose which was spreading rapidly and was destroying the nostril. The little girl had a peculiar rash. We took blood from both of them and we found that they were both suffering from syphilis. I asked the woman about herself and she told me that, when she was pregnant, her husband had been having injections, but she didn't know why — she did not know that he had been carrying on with loose women. Nobody had told her to get examined and she had thought no more about it. We started treating both the mother and her child at once. The ulcer on her nose is getting smaller and the little girl's rash has disappeared. Both are doing well, but we shall have to go on with the treatment for a long time until the tests show that the disease is completely cured. The husband also will have to go on with his treatment. I am sure his doctor told him to tell his wife and to see that she came up for examination. But the husband faked it. If we could have treated that woman when she was pregnant, she could have been cured before the disease had got so far, and more important still, her child would not have been born with syphilis.'

I often quote this case, because it shows the terrible consequences that come from loose living and proves how vital it is if a husband or wife gets infected, to make sure that *both* get examined.”

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Issued by the Ministry of Health and the Central Council for Health Education
(M-20-2)

Fig 3.7 FADD, Ministry of Health/CCHE, September 1943.

As would be expected with such a long running sexual health advertising series several topics were covered, such as whether VD can be caught twice or not (Fig 3.8); some of the long-term effects of the disease such as scarring (Fig 3.9); the ways in which transmission occurred (Fig 3.10); scepticism about the seriousness of the diseases (Fig 3.11); misconceptions about the severity in women (Fig 3.12); and some of the history of VD (Fig 3.13).³⁴⁰

³⁴⁰ From a Doctor's Diary can be found in NA/BN/10/220 and in several local and national newspapers held in the British Library newspaper archives.



From a doctor's diary

This is based on a doctor's experience of cases of V.D. It has been carefully edited so that the people concerned shall not be recognised.


“... Can you get it twice, doctor?”

Yes, I'm afraid you can. Venereal diseases are not like the ordinary infectious diseases—mumps, and whooping cough, and measles and so on. If you've had these once, you're usually safe. But that's not the case with V.D.

You can catch V.D. just as often as you take the risk. Just recently I saw a man who first came to see me ten years ago. He told me he'd picked up a girl, taken too much to drink, and been intimate with her. When he arrived in my clinic a week later, he knew he'd got gonorrhoea—I didn't have to tell him. After months of treatment he was cured. Five years later, he came back again with the same sort of story. And again it took months to put right the result of one evening's indulgence. I thought he'd learned his lesson that time. But no. Ten days ago he came back again. I've started him off once more, this time on the new treatment for gonorrhoea.


I know he's an exceptional case. We shouldn't have much hope of checking the spread of V.D. if most people didn't have higher moral standards, more self-respect and more self-control than he's got. I only mention him to show that one attack of syphilis or gonorrhoea does not prevent a second attack, and that, leaving aside all questions of morals or decency, promiscuous sexual intercourse always carries a risk and cannot be made safe.”

FREE CONFIDENTIAL ADVICE AND TREATMENT are available at clinics set up by County and County Borough Councils. Any doctor will give the address. Further information can be obtained IN CONFIDENCE from the Health Department at your local Council's offices, or by writing to the Medical Adviser, Central Council for Health Education, Tavistock House, Tavistock Sq., W.C.1. Please enclose a stamped addressed envelope.



Issued by the Ministry of Health and the Central Council for Health Education (10-34-2)

Fig 3.8 FADD get it twice, 1944



From a doctor's diary

This is based on a doctor's experience of cases of V.D. It has been carefully edited so that the people concerned shall not be recognised.

“... Can they be disfiguring, doctor?”

She was a smart young woman who obviously valued her looks. While under the influence of drink, four weeks before, she had caught syphilis from a man she had met at a dance. I told her that if she attended conscientiously for her treatment, there was very little risk of disfigurement. But if she gave up coming, or failed to attend regularly the germ of syphilis might well get into the bones and soft tissues of her face and destroy her looks. To make the point stronger, I told her about a woman I had been treating.

She was a woman of 36. Just before marriage, she caught syphilis, as the result of loose living. She was afraid to go for examination and treatment, for fear her husband should find out about her lapse.


Ten years after marriage, she developed a thick discharge from her nose, and she noticed that the bridge of her nose seemed to be falling in. Then sores developed round her mouth.

It was then that I first saw her. I started giving her injections and other medical treatment. In due course the sores had healed, but she was terribly disfigured. She was a really tragic sight. So I sent her to a plastic surgeon. He had to have her in hospital three times for a series of delicate operations.

Now they are finished, and she is restored more or less to normal. But the scars are still there and she will carry them to her grave. If she had been brave at first and come for treatment at once, she would have been spared this disfigurement, and the ordeal of the operations.

Early and complete treatment is essential if syphilis is not to get a hold on the body.”

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Issued by the Ministry of Health and the Central Council for Health Education (10-39-1)

Fig 3.9 FADD Disfiguring, 1946



From a doctor's diary

This is based on a doctor's experience of cases of V.D. It has been carefully edited so that the people concerned shall not be recognised.

“... Can you get them by accident, doctor?”

I'm often asked that question. My answer is that venereal diseases can be caught by accident—that is to say, without sexual intercourse—but such cases are very rare.


At my hospital in the last twenty years, we've found only forty-five cases of accidental infection with syphilis—that is an average of only two cases a year in a large clinic. Three-quarters of these got the disease by kissing casual acquaintances who happened to be suffering from syphilitic sores of the mouth.

With gonorrhoea, which is about seven times as common as syphilis, the danger is smaller still. This disease can only be caught from actual contact with the discharge it causes from the sex organs, and then only before the discharge dries. Young children occasionally get it from clothing, bedding, towels or sponges which have just been used by someone suffering from gonorrhoea. But the risk of an adult picking it up except through sexual intercourse is almost nil.

In all the years I've been dealing with patients with venereal disease, I've never seen or heard of one who got syphilis or gonorrhoea off a 'seat', or a cup or a glass, or from any ordinary contact in a bus or cinema or shop or, for that matter, in billets.


Far too many people worry themselves unnecessarily about catching these diseases accidentally. Clean living is a real safeguard.”

FREE CONFIDENTIAL ADVICE AND TREATMENT are available at clinics set up by County and County Borough Councils. Any doctor will give the address. Further information can be obtained IN CONFIDENCE from the Health Department at your local Council's offices, or by writing to the Medical Adviser, Central Council for Health Education, Tavistock House, Tavistock Sq., W.C.1. Please enclose a stamped addressed envelope.



Issued by the Ministry of Health and the Central Council for Health Education (10-22-2)

Fig 3.10 FADD accident 1944



From a doctor's diary

This is based on a doctor's experience of cases of V.D. It has been carefully edited so that the people concerned shall not be recognised.


“I don't believe it, doctor”

a friend said to me the other day. He did not believe what he'd read about the effect of untreated V.D., so I told him about a man I had seen recently in a mental hospital.

The man is now 36. When he was 18 he left home and got mixed up with a bad crowd with far too much drinking and loose behaviour. As so often happens when people let themselves go like this, he contracted syphilis but, because he didn't dare to tell his doctor about it, he went to a quack. The quack treated him and, after a time, told him he was cured. Four years later he got married. Now, when he should be in the prime of life, he is in a mental home. His syphilis has developed into what is called General Paralysis of the Insane. He has been treated for this, but, as sometimes happens at this very late stage, the treatment has failed to cure him and he is a hopeless insane invalid for life. He has infected his wife and she is now ill. They have spent their savings and she is left with heavy debts to pay off. What will happen to her, I don't know.


I know that this is a terrible story, but I'm afraid it isn't uncommon. How I wish parents wouldn't allow their sons and daughters to go into the world without any real knowledge of the things they ought to know!”

FREE CONFIDENTIAL ADVICE AND TREATMENT are available at clinics set up by County and County Borough Councils. Any doctor will give the address. Further information can be obtained IN CONFIDENCE from the Health Department at your local Council's offices, or by writing to the Medical Adviser, Central Council for Health Education, Tavistock House, Tavistock Sq., W.C.1. Please enclose a stamped addressed envelope.



Issued by the Ministry of Health and the Central Council for Health Education (10-32-2)

Fig 3.11 I don't believe, 1943



From a doctor's diary

This is based on a doctor's experience of cases of V.D. It has been carefully edited so that the people concerned shall not be recognised.

“... They don't matter so much in a woman, do they doctor?”

She was a young woman who had caught gonorrhoea nine months before. She had put off coming for treatment because she thought venereal disease was not a serious affair in women. This is what I told her:

It is quite true that the symptoms in women are at first not as severe as they are in men. Indeed some women just don't know that they are infected. But if they are in any doubt—and remember any free-and-easy sex intercourse may lead to infection—they should go to a doctor or a clinic and make sure. If the diseases are allowed to get a hold on the system, treatment takes much longer. And if they have been allowed to run on for years without treatment, cure may be impossible.


The other day I saw two married women. One of them was 49 and looked 60. She was crippled with rheumatism and blind in one eye. She had longed to have a family, but had been unable to have any children. She had been infected with gonorrhoea as a young woman, had neglected to have any treatment, and this was the result.

The second woman was 55, a time of life when she should still have been strong and healthy. Her mind was beginning to go; she did not know the day of the week, the month of the year, or even her own address. In addition she had serious heart disease, which is likely to prove fatal before very long. Her trouble was neglected syphilis caught from a man before she was married.

These two cases show clearly that the after-effects of untreated syphilis and gonorrhoea can be just as serious in women as in men; the fact that the first symptoms are less striking, and may indeed be overlooked altogether, really makes these diseases more serious for women than for men.

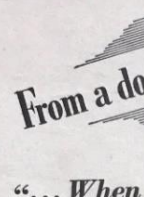
I ended by telling the young woman that loose living always carries with it a risk of venereal disease. Anyone who has run a risk should make sure there is no infection. If this is not done, the disease may get a hold on the system with tragic results in later life.”

FREE CONFIDENTIAL ADVICE AND TREATMENT are available at clinics set up by County and County Borough Councils. Any doctor will give the address. Further information can be obtained IN CONFIDENCE from the Health Department at your local Council's offices, or by writing to the Medical Adviser, Central Council for Health Education, Tavistock House, Tavistock Sq., W.C.1. Please enclose a stamped addressed envelope.



Issued by the Ministry of Health and the Central Council for Health Education (10-25-1)

Fig 3.12 they don't matter, 1944



From a doctor's diary

This is based on a doctor's experience of cases of V.D. It has been carefully edited so that the people concerned shall not be recognised.

“... When did V.D. start, doctor?”


I'm often asked that question. Well, there is a reference to Gonorrhoea in the earliest written records—Moses made laws to try to prevent its spread. The Romans knew about it, and it has certainly been present in Britain for many hundreds of years. As for Syphilis, there is now very little doubt that this form of venereal disease was unknown in Europe until the end of the fifteenth century, although it was common in other parts of the world.

So it's a very old problem. But it's only in the last generation that we doctors have been able to say that we can diagnose venereal disease with certainty, and cure it if we get the case early enough. In recent years new and even more effective methods of treatment have been discovered. And during the war the public conscience has been awakened to the need for an all-out attack on this social evil.

The doctors at the local authorities' clinics have the knowledge, skill and facilities to treat all forms of venereal disease. Thus they can prevent the spread of infection from their patients to others. But success in this campaign depends on all of us. Everyone must realise that V.D. in adults can best be avoided by clean living, and that those who have reason to fear they have been infected should lose no time in seeking the skilled advice and treatment that have been provided for them.

Clean Living is the Real Safeguard.

FREE CONFIDENTIAL ADVICE AND TREATMENT are available at clinics set up by County and County Borough Councils. (The addresses are given on local posters.) Further information can be obtained IN CONFIDENCE from the Health Department at your local Council's offices, or by writing to the Medical Adviser, Central Council for Health Education, Tavistock House, Tavistock Sq., W.C.1. Please enclose a stamped addressed envelope.



Issued by the Ministry of Health and the Central Council for Health Education (10-31-1)

Fig 3.13 When did VD start 1945

The advertisements in the FADD series provided an opportunity to present audience signs and codes that could be interpreted. These interpretations were often easy to digest as the messages put forward by the narratives in this series often had a clear point to the story. In addition to these straightforward signs and codes more subtle ones were also presented.

These included use of the infected subject to show the folly in certain types of behaviour, this is especially visible in the FADD narrative advertisement that included a man who had visited the VD clinic twice in ten days, the ‘doctor’ told the audience that ‘we shouldn’t have much hope of checking the spread of VD if most people didn’t have higher moral standards, more self-respect, and more self-control than he’s got’ (Fig 3.8). This was open for the audience to interpret the behaviour of the infected subject as not becoming of a person of high moral standards or someone with self-discipline. Interpretations such as these helped shape discourse on how sexual diseases were transmitted, their consequences, and the type of person (and their behaviours) that might be a source of infection. Further, in the FADD advertisement ‘I don’t believe it doctor’ (Fig 3.11) the audience were told of the actions of an 18-year-old who had fallen in with a ‘bad crowd with far too much drinking and loose behaviour’. In this sorry tale the man—who the audience was told was now 36—had been treated by a ‘quack’. The results of the actions of this infected subject were easy for the audience to see, he was now a ‘hopeless insane invalid for life’ and the warnings did not stop there, the impact was also seen on the infected subject’s wife who had been left ‘with heavy debts to pay off’.

Poster sexual health advertisements

This style of presentation in the British Government’s first centrally directed sexual health advertising campaign continued for several years, although newspaper advertising was not the only strategy. As part of the sexual health advertising campaign the Ministry of Health/CCHE commissioned several poster advertisements for local authorities to display that utilised the talents of leading propaganda artists and graphic designers of the time. Recognised and celebrated graphic designers such as Maurice V. Bennett; Abram Games; FHK Henrion, and Reginald Mount were responsible for designing sexual health advertisements during this period.

In 1943 one such campaign launched when prominent graphic designer Reginald Mount produced a set of three posters. One of these, ‘Here comes the Bride.’ (Fig Intro 1.1) was discussed in the introduction to this thesis. The other two Mount posters were titled ‘Hello Boy-Friend’ (Fig 3.14), and ‘Tomorrow’s Citizen’ (Fig 3.15).

Reginald Mount

Mount made use of the infected subject, a visual device often used by designers of sexual health advertisements, and sometimes utilised to evoke a sense of threat to the audience. This threat was achieved in one of two ways. One technique was to create a warning to the viewer that demonstrated the results of infection, where the infected subject would be

displayed as someone suffering the ill effects of sexual health problems. This portrayed the infected subject as someone the audience could relate to and may encourage the viewer to place themselves ‘in their shoes’. Alternatively, the infected subject could be used as a figure that contained the threat of infection which may or may not be evident. This method used the infected subject to depict the type of individual that the audience were warned not to engage with—for fear of encountering a source of infection. It was the latter of these two styles that Mount chose, when he depicted an infected subject in his advert ‘Hello boy-friend’ (Fig 3.14).

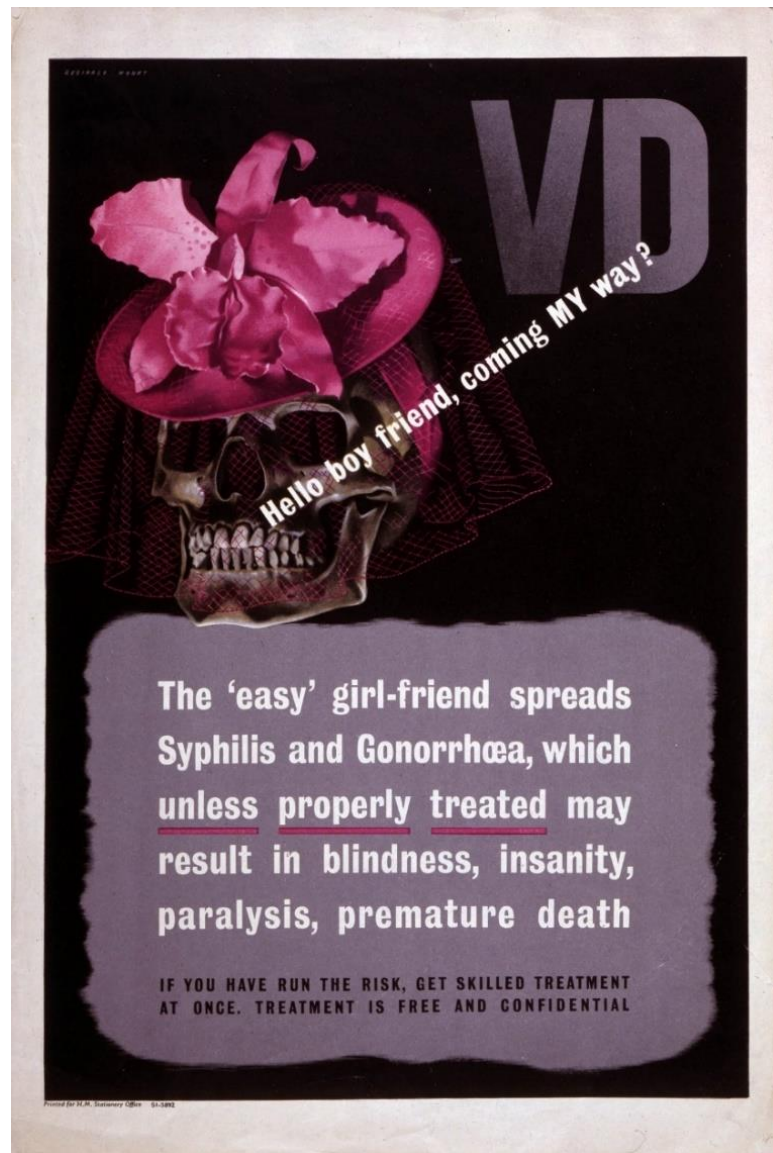


Fig 3.14 Hello Boy-friend, Reginald Mount, 1943

Hello Boy-Friend (Fig 3.14) was made up of a combination of copy and imagery. The copy prominently mentioned the names of the two main venereal diseases (gonorrhoea and syphilis) and told the audience that these diseases must be properly treated. The word ‘properly’ played a key role as a code to the audience, suggesting that alternative treatments

and remedies were not considered ‘proper’ and therefore ineffective. This code was furthered by the underlining in the colour red (a recognisable sign for danger) the phrase ‘unless properly treated’ and also by the strapline that used the advertisers ‘call-to-action’ to instruct the audience that if they had ‘run the risk’ they should ‘get skilled treatment at once’. Despite this strongly worded copy, the poster would no doubt have stood out to the audience for its pictorial qualities that ‘got to the root of the problem’.³⁴¹ Little doubt the depiction of the infected subject was the key component that would have drawn the audience’s attention. Although the copy clearly identified the infected subject as the ‘easy’ girl-friend, it was the imagery that dominated the poster: the graphic image of a skeleton head provided obvious signs and codes for death and danger, whereas the fashionable feminine bonnet sat upon the head, played the role of establishing the skull as female. The ‘easy’ nature of the infected subject is displayed through copy that starts from the mouth of the skull (implying speech). The ‘speech’ read “...coming MY way”; for the audience this would no doubt made for a grim reaper proposal directly from the infected subject herself. The imagery provided the audience several signs so that they could interpret that death was lurking behind a façade of feminine beauty, thus presented with a heavily gendered depiction of sexually transmitted infections.

The final output from Mount in this series was called ‘Tomorrow’s citizen’ (Fig 3.15) the message in this poster relied on stimulating the audience’s sense of guilt and used the notion of imagined futures.

The imagery depicted an ‘innocent’ looking young boy shown to the audience in such a way that they could imagine his future. This was done through the depiction of a cast shadow of a fully-grown man emitting from the young child. The copy also played an important role within this advertisement, it was used to elicit a sense of guilt in the audience—guilt over the young boy’s potential future. The headline ‘Tomorrow’s citizen’ was shown cutting across the shadow and directly underneath the imagery the copy read: ‘He must not be handicapped by Venereal Disease passed on by parents. Make sure you’re fit to be the parents of tomorrow’s citizens’.

³⁴¹ Wilson & Barker (1944), p.5. NA/RG/23/56.

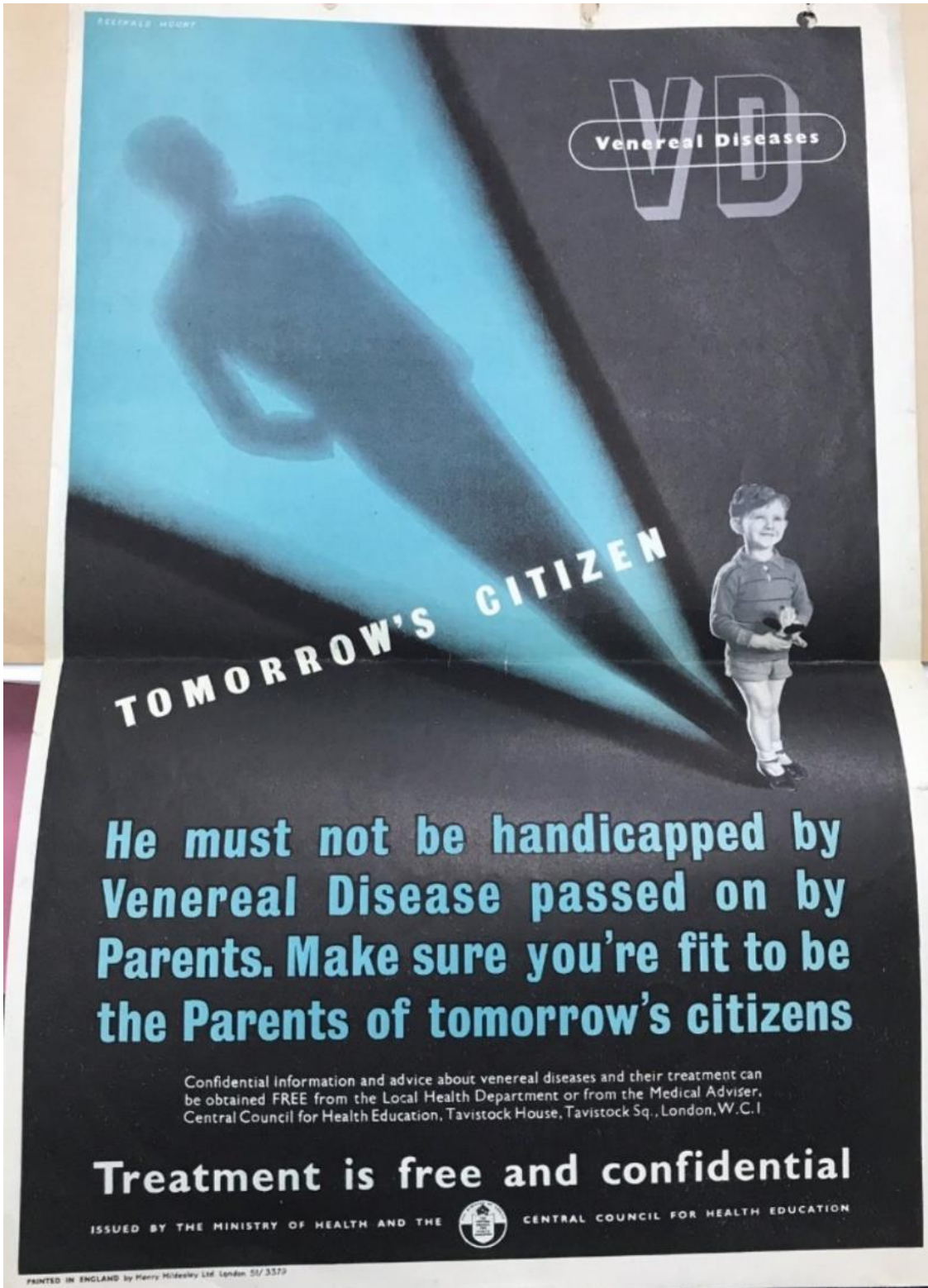


Fig 3.15 Tomorrow's Citizen, Mount 1943

The image and text provided a clear message to the audience that their potential behaviours could have implications for their children, and that this could negatively impact on the child long into his future life. This message was amplified by more subtle signs and codes that utilised the infected subject motif. Firstly, the horrifying notion that the 'innocent' child could become the infected subject due to the actions of his parents

presented the audience with what would have been an unpleasant interpretation. Secondly, another subtle sign can be seen in the depiction of the shadow that the boy was casting. Close reading reveals that the right hand is missing from the shadow, thus the audience is presented with a literal depiction of the ‘handicapped’ future that could be instore for their offspring.

The physical distribution of the three posters in the Mount series was not equal. The ‘Hello boy-friend’ poster was used to target incoming seamen at ports and the government chose to limit the display of this poster to certain ports around the country—this resulted in a small print run of just 500 copies. In contrast ‘Here comes the bride’ and ‘Tomorrow’s citizen’ were chosen to be the focus of a much more visible national campaign. Therefore, the local authorities were offered by way of a circular sent from the Ministry of Health these posters for display in their areas. ‘Here comes the bride’ had an initial print run of 45,000 Crown Folio (15” x 10”) posters and ‘Tomorrow’s citizen’ was produced on a similar, but slightly bigger print-run of 50,000 Crown Folio copies.³⁴² One of the primary locations that these sexual health advertisements were displayed was railway station public conveniences which the Ministry of Health, with the help of the Ministry of Information, having approached the individual railway companies, secured ‘free of charge’.³⁴³ In addition to the much bigger distributions, both ‘Here comes the bride’ and ‘Tomorrow’s citizen’ had an initial order of 5,000 Double Royal size posters (40” x 25”). These extra-large posters were printed specifically for display in London underground stations—which would no doubt have provided increased visibility amongst the capital’s population.³⁴⁴

Maurice V. Bennett

In addition to the Mount posters, 1943 also saw the introduction of seven other sexual health advertising posters. One of these was a simple style designed for overprinting the locations of clinics and was a much more stylistically simple poster compared to its series partners.

³⁴² Wilson & Barker (1944), p.73, NA/RG/23/56.

³⁴³ Letter from Jameson to MOHs, (20th January 1943) NA/HLG/7/756.

³⁴⁴ Wilson & Barker (1944), p.73.

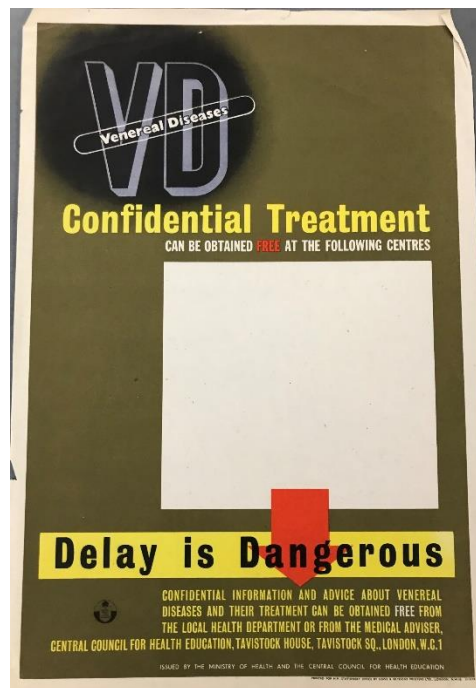


Fig 3.16 Delay overprint, 1943

Titled ‘Delay is dangerous, overprint’ (Fig 3.16), the poster was presented on a brown/green background and carried the same VD symbol as the other posters in the series. No pictorial imagery was present in this poster, instead the copy read: ‘Confidential treatment can be obtained free at the following centres.’ Directly below this headline was a blank white box, provided so that local authorities could place the name and address of their particular VD clinics. Immediately below the white box was the statement ‘Delay is dangerous.’ and the poster (as with all in this series) was accompanied by the credits for the Ministry of Health and the CCHE in the style of their logo (Fig3.3) and the black and white VD symbol used in all these posters.

Of the remaining six new posters four are known to have been designed by the graphic designer Maurice V. Bennett.³⁴⁵ Two of these Bennett posters were titled ‘Delay is dangerous’ with one that featured a male central character and the other a female (Fig 3.17 & 3.18).

³⁴⁵ It remains unclear who the designer was of the other two posters in this series, the style is similar in some ways to Bennett’s but there are some differences and importantly Bennett’s signature did not appear on these other two posters.

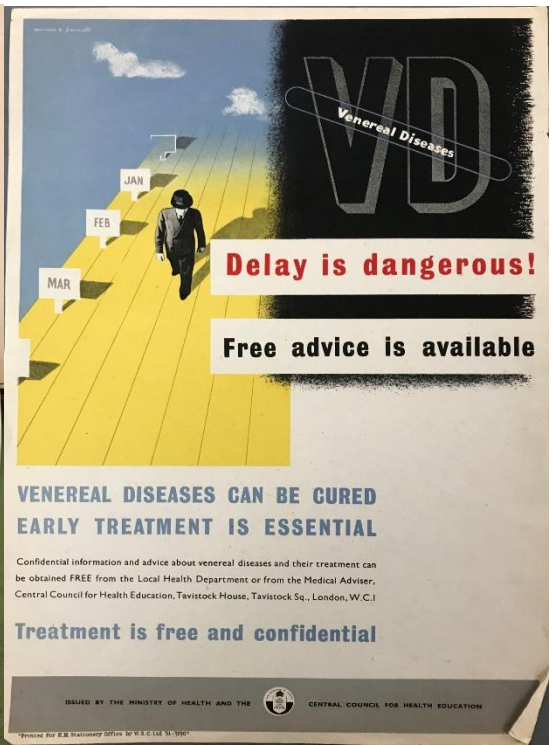
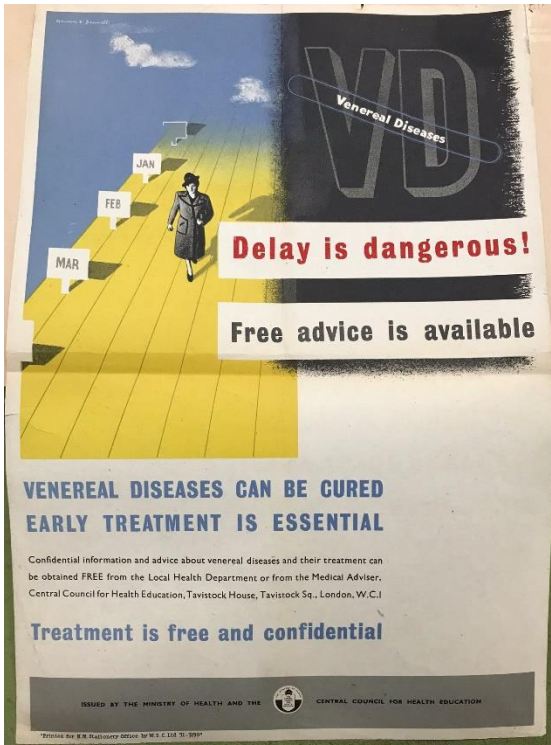


Fig 3.17 Delay is dangerous, Woman, Bennett, 1943

Fig 3.18 Delay is dangerous, Man, Bennett, 1943

Apart from the gender of the central character both posters followed the same format. The imagery was made up of a blue sky with small white clouds, slightly off centre was the image of the character who was depicted walking along bright yellow floorboards, towards the audience. To the character's right, a series of placards displayed the name of a month, providing signs and codes for the passing of time. Further, the central character's role in this passing of time was also available to the audience for interpretation, as it was the motion of the character walking towards the audience past these monthly signs that indicated the passing of time. To ensure this message was received by the audience, the adjacent copy in bright red lettering declared 'Delay is dangerous!'. The combination of copy and imagery indicated to the viewer that the central character was the infected subject, who was failing to act in any way to change their status with every step they took. Bennett depicted the infected subject in black and white and contrasted this to the bright colours used in the rest of the poster which provided more subtle signs and codes that the audience could interpret as the shadowy nature of the infected subject. Further, the colour chosen for the infected subject matched the colour of the VD symbol that the imagery sat adjacent to, this alignment of colours provided further indication to the audience that the central character was infected with VD. Other than the clothing that the characters were depicted wearing the only noticeable difference was their faces. The male character's face was obscured by the rim of his hat, this was further exaggerated by his head position, looking slightly downwards—in contrast the female's face was clear. She too had a rim on her hat,

but the position of her head was such that her face was visible as she walked towards the audience. Given that these posters were not designed to be displayed together it is unlikely that the audience would have noticed this different treatment of the gendered infected subjects. Although it is worth noting two of the potential readings, [1] that the male version was—through his physical depiction—providing a subtle sign that he was more ashamed of his condition than perhaps his female counterpart was. Or [2] that the male was conscious of his condition and the female was perhaps unaware of her infection.

The second poster designed by Bennett was titled ‘Treatment must be continued’ and again this had male and female versions (Figs 3.19 & 3.20).

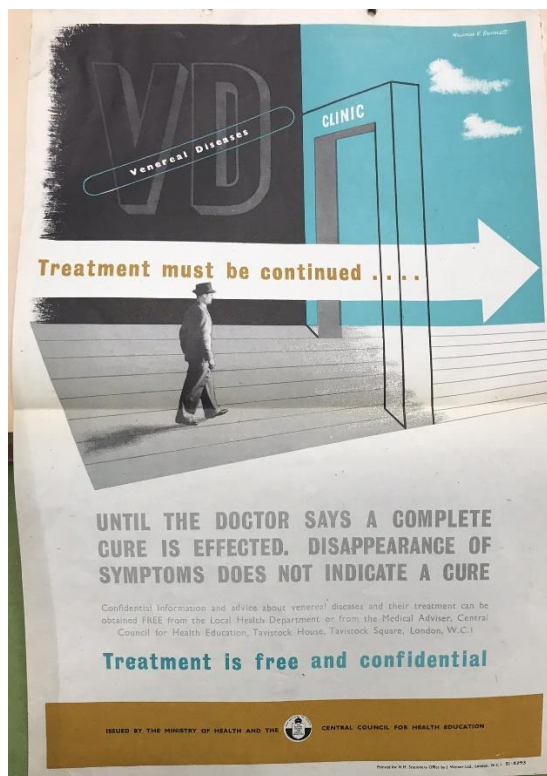


Fig 3.19 Continued, Man, Bennett, 1943

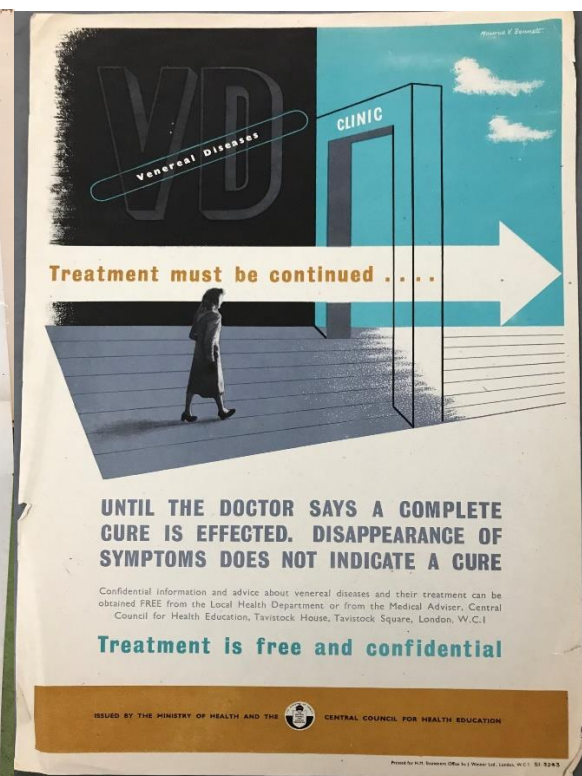


Fig 3.20 Continued, Woman, Bennett, 1943

This time the infected subject was depicted making a journey towards the clinic, this was indicated to the audience through signs such as the way that the main character was facing (towards the clinic doorway), and the use of a directional arrow. Bennett further provided signs that this journey would lead the infected subject from a dark shadowy place into bright blue skies—even the floorboards that the character walked on became brighter once the journey was complete. However, this journey would only allow this transformation once the doorway had been passed. This metaphor was complemented within the copy which warned the audience that VD treatment must be undertaken ‘until the Doctor says a complete cure is effected’.

Two more posters completed the line-up for the 1943 series, titled ‘Quack “cures” are useless’ (Fig 3.21 & 3.22).

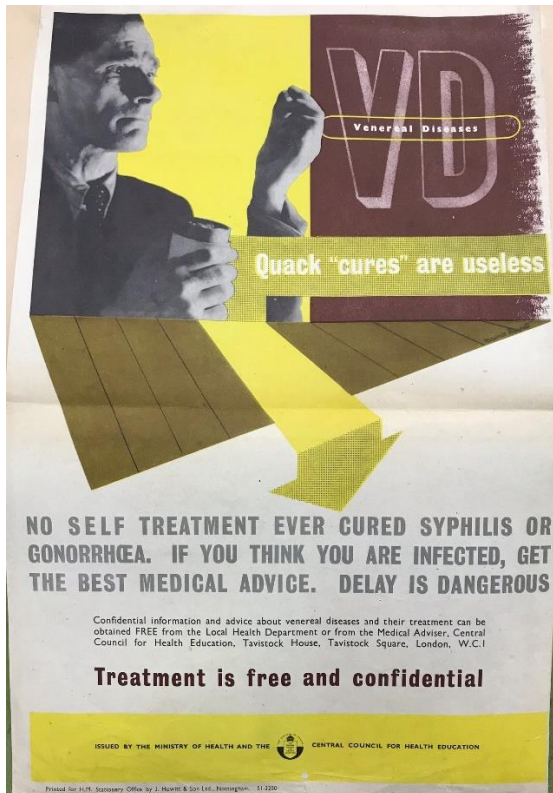


Fig 3.21 Quack, man, 1943

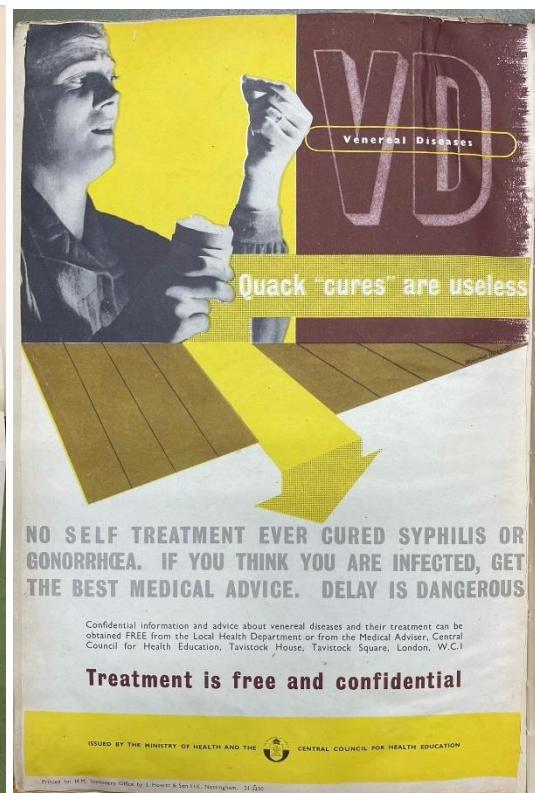


Fig 3.22 Quack, Woman, 1943

Once again, the posters had both male female versions, and both were almost identical in their layout. As stated, although it is unknown who the designer of these posters was the posters share similarities with Bennett’s work (for example floorboards, directional arrows, and the use of the black and white colour to represent the infected subject). However, the style also had some marked differences such as the infected subject being depicted photographically with the face of the infected subject clear in both the female and the male versions, and a pensive, almost worried look evident on the main character’s faces as they self-administer a pill from a container. The advertisement provided signs and codes for the audience as to what types of treatment would be successful in combatting VD, and further strengthened these through the statement ‘No self-treatment ever cured Syphilis or Gonorrhoea. If you think you are infected, get the best medical advice. Delay is dangerous.’ The remainder of the poster was very similar to the other posters, in that it stated where advice and treatment could be obtained, and that this treatment was free and confidential.

Local Authority display of sexual health advertisements

Although the posters were produced by central government and the CCHE the take-up and placement of the posters was the responsibility of local authorities. Periodically the local authorities would be encouraged to take up the posters by letters sent from the Ministry of Health which stated the benefits to the public of raising awareness around VD, whilst also reminding the local authorities of their responsibilities and duties in regard to this subject. Sometimes the Ministry of Health would provide gentle persuasion and criticism. For example, in April 1943 the Ministry complained that:

The publicity put out from the centre is not yet receiving that measure of local support which is needed to achieve maximum effect. In particular, the demand for the pictorial posters has been disappointing.³⁴⁶

Another aspect of communication between central government and local administrations was for the centre to offer advice as to where local authorities should situate the posters (See Table 3.2 for details). The advice reiterated the government's stance that this subject should no longer be taboo, instructing local authorities that 'Now that the problem of venereal diseases has been brought into the open and is being freely and frankly publicised in broadcasts, newspapers, cinemas, theatres, and elsewhere, there can be no valid reason for limiting poster publicity to indoor sites.'³⁴⁷ By June 1943 local authorities requested 188,768 copies of this campaign, and the Ministry of Health wanted to assess the locations these posters were being situated so asked Principle and Senior Regional Medical Officers to informally feedback on the locations that they had seen these posters.³⁴⁸ The Ministry of Health was particularly keen to find out 'to what extent "Here Comes the Bride" and "Tomorrow's Citizen" were being shown on outdoor sites'.³⁴⁹

These posters illuminate the rising power and influence in the network of stakeholders of graphic designers, and thus the advertising industry, and the impact this had on sexual health advertising. Further, the involvement in censorship of the newspaper owners and boards also illustrates, although they were on the periphery of the network of stakeholders, these commercial enterprises still had some influence on sexual health advertising. Another important stakeholder in this period were the potential audiences for these sexual health advertising campaigns and how these campaigns were interpreted and thus contributed to discourses of contagion, infection and disease.

³⁴⁶ Ministry of Health to County Councils, Circular 2805, (15th April 1943), NA/FD/1/5966.

³⁴⁷ Ibid.

³⁴⁸ Letter from E.D. Macgregor to SROs PRMOs and RMOs (29th June 1943) NA/HLG/7/756.

³⁴⁹ Ibid.

Table 4.2 The 1943 poster campaign, target audience, and location of display.

Poster Title	Designer	Ministry of Health suggested audience & location
'Hello Boy Friend'	Reginald Mount	Visiting and returning seamen. Limited to ports
'Here Comes the Bride'	Reginald Mount	General population, inside or outside, on billboards and advertising spaces etc.
'Tomorrows Citizen'	Reginald Mount	As above
'Delay is dangerous, overprint'	Unknown	To be used in conjunction with the pictorial posters. Providing particulars of local treatment facilities.
'Delay is dangerous, male'	Maurice V. Bennett	Persons who have exposed themselves to risk of infection. Public conveniences, council's offices etc.
'Delay is dangerous, female'	Maurice V. Bennett	As above
'Treatment must be continued, male'	Maurice V. Bennett	As above
'Treatment must be continued, female'	Maurice V. Bennett	As above
'Quack "cures" are useless, male'	Unknown	As above
'Quack "cures" are useless, male'	Unknown	As above

Wartime Social Surveys on the campaign against venereal disease

1943 survey

Shortly after the launch of the government's first national newspaper sexual health advertising campaign the Ministry of Information commissioned a Wartime Social Survey in order to assess the public's reaction and the success of the VD campaign in raising public knowledge on the subject.

Conducted between 18th March to 17th April 1943, respondents were recruited from 20 different locations across the country from Glasgow in Scotland down to Exeter.³⁵⁰ A total of 2,459 people, aged between 14 and 40 were interviewed based on broad occupation groups.³⁵¹ The questions were designed with three main objectives. [1] To ascertain to what extent that the venereal disease statements had attracted attention; [2] to find out the level of public knowledge about VD; and [3] to uncover public opinion of VD publicity. The survey attempted to measure the proportion of the public that agreed with publishing 'a plain and frank statement of the facts', and to what extent 'secrecy' around this subject was preferable.³⁵²

Interviewers approached respondents by initially asking 'a few questions on health and the Ministry of Health publicity' before the more 'difficult subject of VD was broached'.³⁵³ Following the opening questions, the interviewers (who were all female) were instructed to pause and provide the respondent with a brief explanation about the Ministry of Health's VD concerns. Following this explanation, the interviewer would ask the first VD-based question and the interview was to be terminated at this juncture if the interviewer felt it was 'unwise to proceed'.³⁵⁴ Only 3% of all the interviews that were conducted were closed at this point, suggesting that the vast majority of those approached were comfortable in answering questions that may have been considered sensitive.³⁵⁵

³⁵⁰ The 20 locations were (in north to south order): Glasgow, Newcastle, Leeds, Preston, Manchester, Sheffield, Liverpool, Nottingham, Leicester, Peterborough, Wolverhampton, Birmingham, Ipswich, Aylesbury, Cardiff, Bristol, London, Winchester, Tunbridge Wells, and Exeter.

³⁵¹ 'The campaign against venereal disease', Wartime social survey, Ministry of Information, (18th March to 17th April 1943) NA/RG/23/38.

³⁵² Ibid.

³⁵³ Ibid.

³⁵⁴ Ibid.

³⁵⁵ Ibid.

The survey results suggested that the government's advertisements had been visible to the public with 86% of respondents reporting that they had seen them. Further, 92% agreed with the publication of the VD statement by the Ministry of Health. Five other consistencies were identified by the survey. [1] people under 20 consistently had less knowledge than other groups. [2] Those that had read the advertisements showed more knowledge than those that had not. [3] Women on the whole were not as well informed as men. [4] Higher income groups were better informed than those on lower wages. [5] Men over 40, particularly those involved in WWI were better informed than any other group. Many of the respondents stated that the government should have enacted a campaign of this nature previously, arguing that 'it should have been done before', 'there has been too much secrecy', and 'everyone should know about these things'.³⁵⁶

Prior to being asked specifically about the VD campaign, respondents were asked to recall any health messages put out by the Ministry of Health. Overwhelmingly, the respondents had mentioned the VD campaign ahead of any other campaign. The campaigns for 'Coughs and sneezes' and 'Diphtheria immunisation' were both mentioned by respondents, but it was the VD adverts that were recalled at a greater rate by respondents.³⁵⁷

1944 survey

Early in 1944 a second survey was conducted when the government's campaign had been running longer and specifically asked respondents about the Mount series of posters.³⁵⁸ This second survey had five main objectives: [1] to find out how effective the increased VD publicity had been; [2] to assess public attitudes to the Mount posters; [3] to find out public attitudes to using various forms of media for VD publicity; [4] to estimate the extent of public knowledge on VD; and [5] to find out what aspects of VD people wanted further information about. A total of 2,587 respondents were interviewed between 16 and 60 from England and Wales—Scotland was not included in this survey as it had in the 1943 study. In common with the previous survey a set of opening questions were put to the respondents prior to asking them about VD.

³⁵⁶ Ibid

³⁵⁷ 38% recalled VD adverts, whereas only 12% recalled coughs and sneezes and just 5% recalled Diphtheria immunisation. Figures from 'The campaign against venereal disease', Wartime social survey, Ministry of Information, (18th March to 17th April 1943) NA/RG/23/38.

³⁵⁸ Wilson & Barker (1944) NA/RG/23/56.

One significant difference between the survey results was that by 1944 the amount of people that could recall seeing VD publicity was up 5 % to 91%. The locations that the Ministry of Health had suggested these posters should be displayed (see Table 4.2) was reflected in the responses given—newspapers (83%); posters in lavatories (40%); radio (35%); magazines (34%); outdoor posters (28%); films (25%) and posters in railways and tube stations (15%). Perhaps unsurprisingly given the large underground posters that had been produced for the capital, London had the highest percentage of individuals that recalled seeing the posters inside railway stations.

The three Mount posters were specifically mentioned, and 70% of respondents gave positive comments to ‘Tomorrow’s citizen’, these included comments such as the ‘Shadow behind child is striking’. 67% provided positive feedback to ‘Here Comes the Bride.’ such as the ‘wording and picture catches the eye—especially the dark hands clutching at the bride’. Finally, 59% deemed ‘Hello Boy Friend’ worthy of positive comment, these included the comment that ‘Realistic, to the point—anyone would get it’.³⁵⁹ However, negative feedback was also recorded. One example was the suggestion given by ‘quite a number of people’ that the results of VD needed to be better emphasised in ‘Tomorrow’s Citizen. Another example from ‘Here Comes the Bride’ was that the poster was ‘unfair to men because it implied that only men were to blame for the spread of VD’. Conversely, this gendered treatment of the infected subject drew criticism in ‘Hello Boy-friend’, which featured ‘the easy girlfriend’ this drew several respondents to query ‘What about the Easy boy-friend?’³⁶⁰ When asked to judge the most striking poster ‘Hello Boy Friend’ fared much better as it tied with ‘Tomorrow’s citizen’, whereas ‘Here Comes the Bride’ was considered much less striking than the other two posters. The performance of ‘Tomorrow’s Citizen’ in this category was attributed to ‘the appeal to people’s sense of responsibility towards children’.³⁶¹ As for the attitudes toward sexual health advertising in general, the 1944 survey claimed that:

It is abundantly clear that far from being shocked at VD publicity, people are keen to learn everything they can about the diseases, provided the information is given in a form that they can easily understand.³⁶²

Another finding of the 1944 survey was that sexual health advertisements were disadvantaged by their ‘relatively small size’. Respondents argued that the effectiveness of

³⁵⁹ Ibid p.5 and 15.

³⁶⁰ Ibid p.16-17.

³⁶¹ Ibid p.5.

³⁶² Ibid p.6.

these advertisements was impacted by ‘large posters on either side of them’ that ‘overshadowed’ the sexual health advertisements and thus rendered them ‘ineffective’.³⁶³ It seems that the Ministry of Health took onboard this criticism when it devised a new campaign.

FHK Henrion: ‘a shadow on’ series

In 1944 the government’s campaign continued with two major differences to the previous iteration—an extension in the size and increased locations for the posters. In addition to a set of new designs, the sexual health advertisements were produced in ‘the largest size’ of 10 feet by 6 feet 8 inches with around 6,000 copies used ‘throughout England and Wales.’ displayed ‘on main roads and bus routes’.³⁶⁴ The Ministry of Health also noted that there had been ‘no adverse reaction of any kind from either the members of the public or public authorities’ to these displays.³⁶⁵ The large posters designed for hoardings were entirely copy-based. There were two versions of these ‘Sixteen-sheet’ posters (Fig 3.23 & 3.24), and although this study has only found reproductions in black and white it is understood that both of these posters were printed in red and white on a black background.³⁶⁶

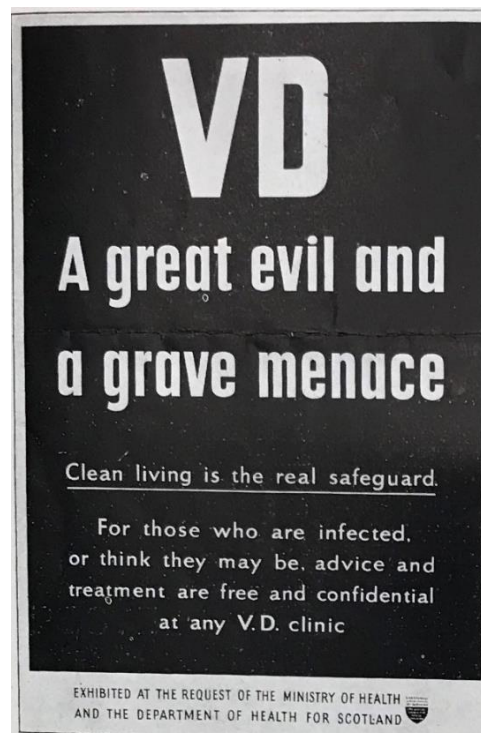


Fig 3.23 A great Evil, 1944

³⁶³ Ibid p21.

³⁶⁴ Internal Ministry of Health Report NA/MH/55/2318.

³⁶⁵ Ibid.

³⁶⁶ Ministry of Health promotion leaflet NA/T/161/1176.

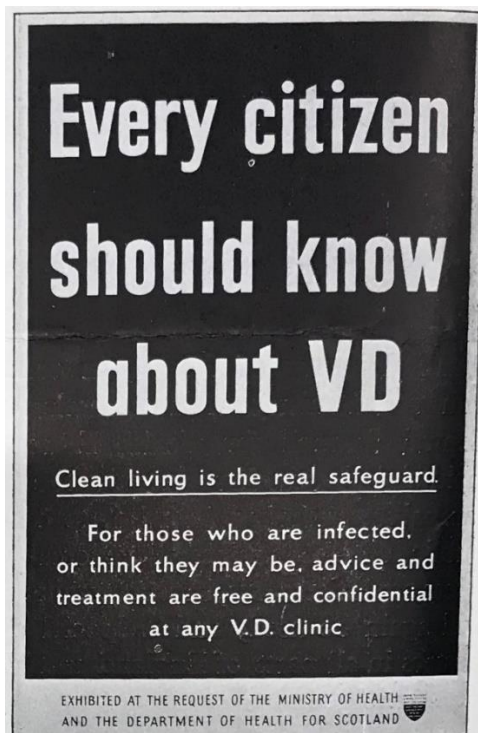


Fig 3.24 Every citizen, 1944

Seven other posters made up this collection, an updated overprint for local authorities for the addresses of the nearest VD clinic (Fig 3.25) and another similar in style to the large posters—copy only and printed in red and white on a black background (Fig 3.26). This latter poster informed the audience that VD was a great evil, and in a eugenics tone declared that the future of the British nation was threatened by this ‘menace’.

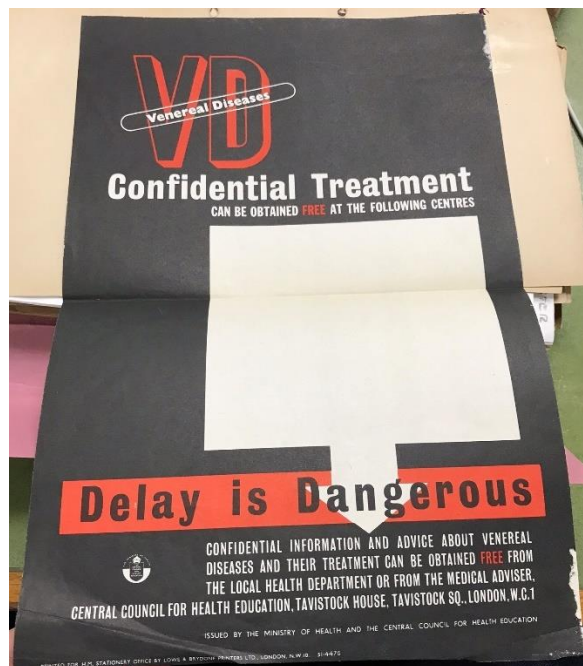


Fig 3.25 Overprint, 1944

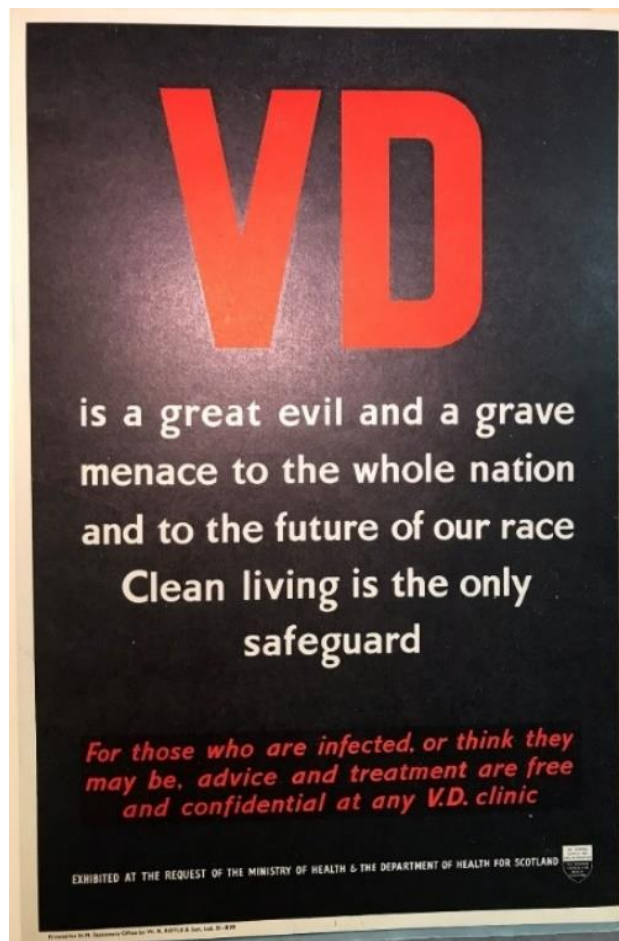


Fig 3.26 Whole Nation, 1944

Five more designs were introduced in this collection, produced by the graphic designer FHK Henrion, and all included the phrase ‘a shadow on’. The ‘shadow on’ series first appeared 14th May 1944 and was made up of posters and newspaper advertisements that ran concurrently with the Doctor’s Diary advertisements. The posters all utilised the infected subject motif and all featured red and white print on a black background—matching the colour scheme in the large billboard advertisements. Henrion’s designs can be grouped into two styles. One style featured the head of the central character and a shadow that was cast from the letters VD across the central character’s face (Figs 3.27, 3.28 & 3.29). Each of these versions featured a different central character, a woman, a man, and a baby. Although the messages were broadly similar and shared the strapline that clean living provided a safeguard, each poster was subtly different. The message in the woman poster focused on happiness, whereas the man poster concentrated on the health of the infected subject, finally the baby version was concerned about the child’s future—this was similar to the Reginald Mount poster ‘tomorrow’s citizen’.

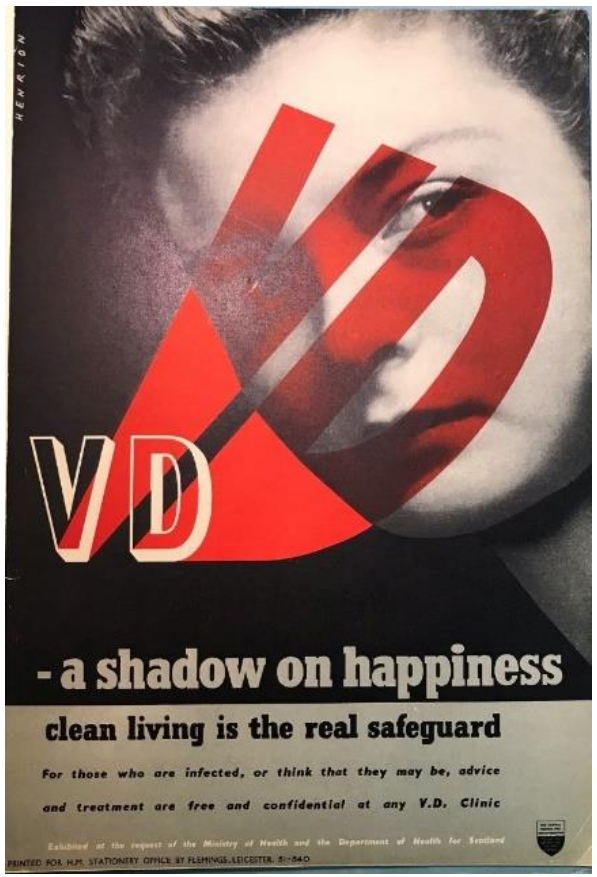


Fig 3.27 Shadow on happiness 1944

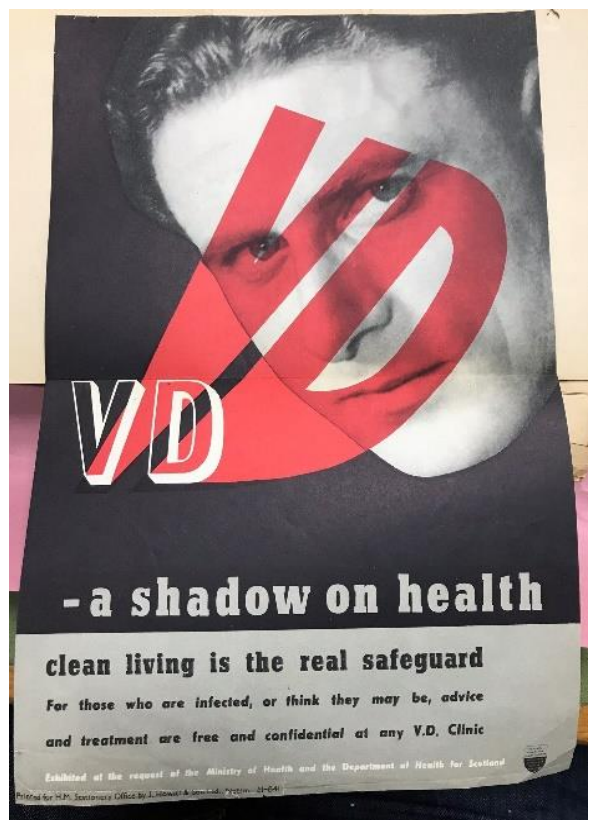


Fig 3.28 Shadow on Health, 1944

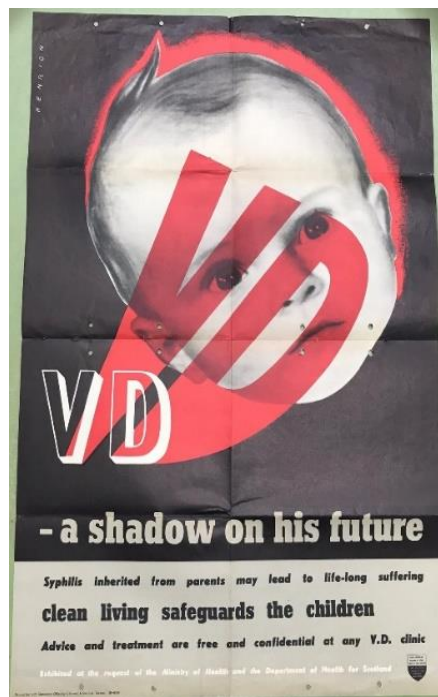


Fig 3.29 Shadow on his future, 1944

The other style that Henrion produced featured a stronger use of the colour red. Two versions of this style were produced each featured a pair of different characters (Fig 3.30 & 3.31).

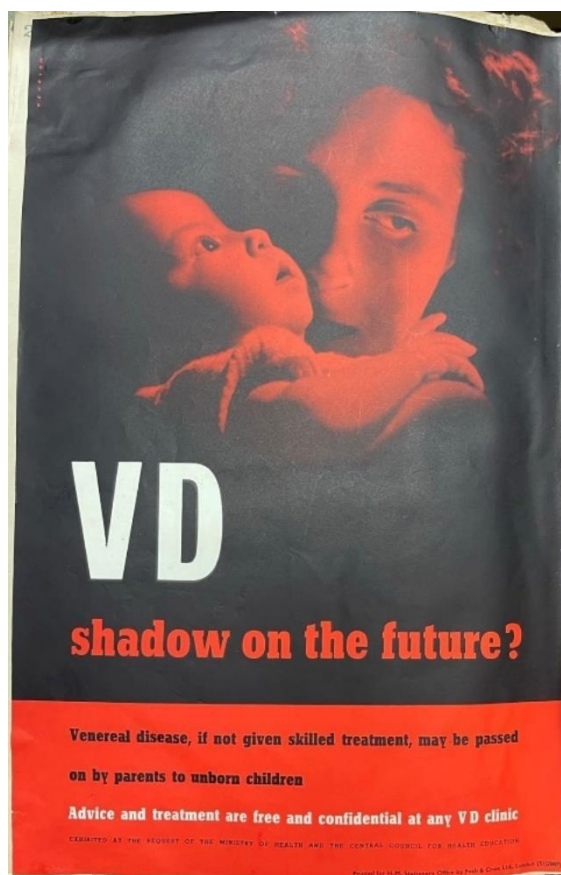


Fig 3.30 Mother, Henrion, 1944

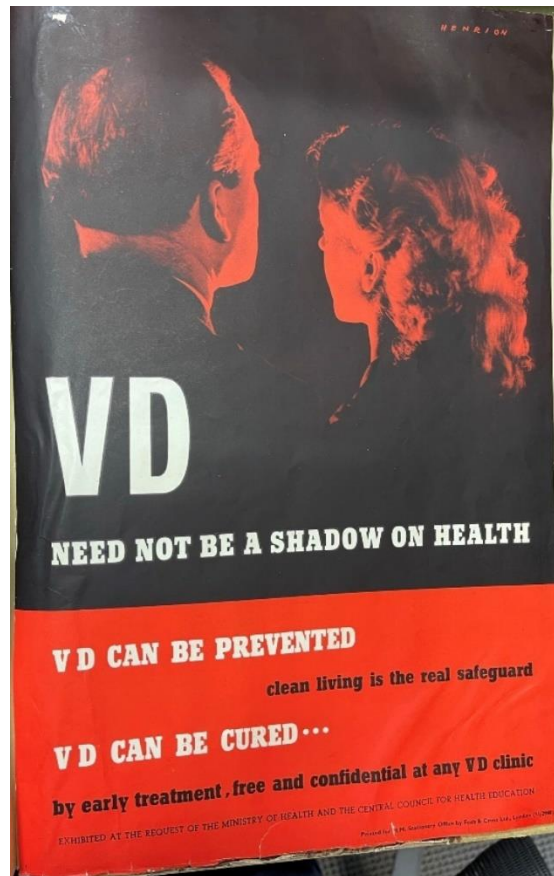


Fig 3.31 Couple, Henrion, 1944

One of these designs (Fig 3.30) featured the depiction of a mother cradling her child. The mother had a concerned look on her face and the child was pictured looking up towards the sky. The copy posed the question ‘VD, shadow on the future?’. This provides an example of how sexual health advertisements constructed by different graphic designers utilised similar persuasion techniques. Through a similar deployment of imagined futures to Mount, Henrion guided the audience towards imaging an unpleasant future in which VD had a lingering impact on the child. The other sexual health advertisement produced by Henrion in this style talked of prevention and cures (Fig 3.31). The infected subject was once again used, depicted as a male and female couple. Unlike the mother and baby, the couple had their backs to the camera, which created a mysterious element to the infected subject/s. The copy declared that ‘VD need not be a shadow on health’ and that it could be both prevented and cured. The signs of danger through such a prominent use of the colour red would have no doubt been easy for the audience to decipher. The metaphor of VD casting a shadow was used (as in all this series) to imply a negative impact on a future version of the infected subject. This allowed the audience to consider alternative futures,

such as infection-free futures and contrast these with a future that would be forever shrouded in fear and doubt due to the impact of VD.

In July 1945 the 'Shadow on' series commenced a run of newspaper and magazine advertisements.³⁶⁷ In doing this the Ministry of Health and the CCHE linked the posters that people would see with the newspaper and magazine advertisements they would read. This was done by utilising Henrion's imagery from the posters and placing them at the top of the newspaper advertisements (Figs 3.32–3.35). The first image to be given a newspaper and magazine advertisement was 'Baby', this was followed by a version for 'Man', 'Woman', and 'Mother'. This was a new move for the government's campaign and provided a stronger link for the audience between the posters and the newspaper advertisements.



VD
There need be no
SHADOW ON THE FUTURE

Veneral Diseases, unless given skilled treatment, can cause serious ill-health or death, and may be passed from parents to unborn children. Yet V.D. can be prevented, and it can be cured by early treatment. Ignorance is one of the causes of the spread of Veneral Diseases. These advertisements are published to give the plain facts.

What are the Veneral Diseases?
The main ones are Syphilis and Gonorrhoea, two very different diseases caused by different germs. Syphilis is a dangerous, a killing disease. If not treated early, skilfully and completely, it can cause death or total disablement in early middle life. Gonorrhoea usually shows itself from 2-10 days after infection, as a discharge from the sex organs. It can pass on syphilis to his unborn child.

Can V.D. be cured? Yes, but in one way only—by early treatment by skilled and "top-to-date" specialists. All operations should be ignored. Self-treatment is useless and may be disastrous. A specialist's advice and treatment, if necessary, are FREE at any V.D. Clinic. For addresses and times of local clinics see local posters. Treatment is absolutely confidential. Anyone who has the slightest reason to suspect V.D. should seek skilled medical treatment at once.

Further information in confidence can be obtained from your local Council's Health Department, or by writing to the Medical Adviser, Central Council for Health Education, Tavistock Square, W.C.1. Please enclose a stamped addressed envelope.

Issued by the Ministry of Health and the Central Council for Health Education. (VD43-1)



VD
—a shadow on health

The number of cases of Veneral Disease in Britain has more than doubled since 1939. A very important cause of the spread of V.D. is ignorance. The object of these advertisements is to provide information about the prevalence of these diseases; how they are caught and spread; and how they may be cured by early treatment.

Clean living is the real safeguard

What are the Veneral Diseases?
The main ones are Syphilis and Gonorrhoea, two very different diseases caused by different germs. Syphilis is a dangerous, a killing disease. If not treated early, skilfully and completely, it can cause death or total disablement in early middle life. Gonorrhoea usually shows itself from 2-10 days after infection, as a discharge from the sex organs. It can pass on syphilis to his unborn child. Gonorrhoea, though not so dangerous as syphilis, is a serious disease and is one of the causes of chronic ill-health and incapacity to have children.

What are the signs of V.D.?
The first sign of syphilis is a small sore three days usually, or a small sore on or near the genitals if syphilis is of the venereal type. It usually shows itself first from 2-10 days after infection, as a discharge from the sex organs.

How are Veneral Diseases caught?
Gonorrhoea, though not so dangerous as syphilis, is a serious disease and is one of the causes of chronic ill-health and incapacity to have children.

Further information in confidence can be obtained from your local Council's Health Department, or by writing to the Medical Adviser, Central Council for Health Education, Tavistock Square, W.C.1. Please enclose a stamped addressed envelope.

Issued by Ministry of Health and Central Council for Health Education. (VD44-1)



VD
—a shadow on happiness

The number of cases of Veneral Diseases in Britain has more than doubled since 1939. A very important cause of the spread of V.D. is ignorance. The object of these advertisements is to provide information about the prevalence of these diseases; how they are caught and spread; and how they may be cured by early treatment.

Clean living is the real safeguard

What are the Veneral Diseases?
The main ones are Syphilis and Gonorrhoea, two very different diseases caused by different germs. Syphilis is a dangerous, a killing disease. If not treated early, skilfully and completely, it can cause death or total disablement in early middle life. Gonorrhoea usually shows itself from 2-10 days after infection, as a discharge from the sex organs. It can pass on syphilis to his unborn child.

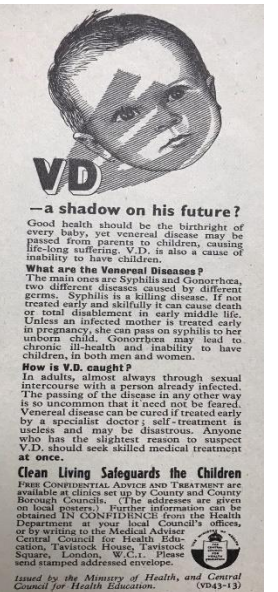
How are they avoided?
The germs of V.D. cannot appear in the body of their own accord. They can only be carried through the air like the germs of cold or measles; but not man or woman, boy or girl, who has sexual relations with a casual acquaintance risks picking up V.D.

How and where can V.D. be cured?
Veneral diseases can be cured if treated early by a specialist doctor. Self-treatment is useless and may be disastrous. A specialist's advice and treatment, if necessary, are FREE at any V.D. clinic. For addresses of local clinics and opening times see local posters.

Treatment is absolutely confidential. Anyone who has the slightest reason to suspect V.D. should seek skilled medical treatment at once.

Further information in confidence can be obtained from your local Council's Health Department, or by writing to the Medical Adviser, Central Council for Health Education, Tavistock Square, W.C.1. Please enclose a stamped addressed envelope.

Issued by the Department of Health for Scotland and the Scottish Council for Health Education. (VD43-1)



VD
—a shadow on his future?

Good health should be the birthright of every baby, yet venereal disease may be passed from parents to children, causing life-long suffering. V.D. is also a cause of inability to have children.

What are the Veneral Diseases?
The main ones are Syphilis and Gonorrhoea, two different diseases caused by different germs. Syphilis is a killing disease. If not treated early and skilfully it can cause death or total disablement in early middle life. In pregnancy, syphilis may lead to unborn child. Gonorrhoea may lead to chronic ill-health and inability to have children, in both men and women.

How is V.D. caught?
In adults, almost always through sexual intercourse with a person already infected. The passing of the disease in any other way is so uncommon that it need not be feared. Veneral disease can be cured if treated early by a specialist doctor; self-treatment is useless and may be disastrous. Anyone who has the slightest reason to suspect V.D. should seek skilled medical treatment at once.

Clean Living Safeguards the Children
FREE CONFIDENTIAL ADVICE AND TREATMENT are available at clinics set up by County and County Borough Councils. (The addresses are given on local posters). Further information can be obtained from the Medical Adviser, Central Council for Health Education, Tavistock Square, London, W.C.1. Please enclose a stamped addressed envelope.

Issued by the Ministry of Health and Central Council for Health Education. (VD43-1)

Fig 3.32 Mother, 1946 Fig 3.33 Man, 1946 Fig 3.34 Woman, 1946 Fig 3.35 Baby, 1945

Newspaper and posters were not the only method of sexual health advertising that the government deployed. When asked about methods of communication on matters surrounding VD, many members of the public had expressed the opinion that factories and offices should be utilised as a means to deliver information on this subject—it was felt particularly important for engaging with those on lower incomes.³⁶⁸ The Ministry of Health agreed that if their sexual health advertising message was to reach as wide a spectrum of the population as intended then alternative methods of delivery were important. Wilson Jameson's interest in this area had already been established when he encouraged local

³⁶⁷ NA/BN/10/220.

³⁶⁸ Wilson & Barker (1944), p.23, NA/RG/23/56.

authorities to make use of the range of alternative services that the CCHE had at its disposal—such as lectures, films, and literature—he had suggested that these services should be used on readymade audiences such as factories, clubs, and associations.³⁶⁹ One way that factories were utilised was by hosting health exhibitions.

Exhibitions

One example of this type of engagement was the 1944 sexual health exhibition, compiled by the Ministry of Information for the Ministry of Health. This sexual health exhibition was designed to be displayed at various locations where large groups of people could view, such as factories and offices.³⁷⁰ To measure whether this would have the desired effect, an experimental pilot programme was tested at the car manufacturer Rootes group of factories. The trial was declared a success by the Rootes Securities Ltd Chief Medical Officer Dr R. B. Macfie ‘... the response has been outstanding. Men and women have been equally interested, and in some of our factories 100% of men and women have voluntarily viewed the exhibits’.³⁷¹ The Rootes group held health weeks at 12 of their factories and take up for the exhibitions was over 80%—although the exact split for each gender was unreported—therefore over 25,000 people had viewed the exhibition during the trial period. Amongst these attendees ‘there has been no adverse criticism, but frequent remarks that the information should have been spread years ago, and there have been several requests for still further information and publicity’.³⁷²

Due to the success of this trial the programme was rolled out and leaflets to promote the exhibition were sent by the Ministry of Information to various locations that might be interested such as local authorities, managers of factories, and offices. In 1947 the Ministry of Health claimed that ‘Since its first experimental showing at the Rootes group of factories, the photographic display set in its present form has been shown at more than 150 factories of varying types across the country’.³⁷³ This particular exhibition was made up of 40 separate panels fixed together on a wall to form a continuous frieze. Further instructions were given on how the exhibitions ought to be displayed, including the

³⁶⁹ Jameson to Local authorities, (8th January 1943), NA/HLG/7/756.

³⁷⁰ For more on the use of exhibitions in public health see Alex Mold., ‘Exhibiting Good Health: Public Health Exhibitions in London, 1948–71’ *Medical History*, vol.62.1 (2018): p.1-26.

³⁷¹ Extract from a letter to the Ministry of Information from Dr R. B. Macfie (1945), NA/BN/10/220.

³⁷² *Ibid.*

³⁷³ Ministry of Information, Venereal Diseases photographic display leaflet, (1947), NA/BN/10/220.

instruction that there should be a responsible person—preferably be a Medical Officer, Nurse, or Welfare Officer—in the room at all times. This person would be able to answer any questions that arose from those viewing the exhibition and be on hand to provide audience members with further literature on VD. The physical size of the exhibition was significant, the panels were printed in pairs (23 ½ inches by 13 inches) this would therefore require a substantial space for the exhibition to be displayed. Finally, some panels had two versions, the instructions were that the panels should be changed to match the gender of the audience, this required the venue running sessions for men and women audiences separately.

The exhibition was presented in several stages. The first of these introduced the display and explained its intended purpose. It portrayed VD as a menace and a threat to the future of mankind, and that ignorance was the main reason that the diseases spread. In correlation with the language first used in the Ministry of Health’s sexual health advertising the exhibition display stated it would provide the audience with the ‘plain facts’ on VD.³⁷⁴ The exhibition also made use of the infected subject by way of comparison between two different images, one depicted a healthy person with a sign pointing to the image with the copy ‘Health, Self-Respect, Fitness’ and in contrast the infected subject was depicted but this time the text read ‘Sickness, Depravity, Weakness’ (Fig 3.36).³⁷⁵

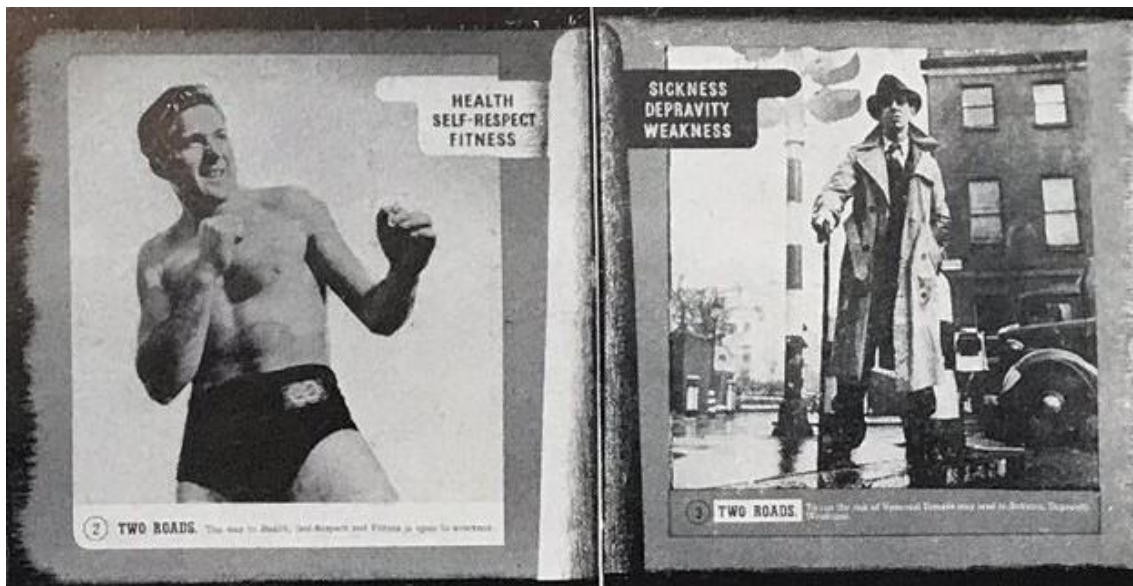


Fig 3.36 MOI exhibition 1944.

³⁷⁴ Venereal Disease Photographic Display, MOI, (1945), NA/BN/10/220.

³⁷⁵ Ibid. These panels had two versions, one featured a female and the other a male.

The final panel in this section depicted a family, which suggested to the audience a choice between two roads. One that led to a healthy family life, and another that would lead to the life of the infected subject—the second path also led infection back to the individual's family. The 'plain facts' notion and the way that the infected subject was utilised indicates a degree of continuity between the exhibition and other central sexual health advertising of this period.

Conclusion

The period covered in this chapter shows a rise in importance of the advertising industry stakeholder group within the network of stakeholders—this rise can be seen through the growth in importance of graphic designers. The incidents of censorship by newspaper owners and boards also indicates how, although at the periphery of the network of stakeholders, commercial enterprises still had some influence over the eventual sexual health advertisements. The policy-makers stakeholder group also grew in significance during this period, seen in central government's first national sexual health advertising campaign.

The first aim of this campaign was to remove the secrecy around VD, once this was accomplished a ground-breaking set of newspaper sexual health advertisements were produced—many of the newspaper sexual health advertising utilised the format of a doctor replying to their patient. The incident of the CCHE offices becoming overwhelmed by correspondences shows that the discourse of VD was being impacted upon and engaged with by the audiences of these advertisements. The doctor response formula was furthered by a new style that commenced in 1943 and the FADD style ran for several years. However, this was not the only method that the central campaign used; posters by prominent graphic designers were also commissioned at this time.

One such designer was Reginald Mount and his 1943 a set of three posters all used the infected subject and introduced a range of signs and codes that the audience could interpret. The public were asked for their views and through their responses we can see some of the interpretations the audiences had of these signs and codes, of particular interest is the resistance to the way the infected subject was gendered. Further signs and codes were provided by graphic artists Bennett and Henrion in their commissioned work. The central campaign also took on board feedback that the advertisement needed to be larger and placed in more prominent locations. This period has been notable for the increased use of the infected subject and to complement the ways sexual health advertising represented the infected subject other methods of health promotion were used by central

government. One such way was the use of health exhibitions in factories and offices. This was seen as an effective way of reaching a wider audience with the sexual health message—especially a working-class audience.

Throughout the examination and reconstruction of sexual health advertising in this period the importance of the infected subject's role and the way that this motif was used to convey notions of contagion by the graphic artists has been evident. Chapter 4 investigates another prominent graphic artist's contribution to sexual health advertising and contrasts his work with those more heavily influenced by the civil servants of the Ministry of Health.

Chapter 4: (1949 to 1959)

The life and death of the ‘Games Hand’

Introduction

In 1949 the Ministry of Health commissioned the renowned graphic designer and War Office propagandist Abram Games (1914-1996) to design a series of VD posters.³⁷⁶ Games had worked as a freelance graphic artist and was also official government war poster designer during WWII. This previous work meant that when the Ministry asked Games to design a series of posters to promote the use of VD clinics, he was already established with a design philosophy of producing advertisements that communicated to the audience by using as little tools—especially written copy—as possible, he summed this up as ‘maximum meaning, minimum means’.³⁷⁷

Chapter 4 covers the period 1949-1959 and is somewhat different to the other substantive chapters in that it examines sexual health advertising from one limited campaign. The chapter investigates the ‘Games Hand’ series, from original graphic designer-produced posters through to those heavily influenced by the Ministry of Health’s civil servants. This whole campaign only consisted of nine posters and the narrative of the campaign focuses on the two main actors—Abram Games and Betty Crawter. Due to this, the chapter moves through the narrative expeditiously. Despite the limited quantity of outputs, the ‘Games Hand’ series provides a worthwhile case study that illuminates several key aspects of British sexual health advertising, including both the power dynamic in the network of stakeholders and a change in conditions from which sexual health advertising emerged.

The chapter starts with a brief biography of Abram Games’ life and work prior to being commissioned by the Ministry of Health, to better understand the personal design philosophy that Games used for his 1949 sexual health commission. The next section of this chapter investigates sexual health advertisements that Games designed for the Ministry of Health and introduces the ‘Games Hand’ motif. The chapter then moves on to

³⁷⁶ Throughout this chapter the Ministry of Health is often shortened to Ministry. To avoid confusion the full name of any other Ministry will be used when referring to them.

³⁷⁷ Naomi Games, Catherine Moriarty, and June Rose, *Abram Games, Graphic Designer: Maximum Meaning, Minimum Means*, (Aldershot: Lund Humphries, 2003); Naomi Games, and Brian Webb., *Abram Games: Design*, (Woodbridge: Antique Collectors' Club, 2013).

introduce the second main actor within the Games Hand story—Betty Crawter. Crawter was senior information officer at the Ministry of Health, and a brief examination of her background shows that her ability to challenge and argue for her views had a significant influence on the nature of sexual health advertisements produced during this period.

Organised in this way, the chapter historically reconstructs the events that surrounded the creation and development of sexual health advertisements that contained the ‘Games Hand’—a venereal disease motif designed by prominent graphic designer Abram Games and used in British sexual health advertising throughout the 1950s. This chapter documents the journey from Games’ original concept, through various releases of new posters, to the eventual eradication of any of Games’ design elements in the posters produced—the life and death of the Games Hand. Following the lifespan of the Games Hand allows a close examination of different roles and influences stakeholders had on sexual health advertising and highlights how sexual health advertisements contrasted between the start and the end of this period. Although the ‘Games Hand’ symbol itself did not utilise the infected subject motif, it will be seen that some of the advertisements that contained the ‘Games Hand’ did.

The period 1949-1959 also saw a shift in power dynamics within the network of stakeholders. The period began with the advertising industry stakeholder group enjoying a prominent position within the network—through the significant role graphic designers had in sexual health advertising (see chapter 3). However, in 1951 following a restructure of the Ministry of Health, budgets for sexual health advertising were reduced and outputs became dramatically different. Ministry of Health civil servants—such as Betty Crawter—argued that a lack of supplementary newspaper advertising (that had ceased when the reduced budgets occurred) created a need for a more instructional approach to sexual health advertising. This resulted in advertisements moving away from the use of graphic design elements to a far heavier reliance on text.

Sexual health advertisements after 1950 were not designed by Games. Instead, they were primarily the concept of civil servants from the policy-makers stakeholder group, and although the designs included some input from a very select group of volunteers (in the shape of medical advisers to the Ministry), it was civil servants who became the most influential group in the shaping of sexual health advertising in this period. Overall, the period was a time when sexual health advertising entered a state defined by this thesis as a ‘depression’. This depression was brought about when the salience of sexual health advertising fell away for all stakeholder groups in the network of stakeholders. Sexual

health advertising was no longer a priority, and this resulted in advertisements that were both visually dull and scarce in number.

Abram Games

On 29th July 1914 Abraham Gamse (as he was named at birth) was born, just as WWI was breaking out, at Underwood Road, Whitechapel, London to the sound of ‘Bow bells’ of a ‘true’ cockney.³⁷⁸ His parents: Joseph (a photographer from Latvia), and Sarah (a seamstress from the Russia-Poland boarder), were both Eastern European-Jewish migrants, whose families had fled anti-Semitic oppression and settled in London.³⁷⁹ In 1926, when Abram was 12 years-old, his father changed their family name by deed-poll to the more Western sounding Games.³⁸⁰ During his childhood, due to his father’s trade, Games would often be surrounded by the tools and paraphernalia of photography. It was one of these tools that influenced much of Abram’s graphic artwork, the airbrush.³⁸¹

Before leaving school, Games received fierce judgment by his headmaster; Games was insistent he wanted to become an artist and he was curtly told ‘To be an artist you need talent, and you haven’t got it’.³⁸² This lack of natural skill was later in life acknowledged by Games himself, who said “I am not an artist, I am a graphic thinker. I am bad at drawing. What I lack in natural talent I make up for in solid hard work.”³⁸³ Games’ lack of natural talent was not helped by the fact that he also had very little in the way of a formal graphic design education. Games did have a brief spell in formal design education when Abram persuaded his parents to pay for him to attend St Martin’s School of Art. However, Games only lasted two terms at the college, he left the college due to being disillusioned with the teaching and with the plagiarism of his fellow students.³⁸⁴

In 1932 Games took a job with commercial poster designers Askew-Younger.³⁸⁵ During lunch-breaks Games often attended the National Gallery, and the museum of the

³⁷⁸ Games and Webb (2013), p.5.

³⁷⁹ Paul Rennie, *Journal of Design History*, vol.17.3, (2004), p.295-97.

³⁸⁰ Bob Stanley, 'Poster Boy for History Lessons, the Work of Abram Games Encapsulates Post-war Britain', *The Times*, (14th December 2004), T2 supplement, p.14.

³⁸¹ Further to this Games also changed his first name from Abraham to Abram.

³⁸² Ibid p.13.

³⁸³ David Aaronovitch, 'Designing the 20th Century: Life and Work of Abram Games', *Times*, (5th September 2014) Arts on Friday supplement p.12.

³⁸⁴ Games et.al. (2003), p.13.

³⁸⁵ Games was recommended for this job by family friend Marjorie Rayle, who would go on to become known as agony aunt Marje Proops, Games, et.al. (2003). p.15.

Royal College of Surgeons where he studied their collections to perfect his knowledge of anatomy.³⁸⁶ In the evenings Games attended classes for life art. In 1935, whilst attending these classes, Games won his first significant graphic art prize. London County Council were looking for a poster to advertise their night classes, and so decided to run a competition to find a suitable poster. Abram entered the competition with a submission that the judges described as ‘a clever airbrush study of a student’s face, with the letters L.C.C. fitting together like a chain’.³⁸⁷ The LCC symbolising the student’s hand illustrates the importance of hands in Games’ work even at this early stage.

In 1936 following a disagreement with his employers, Games was dismissed from Askew-Young, and decided to work as a freelance artist.³⁸⁸ Abram would self-initiate pieces to use as a showcase to potential clients. One example of this was an unpublished poster for Airmail, designed when Games was only 21 (Fig 4.1). This poster shows that by the time Games decided to go freelance he had mastered the airbrush. Indeed, Games’ skill in the use of that particular tool was admired throughout his career by fellow graphic designer’s such as Henrion who joked that Games ‘was born with one in his mouth’, and David Gentleman who observed ‘He uses it like a pencil’.³⁸⁹

The Airmail poster (Fig 4.1) demonstrated Games’ ability to use a combination of written language and pictorial imagery to communicate to the audience. Games believed that the work should convey a message to the viewer, he thought of this as a spring that he wound in his designs and the audience released the spring through their engagement with the poster. Games stated, his designs ‘must appeal to the intellect as well as the eye’.³⁹⁰ Further, he argued that to design a good advertising poster ‘you have to involve the viewer in your thought process. There will be an inevitable association between image and advertiser. Lettering, to be kept to the minimum, is never to be added as an afterthought’.³⁹¹ This approach to his work led to the philosophy that Games was renowned for throughout his career—‘maximum meaning, minimum means’.³⁹²

³⁸⁶ Alan Livingston and Isabella Livingston, 'Obituary: Abraham Games', *Independent*, (29th August 1996), Gazette, p.12.

³⁸⁷ Games et.al (2003), p.40.

³⁸⁸ Ibid p.18.

³⁸⁹ Games and Webb (2013), p.6; David Gentleman, 'Graphic Images for War and Work.', *The Guardian* (29th August 1996), p17.

³⁹⁰ Nina-Anne Kaye, The message master, *The Guardian*, (20th June 1990), p.38.

³⁹¹ Games et.al (2003), p15.

³⁹² Games et.al (2003)



Fig 4.1 Air Mail, Games 1935

In the airmail poster Games used the characters A and M to represent an open envelope, and the letter I was used as the airmail stamp. Games airbrushed the background to show the depiction of a bird, thus providing the reader with an additional layer to contemplate in the advertisement. A semiotic approach to the analysis of this work makes visible some of the connections that the audience could have made. For example, the connection between the notion of airmail and the use of birds to transport communications—such as the use of carrier pigeons to send messages. Using this analysis provides a glimpse into some of the ways that Games' work held a multiplicity of signs and codes for the audience to interpret.

In 1940 Games was called up for army duty and by this time was established as a graphic designer, with 24 of his posters published.³⁹³ When Games first arrived for duty, he noticed the lack of design and colour within the army barracks, so he wrote an anonymous memo to the War Office on the topic of 'Poster Propaganda'. In the memo Games recommended the need for instructional posters within the army that fulfilled a triple role:

³⁹³ Ibid.

[1] function as instructive posters and to provoke discussion to help press the message home; [2] serve as decoration in the barracks; [3] provide a high standard of design and to educate the servicemen in modernity and colour.³⁹⁴

In 1941 Games was transferred to the War Office at Whitehall, and his graphic designing skills were put to use in the service of his country. The circumstances surrounding Games' transfer were fortuitous—the department had searched army records to find a professional poster designer and Games was the first name to appear alphabetically.³⁹⁵ Games took full advantage of his good fortune and during the 'wartime period' of his career he worked on many different projects, designing maps, book covers, and most importantly for this study a variety of propaganda posters. In 1942 Games was appointed 'Official War Poster Artist', this title meant that Games was not only the designer but also the copywriter of these wartime posters.³⁹⁶

Games created nearly 100 different pieces of work during WWII, some of which proved to be controversial. Arguably the most controversial of these works were two posters that drew the attention of politicians, the first of these was an Auxiliary Territorial Service recruitment poster (Fig 4.2).³⁹⁷



Fig 4.2 ATS Games 1941³⁹⁸

³⁹⁴ Games and Webb (2013), p16.

³⁹⁵ Abram Games, 'Art for the Cause of Victory: My World War II Posters', *Quarterly Journal of the Poster Society*, 1. 3 (1986), p.4-19.

³⁹⁶ Ricky Richards, 'Naomi Games: The Work & Philosophies of Abram Games, Wartime Poster Artist.', *Ricky Richards Represents*, podcast, (Simplecast, 2018) [accessed 7th June 2018]

³⁹⁷ B. Green, *Girls in Khaki: A History of the AIs in the Second World War*, (History Press, 2011).

³⁹⁸ IWM Ref: Art.IWM PST 5207



Fig 4.3 Finsbury Games 1943³⁹⁹

Conservative MP Thelma Cazalet-Keir argued that the poster should be pulped because the woman depicted was wearing far too much makeup and looked like a film star, for Cazalet-Keir ‘girls should be attracted into the Army through patriotism and not glamour’.⁴⁰⁰ Another Games wartime poster that received criticism was a poster that featured Finsbury medical centre (Fig 4.3). When Ernest Bevin (the Minister of Labour), viewed the poster he whipped it from the wall and took it straight to the Prime Minister Winston Churchill.⁴⁰¹ Churchill was furious with Games’ depiction of war-torn Britain and was especially displeased with the image of a child with rickets, declaring that ‘there is no such thing as rickets in Britain’.⁴⁰²

The posters Games designed for the War Office covered a number of topics—including health issues. In these health promotions Games used a combination of striking imagery and limited copy. In the anti-malaria poster (Fig 4.4) Games used the wings and body of a mosquito to represent the eyes and nose of a human. In a similar style the poster to promote foot hygiene (Fig 4.5) the letter C also doubled as the image of a foot. These two health-related posters were amongst six Games-designed health and hygiene posters that received a glowing review from the *Lancet* who stated the series was made up of ‘clear

³⁹⁹ IWM Ref: Art.IWM PST 2911

⁴⁰⁰ Quote taken from The National Army Museum. Ref: NAM. 2013-07-2-17. [online], <https://collection.nam.ac.uk/detail.php?acc=2013-07-2-17> [Accessed 4th October 2021]

⁴⁰¹ BBC, ‘Abram Games: Posters That Framed the Nation’, *BBC News Magazine* [online], (17th October 2014) <<http://www.bbc.co.uk/news/magazine-29618289>> [accessed 14/4/18]

⁴⁰² Ibid.

and clever posters' that would no doubt 'catch the military eye and prod the military conscience' through a 'skilful use of text and colour'.⁴⁰³

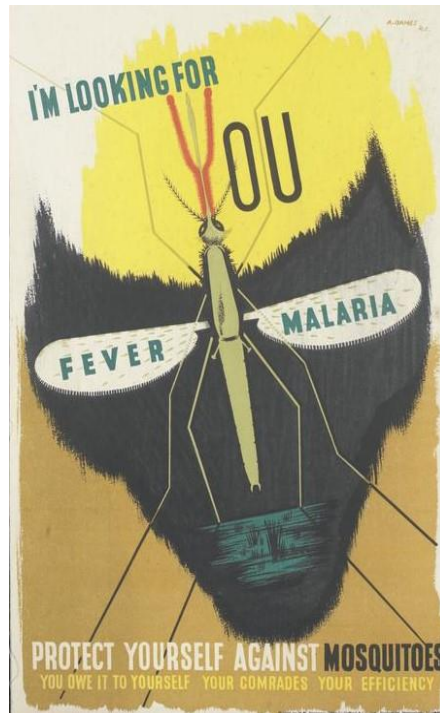


Fig 4.4 Malaria, Games, 1941⁴⁰⁴

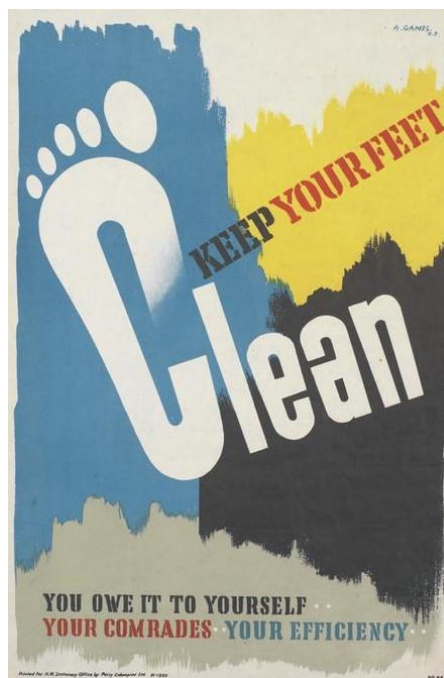


Fig 4.5 Feet, Games, 1941⁴⁰⁵

⁴⁰³ 'Pictorial Hygiene in the Army', *The Lancet*, (10th January 1942), vol.239, Issue 6176, p.62.

⁴⁰⁴ IWM Ref: Art.IWM PST 2856.

⁴⁰⁵ IWM Ref: Art.IWM PST 2846.

The health topics covered by Games in his War Office work included a poster on VD (Fig 4.6). Games undertook research prior to starting any new designs and for this poster he studied previous posters on VD. Games had noticed that the letters VD were not always used prominently in the previous sexual health advertisements, and he wanted his poster to clearly display the letters. The War Office were reluctant to have such a direct approach, but Games was adamant that a direct approach was necessary.⁴⁰⁶ The prominent position of the letters in the final design (Fig 4.6) reveals that Games won that particular battle.

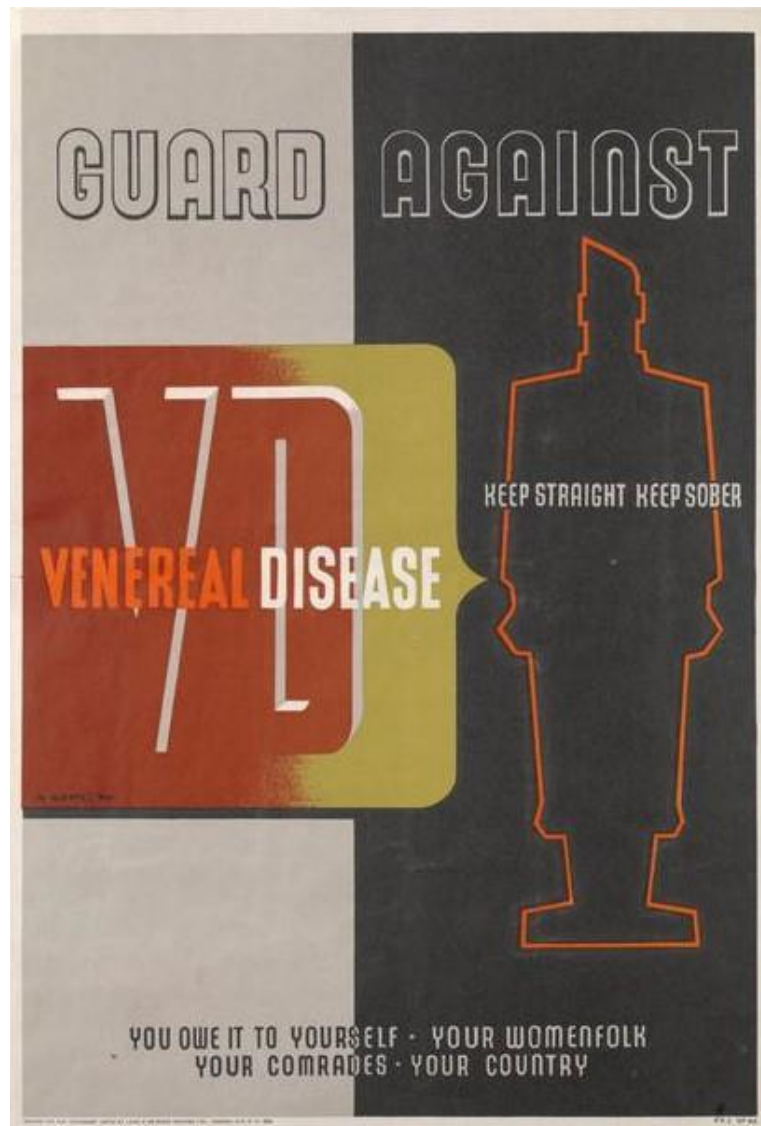


Fig 4.6 Guard Against VD, Games 1941 ⁴⁰⁷

In this sexual health advertisement Games used signs and codes for the audience to interpret, such as the double entendre of a soldier ‘standing to attention’. The poster also

⁴⁰⁶ Games and Webb (2013), p.16.

⁴⁰⁷ IWM Ref: Art.IWM PST 2847.

hinted that alcohol impairs male sexual performance and sexual decision making, a point Games himself revealed when he was interviewed later in life, ‘The message that alcohol impairs sexual performance is hard to miss’.⁴⁰⁸ The central character in the poster also had a striking resemblance that of a chess piece, a game synonymous with a battle to defend your King— not unlike the allegiance the army troops in the intended audience pledged. Further, jeopardy is never far away in a game of chess, players have to think carefully and avoid dangerous, reckless, and self-defeating moves—all these interpretations would have fit with the sexual health message on VD.

The samples of Games’ work shown above demonstrate how he used his design philosophy “maximum meaning, using minimum means”. Once the War was over Games returned to his freelance career and in 1949 the Ministry of Health commissioned the renowned graphic artist to design a series of VD posters.⁴⁰⁹ As a freelancer Games valued his independence, seen through the method that he had of presenting his work to clients. Having refined his design down from around 30 rough ideas, Games would sign his work, leave the poster on the easel, and invite other people (including family members) to comment on the work.⁴¹⁰ If the message was unclear to those looking at the work Abram would start the whole design process over again. However, if the feedback gave him the indication that the poster had portrayed the message that he intended, Games would sign off on that work by placing a full stop after his name on the poster. The placing of the full stop became an act of completion for Abram and signalled a finished piece of his work and the finality of an action.⁴¹¹ Once the work was at this stage Games would only ever present his clients this one poster. If the client did not like the final design, Games would gently suggest that they took their business elsewhere.⁴¹² He argued that ‘if the designer cannot make his mind up, how can he expect the client to do so?’.⁴¹³

The series of sexual health advertising posters that the Ministry of Health commissioned Games to design, came at a time when Games had returned to his freelance

⁴⁰⁸ Joanna Close, 'Games That Games Played', *The Guardian*, (30th October 1996), p.18.

⁴⁰⁹ Games et.al. (2003).

⁴¹⁰ Ibid.

⁴¹¹ This act became so synonymous with Games that his family placed a full stop after his name on his gravestone.

⁴¹² Hugh Pearman, 'Blonde Bombshell Shock', *Design Week*, (10th February 2005).

⁴¹³ Ibid.

career. Therefore, it is not unreasonable to think that Games presented this work to the Ministry as he did any other client—as one final version of the poster.

Introducing the ‘Games Hand’ 1949-1951

The skill of depicting anatomy that Games had honed during those lunchtime breaks to the Royal College of Surgeons featured heavily in Games’ career—he often used hands and faces within his work to convey emotions and gestures.⁴¹⁴ This is of particular significance to this study due to a prominent feature within the Ministry of Health sexual health advertisements he designed—the ‘Games Hand’. The motif first appeared in 1949 in a series VD posters printed by Fosh and Cross Ltd and designed by Games in keeping with his own philosophical design maxim of ‘maximum meaning, minimum means’.⁴¹⁵

The first of these designs (Fig 4.7) was an image with very little in the way of text. The image showed the letters VD in the colour red and slightly diagonally positioned in their presentation, the background was a light blue with three small white airbrush masses. A third of the way down the poster the background colour was changed to grey. The image was open to an obvious audience reading of blue sky, white clouds, and below the horizon line was a calm grey sea—with the letters VD ‘sailing’ upon it. Through the letters VD was the prominent shape of a hand that created a cut-out effect on the letters allowing the audience to see more of the background, the hand was also casting an airbrushed shadow on the letters VD. The copy in the poster read ‘can be cured if treated early’ and was presented in yellow and white text. Beneath the strapline a note stated that the addresses of treatment centres could be obtained from the local MOH, this was then followed by an authoritative statement ‘Issued by the Ministry of Health’. The final piece of text on this work was the name A. Games. Complete with full stop, which indicated that this was a completed piece of Abram’s work—to his satisfaction.

Games did not appear to utilise the infected subject motif in this poster. Instead, one reading of this sexual health advertisement could have been that infection was represented by the letters VD. The red colouring of these letters would have certainly signalled signs and codes for danger and the cut-out of the hand symbolic of erasing the disease. Further, the hand cut through the letters, helping the audience see the blue-sky behind the disease. This reading would have presented the audience with an imagined

⁴¹⁴ Games and Webb, (2013), p.6.

⁴¹⁵ Games et.al. (2003), p.192.

future of sunny times free from disease. Therefore, one of the possible interpretations of this poster was that the Games Hand was a healing hand.

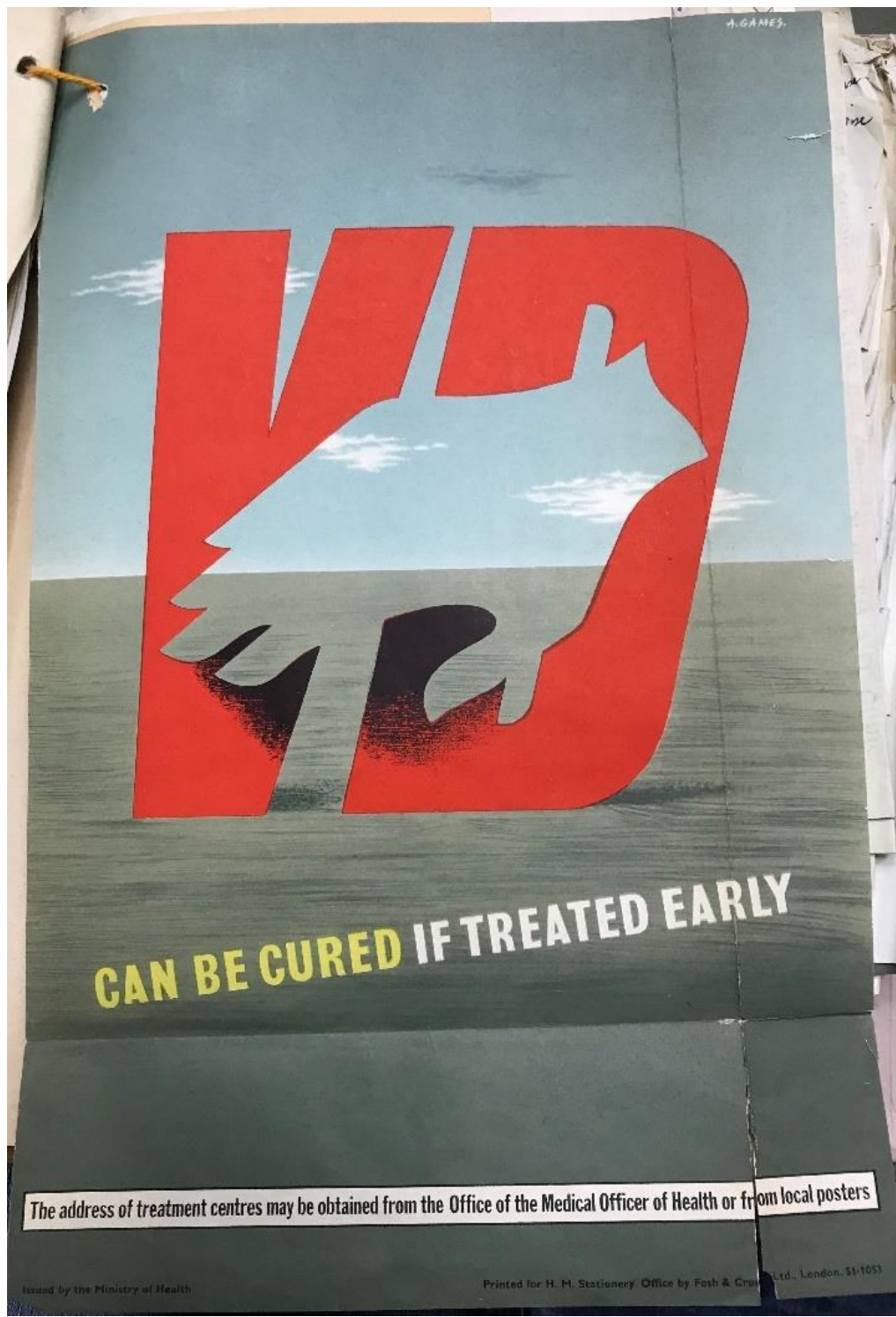


Fig 4.7 VD General symbol or 'Games Hand', Abram Games, 1949.⁴¹⁶

⁴¹⁶ NA/MH/55/933.

Other interpretations were available to the audience, for example, the letters VD are tilted in a diagonal position and could have been viewed as the shape of a ship. This interpretation would no doubt have been furthered by the background that signified water that the letters VD sailed upon. There were many that viewed VD as an imported problem—one that visiting or returning seamen contributed to. The image of the sailor as a source of infection was long held and was still prevalent throughout the 1950s when the Games Hand poster was in circulation. Indeed, leading VD experts believed that ports warranted special treatment to prevent the spread of the diseases, and it was claimed that the rarer venereal diseases were almost exclusive to ports.⁴¹⁷ This view was held within the Ministry of Health, where the notion that VD was imported was not confined to sailors but also levied on visitors and migrants, as argued by an anonymous writer from within the Ministry ‘visiting seamen are obvious carriers and homeless immigrants from our own colonial empire and elsewhere are likely spreaders of infection’.⁴¹⁸

The letters VD have a shadow cast upon them by the hand, this was another possible sign or code open to the audience that the hand was healing in nature. As seen in chapter 3, shadows had been a regularly used metaphor within VD advertising by the time Games designed this poster, their depiction had been used in numerous campaigns. Graphic designers Henrion and Mount had used the imagery of shadows to signal an imagined future for the audience of pain, misery, and suffering caused by VD. Conversely, in his symbol Games depicted the hand casting a shadow on VD, as though the infection was vulnerable to the actions of the hand.

It is far from clear what was the most likely interpretation of the Games Hand that audience members would have been left with, and as the analysis above has highlighted the possible interpretations were numerous and varied. The remaining three posters from this initial set of four were different in style to the general symbol poster but arguably had a message that was easier for the audience to interpret. These posters all contained more copy than the symbol poster and also utilised photography to convey their message to the audience, although the Games Hand still played a pivotal role. The Games hand was placed centrally in the posters and the hand was still used as a cut-out to the background and the shadow cast on the letters VD by the hand was arguably a little more prominent.

⁴¹⁷ Lesley Hall, ‘What shall we do with the poxy sailor?’, *Journal for Maritime Research*, vol.6.1, (October 2004), p.135.

⁴¹⁸ Annon, Letter from the Ministry of Health to COI c.1952/53 NA/MH/55/933

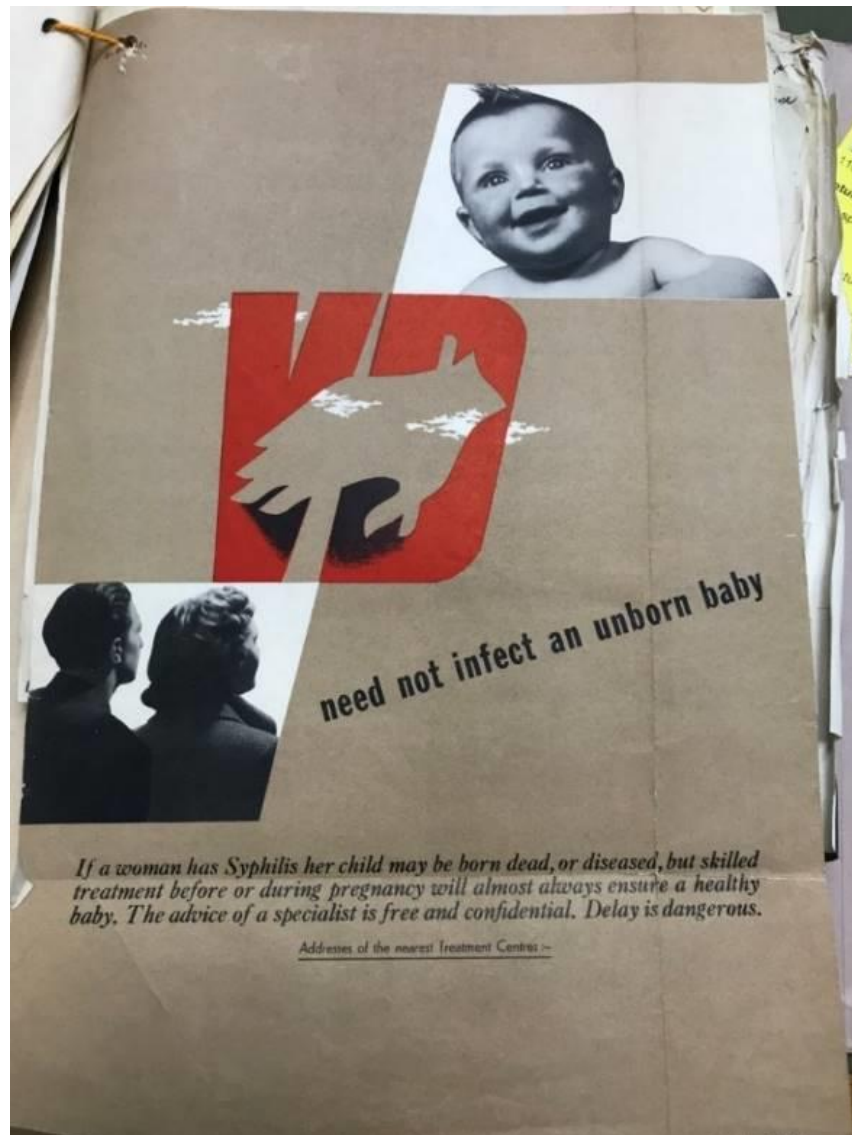


Fig 4.8 Baby, Abram Games, 1949

The advertisement reproduced in Fig 4.8 was the first of these three posters. It did still contain the three small white clouds but as this poster's background was a beige colour it is hard to imagine that the audience would interpret a sky without the images of bright blue sky and sea. This poster contained two black and white photograph images. The first was in the top-right corner of the poster and showed the face of a smiling baby. The second was diagonally opposite (bottom left) and showed a male/female couple. The couple had their backs turned away from the photographer, so their facial expressions were masked from the audience.

Games utilised the infected subject in this sexual health advertisement, and different subjects in the poster were open to be interpreted as the infected subject by the audience. Arguably the most obvious reading would have been that the couple were infected

subject/s. This interpretation was supported by the accompanying copy in the poster, that directly pointed to the female of the couple as the infected subject as the copy opened with 'If a woman has Syphilis'. Given that the photograph depicted a couple it is likely that the audience also interpreted the male as also being infected, or even the one to have infected his wife. Another possible reading was that the infected subject was the baby, the copy also supported this reading 'her child may be born dead, or diseased'. In this reading the audience were faced with a horrific imagined future. The advertisement worked on emotions of fear, guilt, and the maternal/paternal instincts of the audience. Fear that the innocent baby will become the infected subject, feelings of guilt that this may happen due to the parents' actions or incorrect remedial actions, and the natural instincts to protect one's children. The copy used the advertiser's 'call-to-action' to reassure the audience that these negative emotions could be avoided by immediately seeking skilled treatment but also signed off with a further warning that 'delay is dangerous'.

On the 8th of May 1950 the Ministry of Health distributed the first two posters from the Games Hand series ('General symbol' and 'Baby') to the various local authorities—each poster was 15" x 10" in size.⁴¹⁹ It was almost a year later on the 11th of April 1951, when the Abram Games designed element of the series was completed with the release of two more.⁴²⁰ The third and fourth Games designed sexual health posters in the series had a similar layout to 'Baby', in that they both composed of three images: the VD symbol of red lettering and the cut-out hand in the centre of the posters, and two black and white photographs, one positioned in the top righthand corner and the other bottom-left. Fig 4.9 shows the 3rd poster in the Games Hand series titled 'Man'.⁴²¹

The background of 'Man' was a vibrant green colour, of course the character in the bottom-left corner was male, in addition the image in the top-right corner also featured a man. This second image provided the audience signs and codes to interpret, not least of these was within his clothing—a white coloured coat—and provided the audience a clear sign that he was a medical professional, most likely a doctor. More subtle signs and codes were within the positioning of the 'doctor', he was depicted facing the camera and looking downwards in the direction of the infected subject in the bottom photographic image. This was juxtaposed with the infected subject who was looking up to the 'doctor' and had his back to the photographer, thus the facial expression and identity of that infected subject

⁴¹⁹ Letter from Ministry of Health to local authorities, (11th April 1951), NA/MH/55/933.

⁴²⁰ Ibid.

⁴²¹ NA/INF/13/198.

was obscured from the audience. Games depicted the infected subject as a shadowy and illusive figure. The positioning also contained subtle signs of the ‘Doctor’ handing down advice and instruction to the infected subject, who in turn was looking up to this authority figure to receive instruction from him. This provided depictions of the patient/doctor relationship for the audience to interpret. As we have seen previously (chapter 3) the use of a doctor as a medical authority figure had been used before in sexual health advertisements. Games developed this arrangement to physically show a relationship between the infected subject and the medical means of a cure.

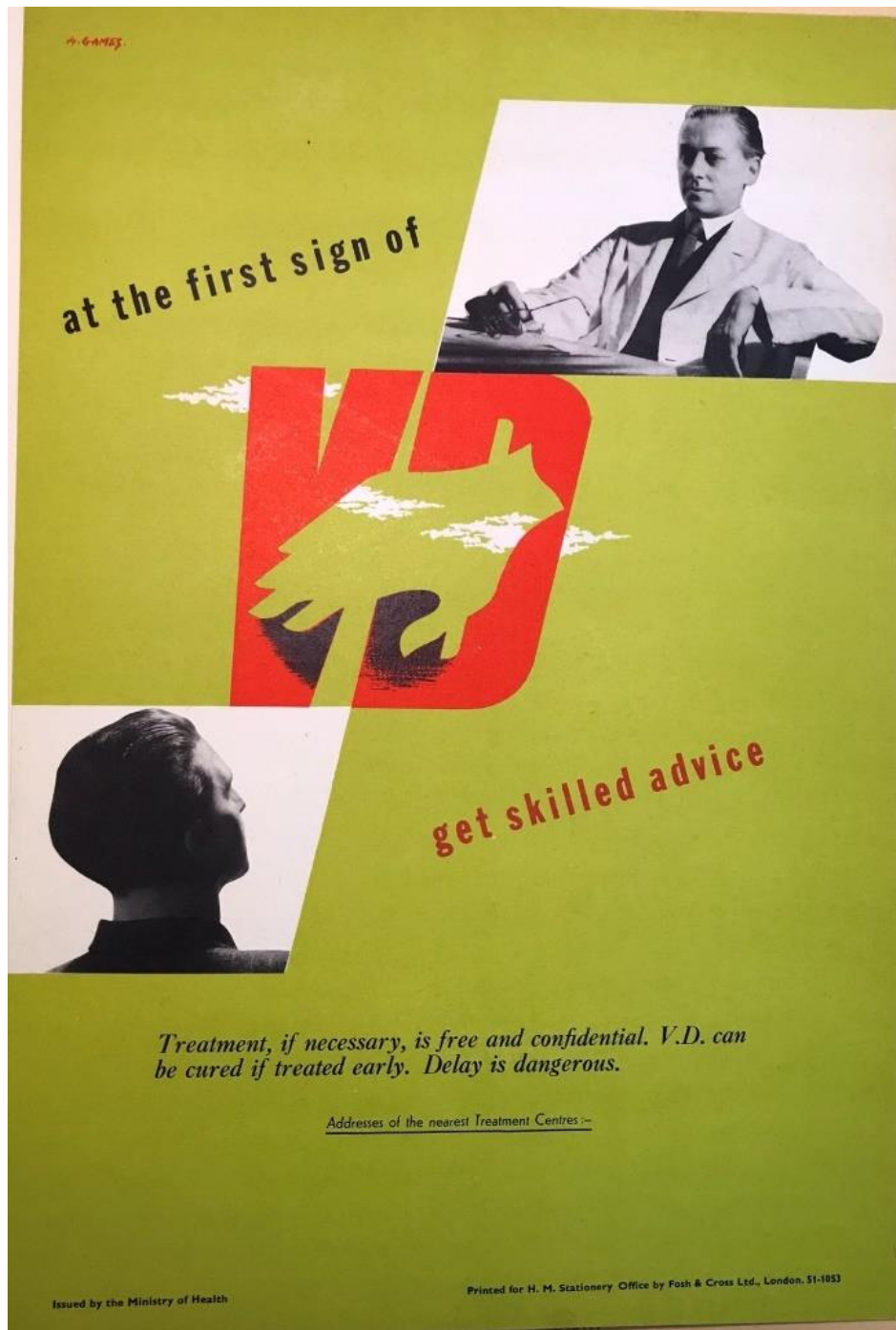


Fig 4.9 Man, Abram Games, 1951.

The fourth and final Games designed sexual health advertisement in the Games Hand series was very similar to 'Man', this time the poster featured female characters and was therefore titled 'Woman' (Fig 4.10).⁴²²

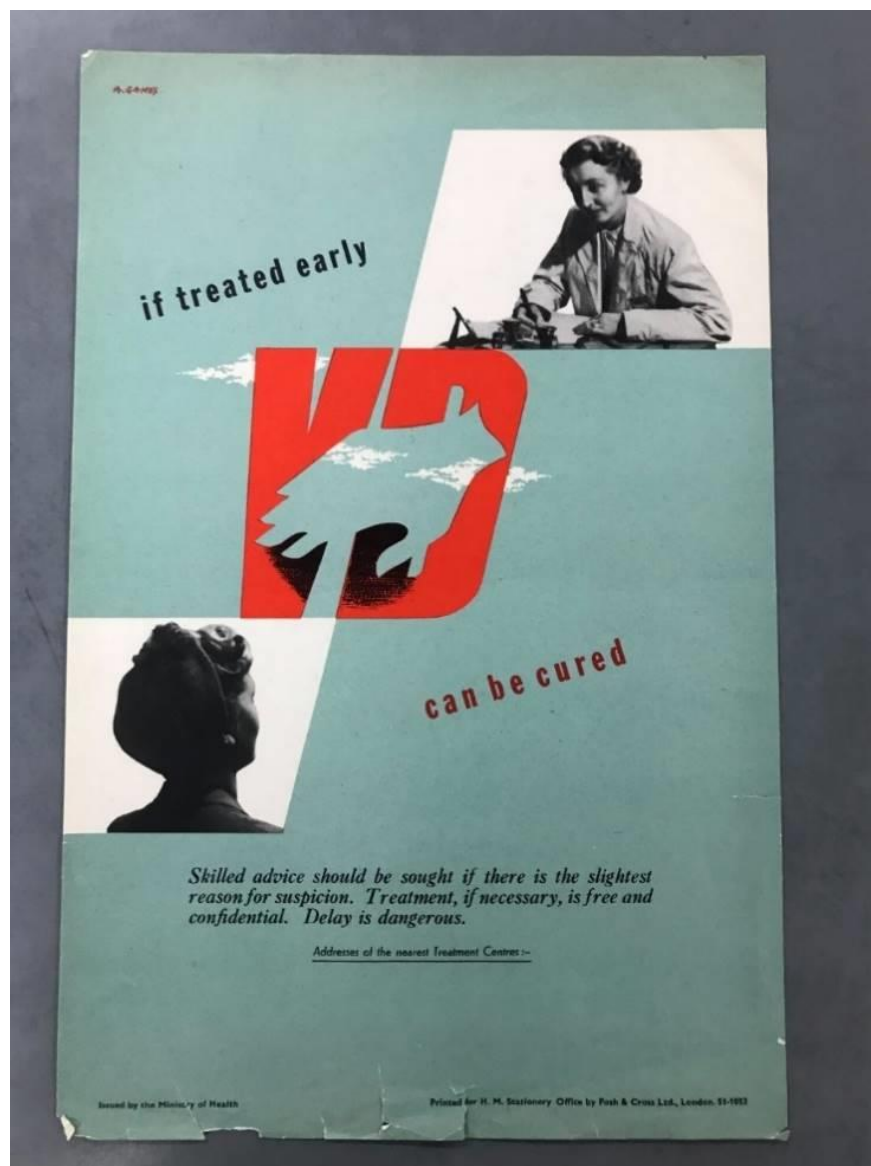


Fig 4.10 Woman, Abram Games 1951

Apart from the central character's gender the main difference to 'Man' was the bright blue background. The doctor-patient relationship was depicted in the same manner, yet due to the background another potential reading would have been more prominent for the audience to consider. The infected subject was depicted looking upwards for guidance above the clouds—which were no doubt more obvious than in 'Man' or 'Baby' given the colour of the background. This could have been interpreted as the infected subject looking

⁴²² NA/MH/55/933.

to a higher power such as a deity to help with their situation. Further, these needs were met by the doctor—herself a female.

‘Man’ and ‘Woman’ were the final two posters directly designed by Abram Games himself. However, the Games Hand motif continued to be used by the Ministry of Health in their sexual health advertising. Although fronted by the Minister for Health in parliament, the civil servants who worked on projects on a day-to-day basis were a great source of power and influence over projects such as campaigns for the VD clinics. Betty Crawter was arguably the most influential of those civil servants in respect of the Games Hand series.

The Ministry of Health’s senior information officer for publicity: Betty Crawter

Many civil servants had roles that influenced the VD poster campaigns by the Ministry of Health, arguably the most influential of these civil servants in this respect was Betty Joyce Crawter. As one of the central characters in the Games Hand case study it is useful to investigate a little of Crawter’s background and character—as was done with Abram Games.

Betty was born into a wealthy family in 1908 at Cheshunt, Herts. Her parents Sybil, and John Crawter, were both from established British upper-class families. John Crawter had a career in civil service and therefore in this respect Betty followed in her father’s footsteps.⁴²³ Betty’s childhood was one surrounded by the trappings of the early twentieth-century upper classes; her family were looked after by the four servants that the Crawter family had living in their home, and she enjoyed the run of 21 rooms in their large family house.⁴²⁴

As an adult Betty moved to London, where she resided in comfortable surroundings of Dolphin Square. The seven-and-a-half-acre site included three acres of private gardens and had all the amenities that one would associate with those that could afford the highest end of the 1930s London property market—including a swimming pool and an inside residents shopping arcade.⁴²⁵ Due to its proximity to Westminster and Whitehall, Dolphin

⁴²³ Although the similarities in the jobs they both undertook as public servants did vary. John Crawter worked as a chartered surveyor valuer, whereas Betty worked as a publicity officer within the Ministry of Health.

⁴²⁴ J Crawter, ‘entry for Fernside Turners Hill Cheshunt’, *1911 Census*, (UK, 1911).

⁴²⁵ ‘Dolphin Square’, *Times*, (11th May 1937) p.57.

square became a popular residence for MPs and senior civil servants, political residents have included many MPs and Lords.⁴²⁶

By 1942 Betty was a civil servant working as a 'Publicity officer for salvage', in the Ministry of Salvage.⁴²⁷ Given Crawter's role in publicity and Abram Games' role in the War Office it is quite possible that the pair worked together in the creation of Games' wartime salvage poster (Fig 4.11).⁴²⁸ Of course it is also possible that the pair were not in contact, but even if that was the case it seems very unlikely that Crawter would not have been aware of this promotion poster within her field of work.

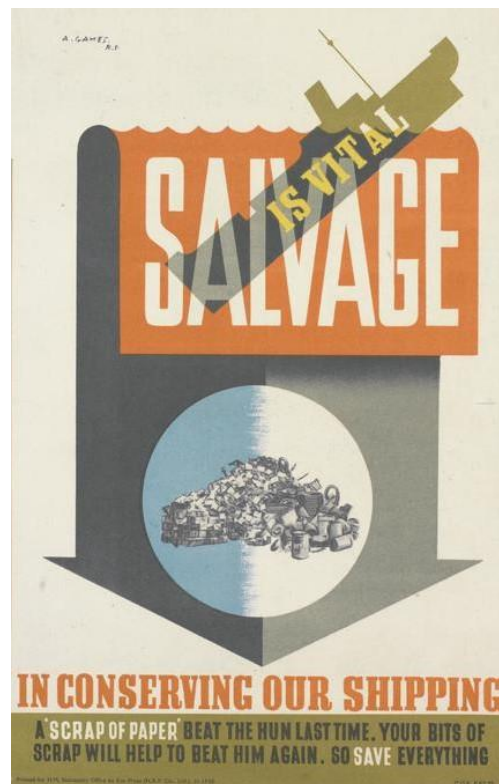


Fig 4.11 Salvage is Vital, A. Games, c.1941

Betty was not afraid to voice her opinion as her various letters to the *Times* newspaper show. It appears that of particular interest to Crawter was equality of treatment between men and women, she was dismayed at the president Board of Trade lifting restrictions for male clothing without similarly visiting the women's restrictions, Crawter suggested the president's gender played a role in this bias.

⁴²⁶ Residence of Dolphin Sq. have included Princess Anne, Harold Wilson, Christine Keeler and Mandy Rice-Davies (famous for their involvement in the Profumo affair); Alan Hamilton. See 'Royals Rent a Riverside Flat', *Times*, (4th February 1993), p.3.

⁴²⁷ B Crawter, 'Waste of Paper' *Daily Telegraph and Morning Post*, (2nd May 1941), p.4.

⁴²⁸ IWM Ref: Art.IWM PST 2868.

Sir, is it only the suspicious mind that wonders if there is any connexion between the lifting of restrictions on men's turn-ups and the length of socks and the fact that we have a male President of the Board of Trade? ⁴²⁹

Crawter asked why restrictions remained on the number of pleats or the number of buttons allowed on women's clothing, before she provided her own tongue-in-cheek solution to the shortage of materials for role-on corsets.

Every woman in the country would gladly give him the rubber face-piece of her now useless gas-mask for this purpose. ⁴³⁰

In another correspondence about buses failing to stop for passengers, Crawter voiced her disapproval at authoritative figures who had the opinion that the problem was caused due to the public incorrectly flagging the buses. She suggested officials should try themselves 'to signal a bus at the "request" stop' of several of her local buses in Whitehall. ⁴³¹

Betty's refusal to accept that men should have an advantage over women in clothing restrictions and the way she responded to what she felt were nonsensical opinions provides an indication of her character. This ability to voice her own opinion would no doubt have helped Crawter in her role with the Ministry of Health, a role that held influence over the content of the Ministry's sexual health advertising.

Betty's role as Senior Information Officer (publicity) in the Public Relations Division at the Ministry of Health required her to correspond and interact with many other agents that were influential with regards the formulation of sexual health advertising. Betty's influence in these campaigns is evident throughout the Games Hand period and as the years progressed her influence on these adverts grew.

The downsizing of the Ministry of Health

In 1951 The Ministry of Health underwent a restructure and, in the process, somewhat of a downsizing—this was despite the formation of the National Health Service 3 years earlier. Much of the form and many of the functions of the Ministry were at this point transferred to a new Ministry of Local Government and Planning, which was formed out of what was the Ministry of Town and County Planning. ⁴³² This resulted in a much smaller Ministry of Health which the politicians responsible for the restructure argued 'would stand alone as a

⁴²⁹ Betty Crawter, 'Clothing Restrictions', *Times*, (20th November 1945), p5.

⁴³⁰ Ibid.

⁴³¹ 'The 'non-stop bus'', *Times*, (16th September 1943), p.6.

⁴³² 'Transfer of Powers to New Ministry', *Times*, (2nd February 1951) p.14.

real Ministry of Health'.⁴³³ The new Ministry of Local Government and Planning started to work out of Whitehall in the location where the Ministry of Health had previously had their offices. So, the smaller Ministry of Health moved into new headquarters at Fortress House, Savile Row.⁴³⁴ What remained under the old name of Ministry of Health, was 'the smallest group of departments capable of separate existence'.⁴³⁵

The new Ministry of Health not only faced the indignation of a move away from the seat of civil service in Whitehall, but it also faced real practical problems such as a reduced number of staff, and reduction in budgets. This restructuring process also resulted in a loss of political status for the Ministry as the Health Minister lost their ministerial position in cabinet.⁴³⁶ It is likely that with the ministerial seat in cabinet lost, the political argument for the Ministry's budget became much more difficult.

For sexual health advertising the reduced budget impacted in a number of ways—not least in the cessation of the supplementary newspaper advertisements that had run alongside the Ministry's poster campaigns. The Ministry used the lack of newspaper advertising to encourage the local authorities to 'make maximum use of the posters offered'.⁴³⁷ The reaction of the Ministry's civil servants to the budget cuts influenced sexual health advertisements. Betty Cawter argued that the original four Games posters had a 'rather brief message' and therefore required the newspaper advertisements to supplement the posters message.⁴³⁸ As the budget reduction had resulted in the loss of this newspaper advertising, Cawter argued that new sexual health advertisements were required that could stand alone without supplementary advertising.⁴³⁹ To do this the new advertisements had to contain more information than 'the rather scanty information on the [Games] posters' on the posters themselves.⁴⁴⁰

Change in direction for sexual health advertising

⁴³³ 'House of Commons', *Times*, (23rd February 1951), p.4.

⁴³⁴ 'Ministries and Functions', *Times*, (23rd February 1951), p.7.

⁴³⁵ Ibid.

⁴³⁶ Sally Sheard., 'Doctors in Whitehall: medical advisers at the 60th anniversary of the NHS', *History & Policy*, (May 2008), p.4.

⁴³⁷ Letter from S Heald to local authorities, (11th April 1951), NA/MH/55/933.

⁴³⁸ Letter from Betty Cawter to Dr McElligott (9th April 1958), NA/MH/55/2189.

⁴³⁹ Ministry of Health letter to local authorities, (12th May 1952), NA/MH/55/933.

⁴⁴⁰ Letter from Betty Cawter to Mr Watson (COI), (23rd April 1958), NA/MH/55/2189.

After his initial involvement designing the original four posters in the Games Hand series, Abram Games himself did not design any further posters for the Ministry of Health in this collection. However, the Games Hand motif continued to be used in new government sexual health advertising designed by the civil service within the Ministry in collaboration with the Central Office of Information (COI). The reduction in the budget no doubt contributed to the move away from commissioning leading graphic designers to develop sexual health advertising towards greater use of civil servants. The civil servants argued that as there was no ‘press advertising to give detailed information amplifying that given on the posters, it was considered that the new posters themselves should go as far as they could in this direction’.⁴⁴¹ Although the civil servants were mindful that the audience would still need to be drawn into engaging with the advertisements, to do this they needed to keep ‘the “eye catching” power of the poster’.⁴⁴² One way of doing this was to retain the Games Hand motif.

In 1952 the first two sexual health advertisements of the Games Hand series designed by the civil servants were released to the local authorities.

Fig 4.12 shows one of these two civil servant posters—dramatically different to the Abram Games designed advertisements. The poster was titled ‘Homebreakers’ and was lacking in any graphic art elements—bar the Games Hand that was placed at the bottom-centre of the poster. It was comprised entirely of copy, and at the centre of the poster was the message that ‘Syphilis and Gonorrhoea are homebreakers’ that would bring ‘suspicion’ and ‘danger’ into a sufferer’s ‘family life’. This sexual health advertisement had signs and codes for the repercussions of immoral behaviour that, arguably, would have been easy for the audience to interpret. For example, the notion of ‘bringing’ the disease suggested that the infected subject was a vector of illness, disease, and jeopardy. Further the infected subject would also (through their actions) be inflicting a negative situation on their family, and into what would be an otherwise stable family home. This moralistic tone was further evident through the phrase that made up the prominent strapline ‘BUT CLEAN LIVING IS THE REAL SAFEGUARD’.

⁴⁴¹ Letter from Ministry of Health to Local authorities (12th May 1952), NA/MH 55/933.

⁴⁴² Ibid

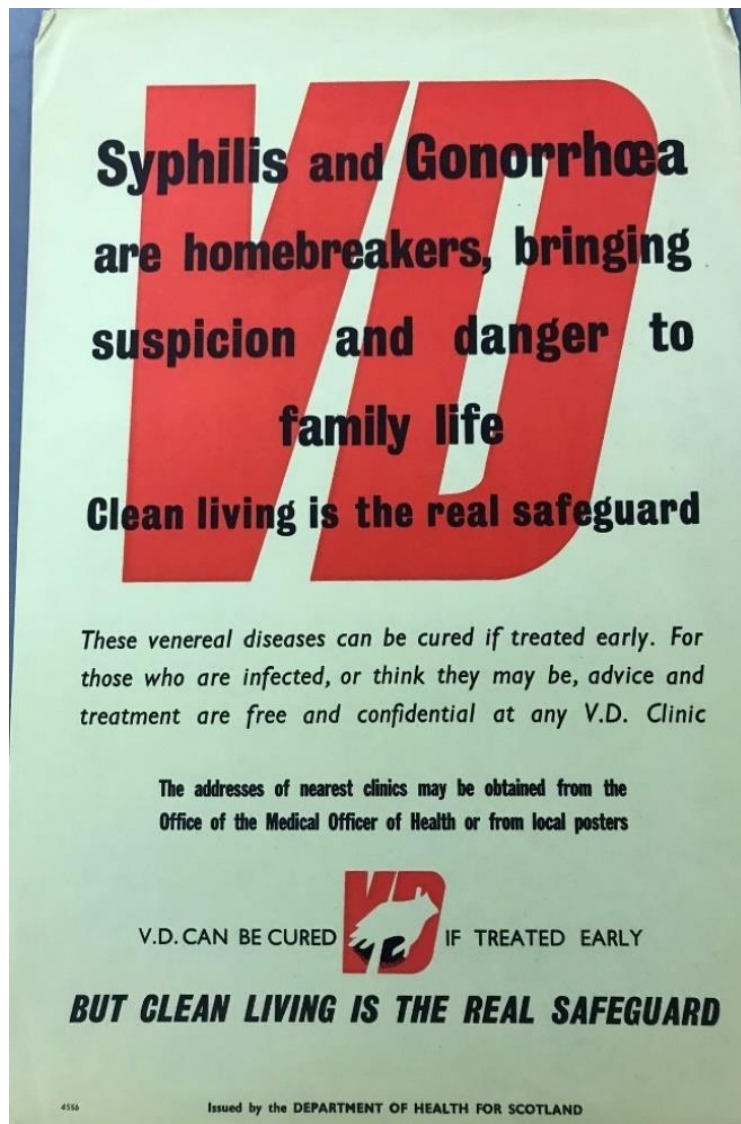


Fig 4.12 Homebreakers, Ministry of Health, 1952.⁴⁴³

The infected subject was not gendered in this poster and very little details were revealed to the audience. Yet arguably the instructions provided by the Ministry for the posters display would have had an impact on the interpretations of the viewing audience. The Ministry's civil servants stated that the two new posters had an 'opposite number' in the previous Games designed set.⁴⁴⁴ 'Homebreakers' was designed to be displayed alongside its 'opposite number' the Abram Games 'General Symbol' poster.⁴⁴⁵ The

⁴⁴³ Fig 4.12 shows the signature 'Issued by the department of Health in Scotland'. Alternative examples used the Ministry of Health signature, NA/55/956.

⁴⁴⁴ Letter from Ministry of Health to Local authorities (12th May 1952), NA/MH 55/933.

⁴⁴⁵ Ibid.

Ministry's civil servants argued that by positioning these posters in this way 'a greater effect would be achieved'.⁴⁴⁶

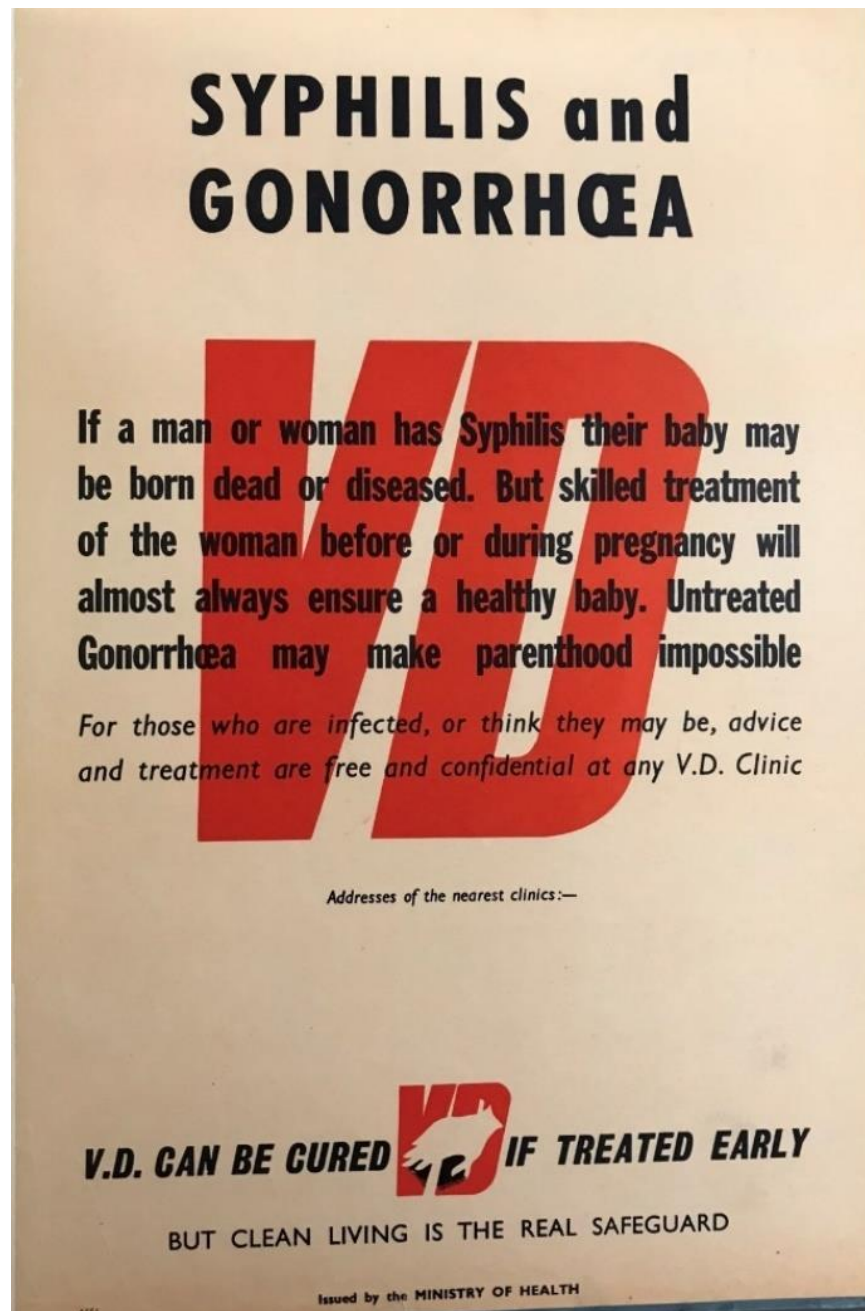


Fig 4.13 If a man or woman, Ministry of Health, 1952.⁴⁴⁷

The other sexual health advertisement released in 1952 was titled 'If a man or woman' (Fig 4.13) and was designed to supplement the Abram Games designed 'Baby'. With that in mind the colour beige was chosen for the background. As with 'Homebreaker' it was made up predominantly with copy—the only graphic art was the Games Hand motif. The copy

⁴⁴⁶ Ibid.

⁴⁴⁷ NA/INF/13/198.

told the audience that if a man or woman has syphilis their baby may be born dead or diseased. As in 'Baby' this poster used the emotions of fear and guilt and also offered a way out of the potential horrific situation if the advertiser's 'call-to-action' was followed—'skilled treatment of the woman before or during pregnancy will almost always ensure a healthy baby'. Although this was an almost identical message to the one given in 'Baby' Crawter and her civil service colleague's method of delivery was in stark contrast to Games' style. The infected subject was the same as in the Games poster (potential parents) and the text still attempted to elicit a sense of fear and guilt in the audience. However, it is arguable that the lack of imagery would have resulted in the new Ministry poster having less ability to cause an impact in the minds of the audience. This assessment can be justified by observing the extra signs and codes provided to the audience through the depiction in the photograph of the 'innocent' baby—such as its smiling face.

It remains unclear whether the Ministry's recommendation for display was followed by any of the local authorities, indeed the uneven reduction in stock over the time that these posters were available would suggest that not all the authorities followed these instructions.⁴⁴⁸ Further, some local authorities were vocal in their resistance to the idea of two posters. For example, the MOH for Gloucester argued that the two posters would provide 'contradictory' advice to the audience. He also suggested that 'it would be better to have one poster' and that the Games designed posters with 'less writing on' made for a simplicity that was more eye-catching.⁴⁴⁹

In 1953 two more civil servant designed posters in the Games Hand series were produced and released. The first was given the name 'Syphilis and Gonorrhoea' (Fig 4.14) and was designed to be a new supplementary poster to the Games 'woman' poster.⁴⁵⁰

⁴⁴⁸ Various stocktake figures were found in NA/MH 55/933; NA/MH/55/2189; and NA/55/956.

⁴⁴⁹ Letter from Charles Cookson MOH to Ministry of Health (21st August 1953) NA/MH/55/933.

⁴⁵⁰ Letter from Crawter to V. Thorne (COI), (16th March 1953), NA/MH 55/933.

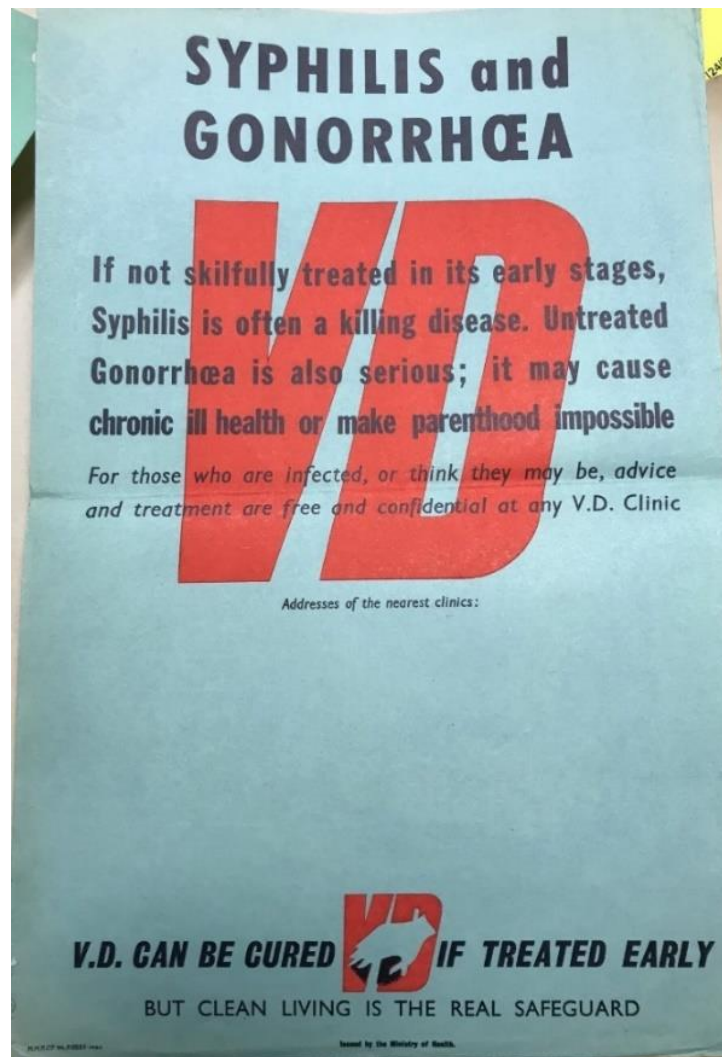


Fig 4.14 Syphilis and Gonorrhoea, 1953.⁴⁵¹

In addition to supplementing the Games designed ‘Woman poster’, the new ‘Syphilis and Gonorrhoea’ was also designed to be used as a stand-alone output for those local authorities that did not display both posters. The new output was in keeping with the other Ministry designs in the Games Hand series, in that it was copy-based. In the copy the urgency of action by the audience was foregrounded and the fatal nature of the diseases was also prominent, the main body of copy closed with a warning to the audience about the dangers to fertility of untreated VD. The background colour of the poster was deliberately selected to ‘tie up with’ the blue of Abram Games’ ‘Woman’.⁴⁵²

A new version of ‘Man’ was also produced at this time by the Ministry. However, as the subjects covered in the new poster differed slightly from the original poster it was

⁴⁵¹ NA/MH/55/933.

⁴⁵² Letter from Cawter to V. Thorne (COI), (16th March 1953), NA/MH 55/933.

decided that a new colour for the Ministry designed poster should be used.⁴⁵³ The colour of the background for the poster (Fig 4.15) was a 'strong orange red' which would no doubt have provided an eye-catching colour for the audience.⁴⁵⁴ Betty Crawter and her fellow Ministry civil servants were once again at the centre of this and other design choices. Crawter argued for a more 'legible presentation' of the Games Hand symbol and in the final output the symbol was larger and placed prominently in the top-left corner.⁴⁵⁵



Fig 4.15 Infection can last for years, Ministry of Health, 1953.⁴⁵⁶

⁴⁵³ Letter from Crawter to Heald (22nd November 1952), NA/MH 55/933.

⁴⁵⁴ NA/MH/55/933.

⁴⁵⁵ Crawter to COI (c.1953), NA/MH/55/933.

⁴⁵⁶ NA/MH/55/933.

The influence of the civil servants and the medical volunteers who advised them impacted on the content of the copy, for example in addition to the ‘general population’, discussion was had in the Ministry of the merits of addressing the ‘venereal population’ in their sexual health advertising.⁴⁵⁷ In addition to suggestions from specific volunteer advisors the Ministry also received statistics and feedback from VD clinics and local MOHs that showed ‘evidence that a number of people are coming to the clinics with late syphilis who noticed no signs at the time of infection, in some cases many years ago’.⁴⁵⁸ The Ministry used this information to argue for new sexual health advertising that would address this area of concern as they believed that the previous publicity material had not dealt with this aspect.⁴⁵⁹ Crawter further argued that the words ‘Infection can last for years’ and ‘Treatment may still prevent serious trouble’ were the most important, and that they should therefore be featured prominently in white text on a red background.⁴⁶⁰ Crawter made further design adjustments to layout that resulted in ‘a much bigger space available for the local addresses’.⁴⁶¹ In a later sexual health advertisement (Fig 4.16) Crawter pushed for a similar layout that would create space for overprinting. She argued this with the potential audience in mind, suggesting that space for the details of the local clinic on the poster ‘would be less trouble for the—rather unreceptive—reader.’⁴⁶²

On 27th April 1959 the last poster created in the Games Hand series was made available by the Ministry (Fig 4.16) titled VD01. Crawter argued for a similar ‘legible presentation’ of the Games Hand symbol as the previous output. Yet, there was a slight change regarding the ‘Games Hand’ as it no longer had the shadow cast beneath the hand.

Betty Crawter revealed her concerns over this development of the ‘Games Hand’ in her forthright way she questioned whether the hand had become ‘too cissy’.⁴⁶³ The strapline ‘clean living is the real safeguard’ was also the subject of internal Ministry discussion. In keeping with previous Games Hand series advertisements the rough drafts of this poster had the word ‘But’ before the strapline. Crawter and the civil servant’s position was that this was not a strong enough moral guidance and that the phrase would

⁴⁵⁷ Letter from Crawter to Heald (24th October 1957), NA/MH/55/2189.

⁴⁵⁸ Annon letter from Ministry of Health to COI C.1953, NA/MH/55/933.

⁴⁵⁹ Ibid

⁴⁶⁰ Letter from Crawter to Thorne (COI), (27th February 1953), NA/MH 55/933.

⁴⁶¹ Ibid.

⁴⁶² Letter from Crawter to Watson (COI), (23rd April 1958), NA/MH/55/2189.

⁴⁶³ Letter from Crawter to the COI (24th October 1958), NA/MH/55/2189.

have greater impact if the word 'But' was removed. In the final poster the word has been omitted, showing that those in favour of a harder moral line had won the argument. The subtle signs and codes that an audience could interpret was also of concern to the civil servants. For example, in the matter of the background colour of the poster, Crawter stated that 'I think we should get away from green' as this was 'really a safety colour'.⁴⁶⁴ The detail that the civil servants went to within the designs was also significant. An example of this was prior to signing off the design for VD01, Crawter demanded that the position of 'the vertical centre line to be moved 1/2" to the left'.⁴⁶⁵

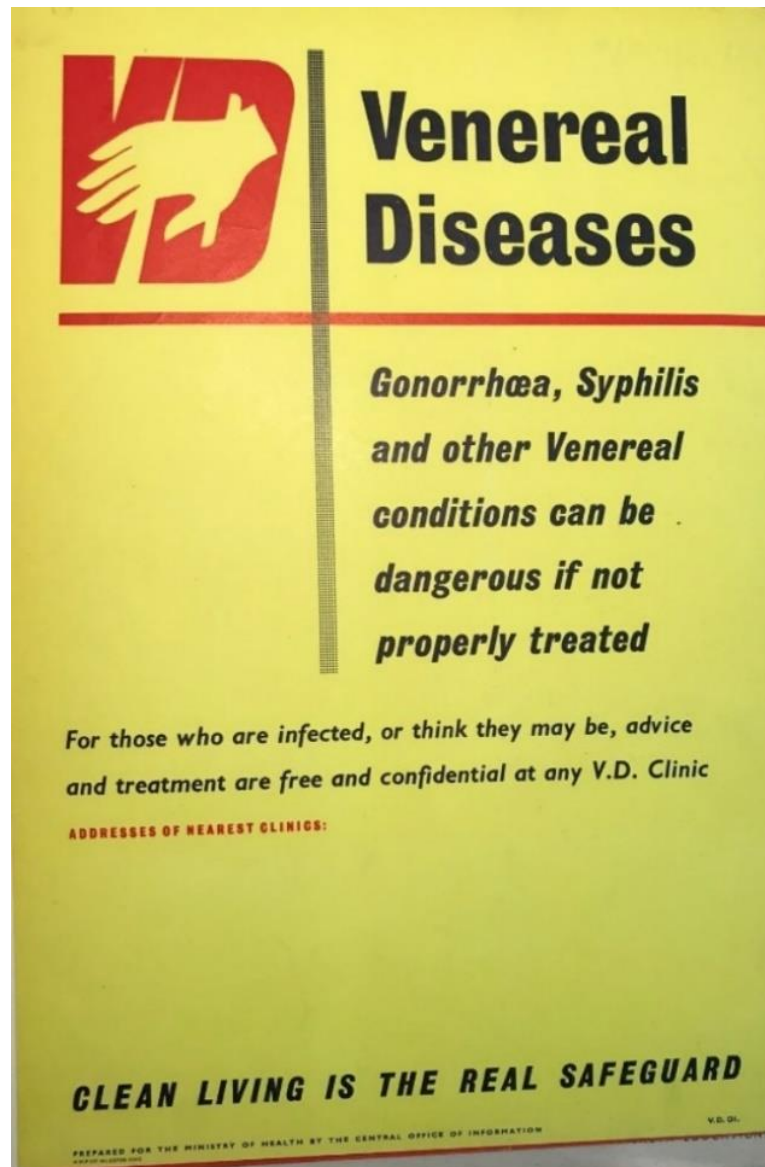


Fig 4.16 VD01, 1959⁴⁶⁶

⁴⁶⁴ Letter from Crawter to Watson (COI), (23rd April 1958), NA/MH/55/2189.

⁴⁶⁵ Letter from Crawter to Watson (COI), (7th August 1958), NA/MH/55/2189.

⁴⁶⁶ NA/INF/13/198.

The Ministry were reliant on local authorities taking up the sexual health advertisements in order to reduce their stock and therefore disseminate the VD message. Yet, many local authorities did not ask for the posters without prompting and many local authorities needed persuading of the merits of sexual health advertising. The local authorities would provide—often critical—feedback about the poster designs such as that they were ‘not impressed with such campaigns’, ‘not many use public conveniences’ and that some of the messages within the posters were contradictory.⁴⁶⁷ The Ministry had a few strategies to increase uptake, with their most favoured approach being to send out a circular letter reminding local authorities about the posters—this would result in increased demand.⁴⁶⁸ Another strategy was to compare the free Ministry posters to the cost of independently sourced sexual health advertisements, through the comparison of costly plastic plaques (paid for by the local authorities) contrasted with the ‘free’ Ministry posters. All these methods were used to ensure the Ministry’s posters were distributed throughout the country.

Conclusion

This chapter has used a case study of the Games Hand series of sexual health advertisements to narrate the period 1949-1959, during which the background and communicative preferences of the most prominent actors was evident in sexual health advertising. For example, the four posters that Abram Games designed were in keeping with his personal design maxim of ‘maximum meaning, minimum means’. The civil servants and those who advised them were influential in creating the post-Abram Games outputs. None were more prominent than Betty Crawter, whose influence can be seen through the many suggestions and requests attributable to her that were evident in the final poster. These latter outputs in the Games Hand series were influenced by practical and prosaic minded civil servants such as Betty Crawter and contrasted dramatically with the earlier Games designs. The later posters contained a far greater proportion of dense text and served far more as a rudimentary means of disseminating information than the arresting advertisements more heavily influenced by graphic designers.

Crawter and her fellow civil servants argued that their approach was needed due to the restrictions caused by a reduced budget for sexual health advertising. Further, the reduction in the size of the Ministry of Health arguably made making any political case for

⁴⁶⁷ Feedback through letters locate in file NA/MH/55/2189.

⁴⁶⁸ Letter from Crawter to Dr McElligott (11th November 1954), NA/MH 55/933.

an increase in this budget harder. The lack of supplementary newspaper content—which had been cut due to the reduced budget—led Cawter and her civil servant colleagues to argue for more information to be included on the posters. Understanding more about the Games Hand period reveals a shifting power dynamic with the network of stakeholders. The balance of power clearly moved from the advertising industry’s graphic designers to civil servants and policy-makers, and this change was made visible through the introduction of markedly different styles of sexual health advertisements by the end of the 1950s.

This period also marked the beginning of a depression in sexual health advertising, characterised by lack of innovation in design and lower distribution. This depression was brought about when sexual health fell away from being a priority for all the stakeholder groups in the network of stakeholders. If we consider the active members of the network during the Games Hand period, we can see that this was a time when the salience of sexual health advertising had reduced in all the parent groups. There was little active involvement from the volunteers/activist group (aside from limited involvement from individuals advising the Ministry of Health), the advertising industry was also little involved in the post-Abram Games designs. This reduced salience even stretched to the policy-makers who were arguably the most heavily involved in sexual health advertising. The policy-makers were working on a reduced budget and were less prolific in producing the number of advertisements than they had been previously. This resulted in sexual health advertisements that were text-heavy, somewhat homogeneous, and limited in production numbers.

The decline of the Games Hand was complete when, in 1962, the Ministry of Health released the first output since 1949 that did not include the motif. It is this point that Chapter 5 begins: with sexual health advertising experiencing a pronounced depression in form and circulation following the graphic-led interventions of Games which dominated the early 1950s.

Chapter 5: (1959-1969)

Sexual health advertising emerged from depression

Introduction

The ten-year period from 1959-1969 can be characterised by two distinctive themes. The early part of the period saw the continuation of depression in sexual health advertising. During this period rates of sexually transmitted infections increased—the 1959 CMO's report remarked these increases as 'spectacular'.⁴⁶⁹ These rising rates stirred several stakeholders within the network of stakeholders to begin, once more, to place sexual health more prominently on their agendas. This heightened interest resulted in a search for reasons behind the increased infection rates and two main suggestions were offered, promiscuity and immigration. Of the two proposed causes promiscuity was the only one that featured significantly in sexual health advertising.⁴⁷⁰

The rising levels of concern amongst the network of stakeholders first manifested through the establishing of several committees that included policy-makers, medical professionals, educators, and religious bodies. The various committees characterised the youth of the society as having lower moral standards and had started to attribute this promiscuity to the rise in infection rates. These ongoing deliberations began to impact on sexual health advertising prior to the findings becoming finalised. The chapter examines two new sexual health advertisements that attempted to address this. Released in 1963 and 1964, these advertisements also attempted to revitalise sexual health advertising by using vibrant colours and themes that would appeal to the youth of society, although the investigation reveals this was not without its controversy. These marked the start of sexual health advertising's emergence from the depression that had been evident since the mid-1950s.

This re-emergence was hastened in 1964 when the various stakeholder committees began to report their findings. The deliberations from these committees had already begun to influence the direction of sexual health advertising, and the Ministry of Health produced another sexual health advertisement in line with the findings. One area that received increased stakeholder discussion was the locations that advertisements should be placed, with stakeholders making suggestions for increasing the diversity of locations.

⁴⁶⁹ 'Venereal Diseases' *The British journal of venereal diseases* vol. 37,1 (1961) p.74-9.

⁴⁷⁰ It remains unclear why immigration did not feature, and this question may be a fruitful topic for future academic research.

Despite debate amongst historians about the extent to which a ‘permissive society’ did actually facilitate social change in sexual liberation, this chapter will show that the discourse of increased promiscuity was present in society, and this was an area of growing concern amongst the various sexual health advertising stakeholders.⁴⁷¹ One way that stakeholders attempted to address this perceived issue was through the development of new initiatives for sexual health advertising, such as the controversial 1964 Birmingham Local Health Committee competition to design posters. The Birmingham case not only illustrates an attempt by stakeholders to try new methods, but also shows some of the resistance that the stakeholders had to endure when attempting many of these new schemes.

The penultimate topic in this chapter covers the creation in 1969 of a new central body to oversee the health education needs of England, Wales, and Northern Ireland—the HEC. Although historians have recognised the importance of the HEC in British health education in general terms, this chapter aims to build on this work to show how this new body specifically impacted on the previously unexplored area of sexual health advertising.⁴⁷² Despite initially going largely ignored, the recommendations of the Cohen Committee were fundamental to the creation of the HEC. The HEC—with a more eclectic board make-up, taking its members not only from the medical world but also actors from media and advertising—replaced the more medical focused CCHE.

Finally, the chapter investigates how stakeholders’ increasing affinity with new media in the 1960s impacted specifically on sexual health advertising.⁴⁷³ One of the most significant ways in which this manifested was through the increased involvement with one of the key stakeholder groups—the advertising industry. The example of a Coventry local authority campaign will show how stakeholders used new sexual health advertising techniques to reach a perceived ‘difficult’ audience.

Rising concern about VD infections

In December 1959 a new committee that would have influence on sexual health advertising was established, and began meeting in January 1960, chaired by Lord Cohen of Birkenhead. Cohen was a former president of the BMA and had many years’ experience in the field of

⁴⁷¹ For more on the ‘permissive society’ see: Dominic Sandbrook, *Never had it so good: a history of Britain from Suez to the Beatles*, (London: Little, Brown Book Group, 2015); and Frank Mort, ‘The Ben Pimlott Memorial Lecture 2010: The Permissive Society Revisited’, *Twentieth Century British History*, Vol.22, (June 2011), p.269–298.

⁴⁷² For example: Sutherland, (1987); Duncan, (2013); and Mold (August 2017).

⁴⁷³ Berridge and Loughlin (2005).

health, having presided over many different prominent committees. This experience was no doubt influential in the decision to appoint him to chair this new joint committee of the Central and Scottish Health Services Councils— these health service councils were the principal bodies advising the ministers responsible for health in England, Scotland, and Wales. This committee’s origin lay in lobbying from health educators who sought greater national organization and coordination.⁴⁷⁴ It was tasked with investigating three main aspects of health education. [1] The fields in which health education had in the past yielded dividends; [2] how far is it possible to assess the results of health education; and [3] what are the most effective methods of health education?⁴⁷⁵

At this time British sexual health advertising was in a state of depression, advertisements were sparse in number and uninspiring in content—seen through the limited range produced by the Ministry of Health. However, within the field of VD a worrying trend had been noticed by stakeholders such as the Chief Medical Officer—a rise in infections.⁴⁷⁶ This phenomenon was starting to raise concerns, and the search for reasons behind the increase gathered pace. One suggested reason put forward by many within the network of stakeholders was the perceived trend towards an increasing sexual liberation.⁴⁷⁷

Perhaps understandably parliament was one site where discussions emerged about the rise in VD infections. The apparent dearth of sexual health advertisements for the public to see was a discussion point inside the lower chamber, raised by Labour MP Dr Edith Clara Summerskill who asked the Minister for Health (Enoch Powell) about the lack of sexual health advertising.

The right hon. Gentleman will recollect that the public health propaganda on the subject of venereal disease was obvious to the ordinary citizen....Can he tell the House what is being done and why this has been relaxed prematurely?⁴⁷⁸

Powell replied that he was not aware of any relaxation in the supply of sexual health advertisements. He stated that his department had ‘only this year...informed the Local

⁴⁷⁴ Berridge and Loughlin (2005).

⁴⁷⁵ National Health Service Act, 1946, Central Health Services Council, *Report of the Central Health Services Council for the year ended December 31st, 1963*, Number 251, Volume page XV.1, Volume 15, House of Commons Papers (1963).

⁴⁷⁶ CMO quoted in ‘Venereal Diseases’, *The British journal of venereal diseases* vol.37,1 (1961) p.74-9.

⁴⁷⁷ For example: J O’Hare, ‘The road to promiscuity’, *The British journal of venereal diseases* vol.36,2 (1960), p.122-4.

⁴⁷⁸ Summerskill question to Powell, *Hansard*, Vol.632, Column:1-182, cc.20-21, (12th December 1960).

Authorities of propaganda available for its use'.⁴⁷⁹ This answer provided by Powell—although technically accurate—did not of course tell the full story.⁴⁸⁰ Perhaps the lack of visibility was due to a lack of uptake for the posters by local authorities—figures did suggest local authority uptake was lower than it previously had been.⁴⁸¹ Or perhaps the bland nature of the advertisements available at that time meant that for Summerskill and her 'ordinary persons' they were easily forgotten or even unnoticed altogether, in contrast to the eye-catching and impactful campaigns of the 1940s.

Another group of stakeholders discussing the rising sexual disease infection rates was the medical profession. In April of 1960 the topic for the Royal Society of Health Congress was promiscuity, and featured discussions and speeches such as Dr AJ Dalzell Ward's address titled Venereal Diseases and Teenagers.⁴⁸² Further evidence of the emerging discourse around promiscuity can be seen in Dr Nicol's presentation to the British Medical Association (BMA) council. On 14th December 1960 Nicol stated that he and his colleagues had been 'gravely disturbed' by evidence that showed the situation was 'rapidly deteriorating'.⁴⁸³ Nicol described a 'spectacular increase' in the incidence of gonorrhoea and suggested that the behaviour of youth in society was behind this sharp increase.⁴⁸⁴ One BMA council member provided anecdotal evidence that girls as young as 15-year-old were asking their form teachers where they could obtain 'the most effective forms of contraception'.⁴⁸⁵

Sexual behaviour and contraception were hot topics in the early 1960s, enhanced no doubt by the oral contraceptive pill. On 4th December 1961, all doctors working within the NHS were granted freedom to prescribe the contraceptive pill as they saw fit when the Minister for Health (Enoch Powell) made his position clear within a brief House of Commons exchange. Powell was directly asked whether birth control pills can be prescribed under the National Health Service and had replied with a firm 'Yes, sir'.⁴⁸⁶

⁴⁷⁹ Ibid.

⁴⁸⁰ Letters from Ministry of Health to Local Authorities did inform the LAs of the available sexual health advertising materials, NA/MH/55/2189.

⁴⁸¹ Stocktake letter from Crawter to Heald (19th September 1960), NA/MH/55/2189.

⁴⁸² Internal Ministry of Health note (April 1960), NA/MH/55/2189.

⁴⁸³ Supplement 2918, *BMJ*, vol.2:S255, (24th December 1960), p.261-262.

⁴⁸⁴ The 1951 figure for gonorrhoea was 18,064 by 1959 this was 31,344. Figures from Ibid.

⁴⁸⁵ Ibid.

⁴⁸⁶ Powell in *Hansard*, Fifth Series, Vol.650, c.922-923 (4th December 1961); this exchange is also recorded in NA/MH/55/2324.

To further investigate the issues surrounding VD the BMA council agreed to establish a committee of their own. The BMA recognised that the wider social aspects of the problem could not be tackled within the medical profession alone, so they enlisted a selection of ‘other interested people’.⁴⁸⁷ In January 1961 the BMA committee was established and tasked with considering practical measures for combating VD—including how to influence public opinion.⁴⁸⁸

Sexual health advertising to modify behaviour.

In 1961 a prominent venereologist, J L Fluker, criticised the current arrangements for disseminating sexual health information to the wider public. He suggested that the addresses of VD centres should be published in the phone book, but he also called for better sexual health advertising. He warned that current advertising was rare and frequently inadequate, and worried about the impact of adverts that had been defaced—which he suggested happened frequently.⁴⁸⁹

Local authorities were also becoming increasingly concerned by rising VD infection rates. None more so than Peterborough city council who amended the decision to place sexual health advertising posters in public conveniences only. These locations were deemed adequate for adults, but it was felt that the youth needed a more prominent display to draw their attention to the diseases. The locations for sexual health advertising within the Peterborough area was extended to include public buildings and advertising hoardings, so that a ‘more blatant publicity’ could be ‘brought home to those that mattered’.⁴⁹⁰

In 1962 the annual report of the Royal College of Physicians was presented which as Berridge has argued, marked an important stage in the use of media within public health.⁴⁹¹ She suggested that the report was not only an important point in the history of anti-smoking campaigns but that its significance transcended that subject and impacted on the wider field of public health education. The contents of that report were important for sexual health advertising in two ways. [1] The suggestion that advertising could and should be used as a tool to modify behaviour.⁴⁹² [2] The report stimulated new attitudes in the

⁴⁸⁷ The ‘other interested people’ included three from religious bodies, and four from education and social services; Supplement 2923, *BMJ*, vol.1:S19, (28th January 1961), p.19.

⁴⁸⁸ ‘Investigation of V.D. Problem’, *Times*, (27th January 1961), p.7.

⁴⁸⁹ ‘Doctor slams this ‘shyness’’, *Daily Mirror*, (4th September 1961), p.7.

⁴⁹⁰ ‘More publicity for horrible diseases’, *Peterborough Standard*, (29th December 1961), p.5.

⁴⁹¹ Berridge (2007).

⁴⁹² *Ibid.*

government in its relationship with the public's health, which heightened the significance for research-based surveillance. Thus, this report aligned medicine and consumerism through a focus on the individual and their behaviours in society—a role particularly suited to advertising.⁴⁹³ The 1962 report also demonstrated the growing emphasis on the role of advertising in the wider field of health through the report's call for restrictions to be placed on the advertising of tobacco products.⁴⁹⁴

New posters targeting youth.

The actual message and terminology within sexual health advertising were scrutinised by members of the network of stakeholders. They analysed the words used for effectiveness in addressing the youth of society. Townsend—a member of the Ministry of Health's Standing Medical Advisory Committee—was critical of the current approach and also cautioned against emphasising the danger in VD when targeting the youth of the population.

“VD is dangerous”. This slogan may be all very well in the context mentioned above, but may it not in fact present a challenge to the teen-ager and young man? Climbing the Eiger is dangerous, riding fast motorcycles is dangerous, but the challenge is accepted.⁴⁹⁵

Townsend made it clear that he believed that danger and fear should not be used when targeting the young in sexual health messages—going as far as suggesting that this strategy might even be used by some youngsters as an encouraging factor for those seeking ‘sexual adventure’.⁴⁹⁶ Townsend did take exception with the Ministry of Health's assumption that the youngsters would be uncooperative.⁴⁹⁷ Using his own anecdotal evidence, he stated that he had found ‘an enormous amount of good will and latent altruism’ in the young people in the population. Townsend concluded that due to this goodwill a ‘different sort of appeal might be very rewarding’.⁴⁹⁸

At the time that all these various stakeholder committees were being formed, the discourse surrounding sexual health was growing in the media too. Articles and commentary pieces appeared in several national and local newspapers. These articles reported an increased VD infection rate and declared that promiscuity within the youth of

⁴⁹³ Ibid.

⁴⁹⁴ Berridge and Loughlin (2005).

⁴⁹⁵ Letter from Townsend to Godber (CMO), (15th March 1961), NA/MH/55/2324.

⁴⁹⁶ Ibid.

⁴⁹⁷ Ibid.

⁴⁹⁸ Letter from G. W. H. Townsend to G. E. Godber, (15th March 1961), NA/MH/55/2324.

society was one reason for this. Some newspapers even called for a new government sexual health advertising campaign.⁴⁹⁹ Other newspaper articles had quotes from concerned parents such as the article in the *Sunday Pictorial* which included a commentary from ‘socialist’, mother of four and TV personality Anne Allen.⁵⁰⁰ In a call to morality Allen urged the Ministry of Health to retain the old slogan ‘clean living is the only safeguard’ within any new proposed sexual health advertising campaign.

Poor take-up from local authorities to the Ministry of Health’s sexual health poster offerings had been noted, and this meant that any feedback regarding the posters was taken seriously by the Ministry staff. Through this feedback a sense was growing that the existing 1950s designed posters were out of touch with the intended audience of the 1960s. This was summed up by Manchester’s Public Health Nursing Officer Miss Bucknell when she wrote to express the view that:

The department’s venereal disease posters are very poorly thought of in this region, considered to be out-of-date in form and making no visual impact.⁵⁰¹

Perhaps surprisingly her views resonated inside the Ministry, with Betty Cawter conceding that she was ‘inclined to subscribe’ to Bucknell’s comment.⁵⁰² Following a further stocktake and a check of the current rates of uptake, Cawter suggested scrapping all the remaining Ministry of Health sexual health posters—with the exception of the latest design VD01 (Fig 5.1)—and composing a new poster; Cawter’s senior at the Ministry (Mr S Heald) agreed with this suggestion.⁵⁰³ So, in November of 1960, Cawter gave the order to scrap the posters.⁵⁰⁴ This action resulted in the Ministry of Health having only one sexual health poster from late 1960 until the new poster was completed.

⁴⁹⁹ The *Daily Mirror* used its editorial commentary piece to call on Enoch Powell to initiate a new propaganda campaign on the subject in ‘Warning to the young’, *Daily Mirror*, (18th November 1960), p.2; ‘V.D. Among the Young’, *Times*, (24th July 1961), p.11.

⁵⁰⁰ ‘The secret that parents are too cowardly to tell their children’, *Sunday Pictorial*, (20th August 1961), p.12.

⁵⁰¹ Letter from Deputy Chief Nursing Officer to Ministry of Health, (17th August 1960), NA/MH/55/2189.

⁵⁰² Internal discussion between Cawter and Heald, (19th September 1960), NA/MH/55/2189.

⁵⁰³ Ibid

⁵⁰⁴ Internal letter from Cawter to Heald (30th November 1960), NA/MH/55/2189.

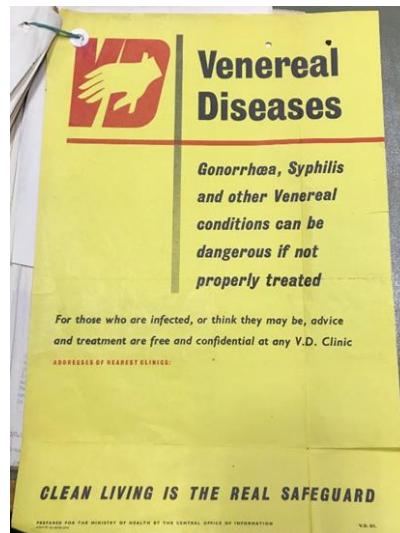


Fig 5.1 VD01, 1959 (repeat of Fig 4.16)

The Ministry of Health had become increasingly aware of the lack of any engaging visual sexual health advertisements that they could despatch to local authorities, so they proposed new sexual health advertising material that would catch the audience's eye.⁵⁰⁵ The Ministry staff considered a range of criteria for the new output, such as which audience to target in the poster, the way the message should be put over, and the issue of whether the posters should be semi-permanent.⁵⁰⁶ Counsel was sought on these matters, with the Ministry turning to their main VD voluntary advisor Mr Ambrose King.⁵⁰⁷ As one of the country's leading venereologists King was asked for his views on a range of areas regarding the new poster and a fellow venereologist, Dr Dunlop was also consulted.⁵⁰⁸ At that time Dunlop was the main advisor to the CCHE on VD, but the Ministry of Health was informed that the CCHE had no current plans to create a poster for VD, therefore the Ministry was reassured that it would be ok to proceed to formulate a poster based around Dunlop's thoughts—without the fear of two bodies duplicating the work.⁵⁰⁹

Dunlop suggested that the sexual health advertisement should be for a general audience 'to include young people but not specifically addressed to them'.⁵¹⁰ King

⁵⁰⁵ Letter from Miss M. Beer COI to Crawter, (8th January 1962) NA/MH/55/2190.

⁵⁰⁶ Achieved through a manufacturing process. Letter from Invicta plastics to the Ministry of Health (20th June 1960) NA/MH/55/2190.

⁵⁰⁷ Ambrose King was advisor to the Ministry of Health, he had a long and prominent career in venereology. The Ambrose King sexual health clinic in Whitechapel, London was named in his honour on Kings retirement. RS Morton, SM Laird, 'Obituaries: Ambrose J King', *Sexually Transmitted Infections*, (December 2000), p.418.

⁵⁰⁸ Letter to Ambrose King (3rd November 1960), NA/MH/55/2189.

⁵⁰⁹ Letter from Crawter to Heald (10th November 1960), NA/MH/55/2189.

⁵¹⁰ Ibid.

suggested two posters, one with a primary message and another with the times and location of the local clinics. King also suggested specific locations for the posters, proposing that the two proposed posters should be displayed within WC cabinets so that ‘the message could be studied in private, and the addresses noted’.⁵¹¹ The tone of the proposed sexual health advertising was also addressed. King stated that he ‘did not want too much emphasis on fear’, as audience members that suspected they were infected would require reassurance. As expected, Betty Crawter also had an input into the discussion, she suggested that the Ministry’s poster should be crown quarto and that the Local Authorities could complement the posters with a times and addresses poster. In a change of direction any moral guidance in the posters was also warned against, the decision was taken to drop the phrase ‘clean living is the only safeguard’—the phrase that Anne Allen had implored the Ministry to retain. This phrase had appeared in many sexual health advertisements of previous years but the decision to remove this wording was reasoned through arguing that those already infected would be ‘deterred by this’.⁵¹² Finally, King suggested that the Games Hand should also be removed from the new poster—although no rationale was provided for this decision.⁵¹³

Following the advice, the Ministry was of the opinion that two posters directly targeted at different audiences might be better than one generic poster. Crawter suggested further consultation with the Local Authorities, so a letter was sent out requesting feedback on the proposed posters—in all 22 LAs responded with feedback, which proved contradictory in parts.⁵¹⁴ With the wording and targeted audience finally agreed upon for the new poster, the Ministry of Health instructed the Central Office of Information (COI) to finalise a design. The advertising department of the COI returned with what they believed to be a ‘very good’ poster with ‘striking colours’ and more in the poster ‘than could be read at first glance’.⁵¹⁵ Crawter also declared that the new poster would be ‘very effective’.⁵¹⁶ In a move that had not been seen for several years, some graphic design was

⁵¹¹ Ibid.

⁵¹² Ibid.

⁵¹³ Ibid.

⁵¹⁴ Internal letter from Crawter to Heald (6th February 1961); feedback letters can also be found within NA/MH/55/2190.

⁵¹⁵ Letter from Miss M Beer advertising department of the COI to Crawter, (8th January 1962), NA/MH/55/2190.

⁵¹⁶ Letter from Crawter to Beer, (11th January 1962), NA/MH/55/2190.

also included on the poster. Fig 5.2 shows this new advertisement, which was given the rather uninspiring title VD02 by the Ministry of Health.

VD02

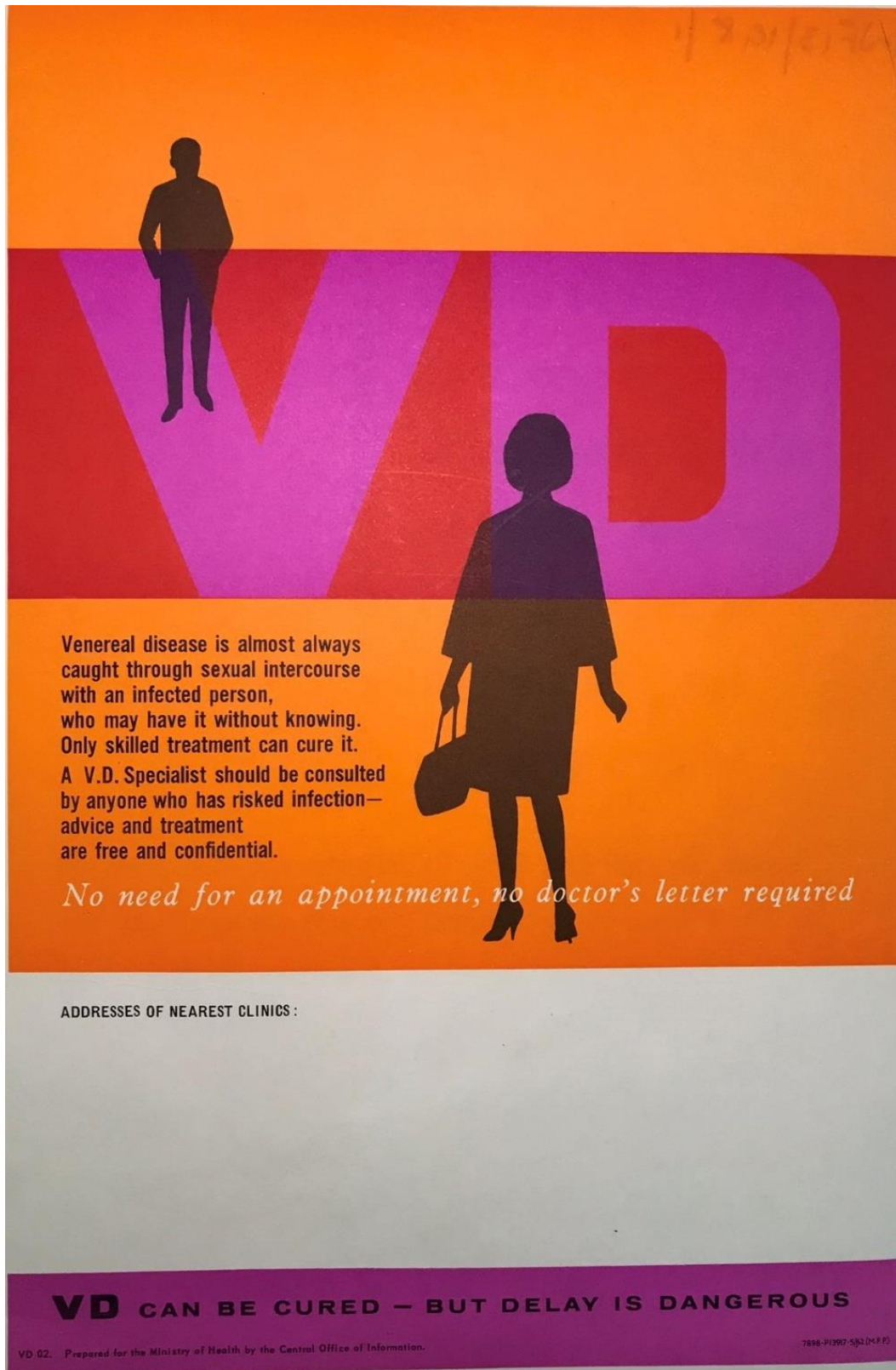


Fig 5.2 VD02 Ministry of Health 1962

VD02 (Fig 5.2) was made up of a combination of bold colours, a bright orange was the predominate colour of the advertisement, and this orange was split with a central belt of red, the letters VD were presented in a vibrant purple that sit upon the central belt of red—there can be little doubt that this poster was designed to catch the eye. Although the imagery was minimal, its position in the advertisement meant that the image was dominant over the text. The image was made up of two human silhouettes, one male (in the background), and one female (in the foreground). The shadowy nature of their representations indicated to the audience that either (or both of them) were the infected subject. The use of silhouettes also added an easy, if perhaps small, layer of intrigue for the audience which may have helped draw the audience into closer engagement with the advertisement.

The design of VD02 was praised by civil servants, with the campaigns manager in the advertising division of the COI declaring that:

For such a subject I think it is a very attractive poster and believe that it is in a modern idiom which might well prove to be most effective for the young people we are aiming to reach.⁵¹⁷

The discussions surrounding the design of VD02 highlights the numerous stakeholders that were involved in some way in the design process. Consultation, feedback, and discussions amongst these people had resulted in a long design and production process—the poster that was first discussed in 1960 was finally released to local authorities in July 1962.

CCHE poster

Despite initially stating that they had no plans to create a new VD poster the lengthy consultation process of VD02 meant that by the time it was released the CCHE had indeed created their own (Fig 5.3). However, the CCHE's design proved to be a much more controversial output than VD02.

The new CCHE poster was also designed to target the youth in society. In order to do this a depiction of a young male and female couple was used. To help the target audience further identify with the central characters the figures were depicted dancing.

⁵¹⁷ Letter from L Scantlebury (COI) to Cawter, (23rd May 1962) NA/MH/55/2190.

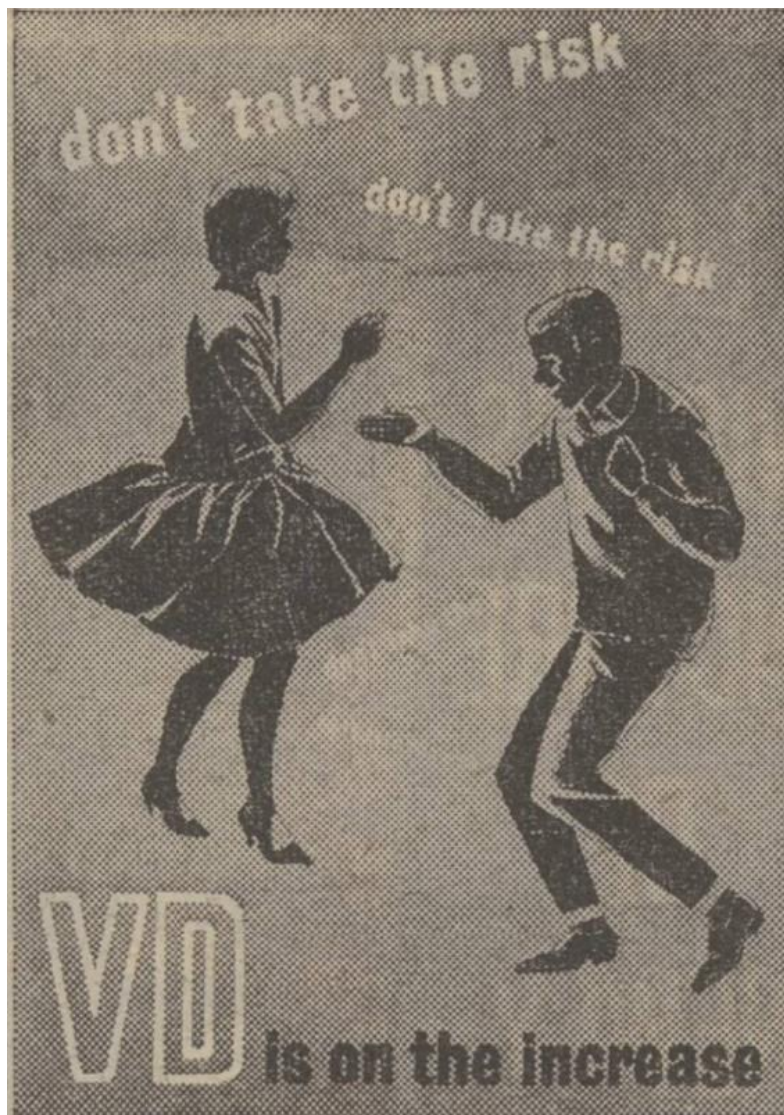


Fig 5.3 Don't take the risk, CCHE, 1962

Although the mid-to-late 1960s would see an increasing trend of dance halls being replaced by discotheques and nightclubs, in 1962 when this new CCHE poster was released dancing—and attending dance halls—was still a very popular pass time for many young people in Britain.⁵¹⁸ The CCHE poster was a cause for concern for dance hall owners due to a perceived ambiguity in the poster's design. The phrase 'don't take the risk' was repeated above each character's head and also in the gap between the couple as they danced. Underneath the couple was the strapline 'VD is on the increase'. *The Sunday Pictorial* newspaper led this charge of ambiguity through a prominent editorial piece which called for the removal of the posters 'AT ONCE'.⁵¹⁹ This call came shortly after the CCHE had launched the campaign, although the editorial did include two concessions. First, the

⁵¹⁸ James Nott, *Going to the Palais: A social and cultural history of dancing and dance halls in Britain, 1918-1960* (Oxford: Oxford University Press, 2015), p91-93.

⁵¹⁹ 'The Pic says misguided', *The Sunday Pictorial*, (2nd April 1962), p.2.

newspaper praised the CCHE stating that the CCHE ‘does a first-class job’, and second, the editor conceded that there was a need to address sexual health issues.⁵²⁰ The newspaper argued that the ‘gaily-dressed pair of dancers surrounded by the repeated phrase will cause nothing but confusion’ and warned that if anything could be drawn from the advertisement it was some ‘mysterious link between jiving or twisting and catching VD’.⁵²¹ The editorial also implied that the CCHE were not convinced by the poster’s design themselves, they claimed the CCHE’s medical director had admitted to them that ‘we did think it might be misunderstood’.⁵²²

The *Sunday Pictorial* were not alone in the concerns over the design. Perhaps more understandably, one of the country’s leading dance-hall owners (MECCA) raised concerns about the new posters. MECCA were in the midst of a large expansion programme of their dance-hall portfolio.⁵²³ The company claimed that the posters ‘insults their patrons’.⁵²⁴ They argued that the poster provided the audience with a link between dancing and VD, stating that the image gave ‘the impression that if you go dancing you get VD’.⁵²⁵ They were not the only dance-hall business to be concerned, so- much-so that the industries’ professional organisation the Association of Ballrooms protested to the CCHE about the poster and that complaint was given consideration.⁵²⁶

The various committees report their findings.

At the start of 1964, the Ministry of Health came to understand that the BMA committee report was imminent.⁵²⁷ In preparation for this report—and to be prepared for any negative points raised—the Ministry staff collected the latest figures for their sexual health advertising work. The portfolio included the number of posters and films that had been distributed to the local authorities in the previous two years. This review revealed that the Ministry of Health’s sexual health advertising work had been limited with only two versions of posters (VD01 and VD02) and only three different films used.⁵²⁸ If the intention of

⁵²⁰ Ibid.

⁵²¹ Ibid.

⁵²² Ibid.

⁵²³ Nott (2015), p91-93.

⁵²⁴ ‘Ballrooms put ban on health poster’, *Daily Herald*, (23rd May 1962), p7.

⁵²⁵ Ibid.

⁵²⁶ Ibid.

⁵²⁷ Letter from Crawter to Dunwoody (c.1964) NA/MH/151/76.

⁵²⁸ Figures taken from internal letter from Dunwoody to Crawter, (27th January 1964), NA/MH/151/76.

formulating this list was to fend off any criticism that the BMA committee might have had of the Ministry of Health's sexual health advertising work, then it was unlikely that this portfolio offered any assistance.

On 6th March 1964 (just as the Ministry of Health had suspected) the BMA committee on VD launched its report through a press conference.⁵²⁹ The overarching opinion of the committee was that the failure to control VD was due to 'other factors than those strictly medical'.⁵³⁰ The report was divided into sections, of these the most significant for this study was the section on 'Freedom with Responsibility in Mass Communications'.⁵³¹ The committee found that although 'Frankness about sex was better than prudery', they argued that 'a heightened erotic tone of much modern publicity was a likely explanation of changing attitudes towards sex'.⁵³² The report mainly focused on young people and a number of reasons were put forward for the perceived lowering of morality in this sector of society, such as the influence of television, the opportunities at dance halls, and existential fears over the nuclear bomb. But above all these reasons the committee suggested that the reluctance of some parents to discuss issues of sex was the more important reason behind what they believed to be a rise in promiscuity amongst the young. A significant finding was the problems in the quality and number of health education materials on VD available. The committee recommended the public had greater access to pamphlets on the diseases, and the need for a greater number of suitable posters on the subject. Further, the BMA committee also suggested that wider publicity about the times and locations of local VD clinics was also required.⁵³³

On the 8th May 1964 the joint committee of the Central and Scottish Health Services Councils that Lord Cohen had been presiding over for three years, delivered its report. Cohen and his team called for the establishing of two independent boards to oversee the health education needs of the country, one that would cover England, Wales, and Northern Ireland, and another board to cover Scotland. It was suggested that the budget for the boards should be £500,000 a year and that the functions of the boards would be to promote health education generally. The Cohen committee suggested that new

⁵²⁹ 'BMA reports on 'inadequate' sex education', *Coventry Evening Telegraph*, (6th March 1964), p17; 'BMA report fails to help the GP', *Pulse International*, (21st March 1964), p.1. Wellcome: PP/RJH/C.7/1:Box 11.

⁵³⁰ 'Venereal Disease and Young People', *BMJ*, vol.1:575, (7th March 1964).

⁵³¹ 'VD among young people', *Birmingham Post*, (6th March 1964), p.8.

⁵³² 'Venereal Disease and Young People', *BMJ*, vol.1:575, (7th March 1964).

⁵³³ 'VD among young people', *Birmingham Post*, (6th March 1964), p.8.

health education was particularly needed in the area of human relationships, and one of the areas of human relationships that the required a special focus was sex.⁵³⁴ To promote the health of the nation's citizens these proposed health education boards would conduct health campaigns with the aim of encouraging behaviour change. Therefore, if the recommendations of the Cohen team were to be adopted by government, sexual health advertising would fall under the stewardship of these proposed new health education boards. The Committee report found that it was understandable, but regrettable, that although people have a great interest in the dramatic triumphs of curative medicine, they are less interested in the more prosaic business of improving health by making some irksome adjustments to the everyday business of life.⁵³⁵ The report emphasized the need for greater health education and contained many different recommendations about how this should be approached and structured in the UK, yet, it went largely underreported by the media and (initially) not acted upon by government.⁵³⁶

VD03

By 1964 it had been two years since the Ministry of Health created its last sexual health advertisement poster (VD02). They resolved this when they produced the next poster in their VD series—VD03 (Fig 5.4). This new poster was distributed to the local authorities from July 1964.

The design process had once again been dominated by discussion of the exact wording to be used in the poster. Following a series of letters discussing suggestions, and a consultation period with advisors and local authorities, it was finally agreed that the copy in VD03 would directly address the subject of the increasing instances of VD in the youth of society.⁵³⁷ The graphic design of VD03 used photographic imagery and was much more dominant than the silhouettes of VD02. The photo was taken from the pages of May 1962's edition of *Family Doctor*.⁵³⁸ *Family Doctor* was a BMA public facing monthly magazine about family health issues that Lord Cohen declared in parliament was 'a very valuable contribution to health generally'.⁵³⁹ *Family Doctor* provided the negatives and

⁵³⁴ 'Educators in 'every day health' urged', *The Birmingham Post*, (8th May 1964), p.5.

⁵³⁵ '£500,000 plan for health education', *Times*, (8th May 1964), p.9.

⁵³⁶ Ibid.

⁵³⁷ Internal Ministry of Health letter from Burbridge to Crawter, (31st August 1962), NA/MH/55/2190.

⁵³⁸ Internal Ministry of Health memo to Crawter (27th August 1962), NA/MH/55/2190.

⁵³⁹ Lord Cohen of Birkenhead, Health Education, *Hansard*, Vol.287, (20th December 1967).

permission to use the image free of charge to the Ministry.⁵⁴⁰ Although the graphics were a much more dominant presence within the advertisement, the tactic of using ambiguity in the depiction of the central characters was continued. This was presented to the audience in a different style to VD02 as VD03 only showed the clothed bottom half of a male and female couple. This resulted in the audience having to decide which of the central characters was the infected subject. More subtle signs were available for the audience to decipher. The male character's feet were placed on the white letters VD, whereas the female's feet were only just touching the letters. However, their body positioning suggested that they were moving closer together and that they would meet with both characters on the VD logo. This was open to the interpretation of a move towards infection for the couple.

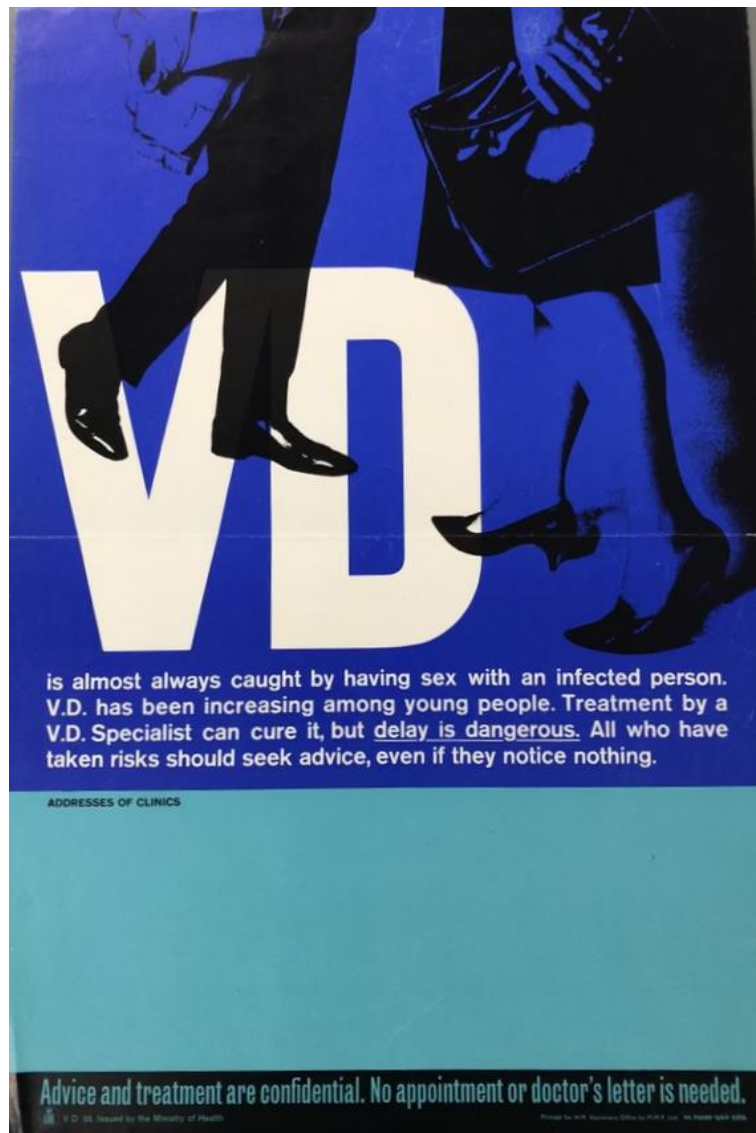


Fig 5.4 VD03, Ministry of Health, 1964

⁵⁴⁰ Letter from Harvey Flack to Crawter, (5th July 1962), NA/MH/55/2190.

The main difference in VD03 was the suggested locations for display. The Ministry of Health had suggested that the posters were displayed by the local authorities ‘in places where young people congregate’ and also in places where the local authorities already display posters on other topics such as ‘town halls or public health departments, or public libraries’.⁵⁴¹ The temporality of viewing and the vulnerability that the audience may have felt when engaging with sexual health advertising was also considered by the Ministry. It was suggested that locations should be considered where the audience could ‘find the addresses of the VD clinic without drawing attention to themselves’.⁵⁴²

Locations of sexual health advertising

The Ministry of Health were not the only stakeholders that were mindful of the importance of location for display of sexual health advertising. The quality, usefulness, and locations of display was a discussion point between the network of stakeholders. In July 1964 Elisabeth Rees—a consultant venereologist at United Liverpool Hospitals—eloquently drew the attention of her medical colleagues through an article in the *BMJ* to the situation regarding sexual health advertisements that targeted women. She started the article by lamenting the lack of current advertising on the subject and its visibility, to do this she looked back to the WWII VD campaign and commented that campaign had been placed in a range of places such as newspapers and hoardings. Reece argued that the success of the previous campaign culminated in a recognised phenomenon: successful health campaigns are withdrawn in the mistaken belief that they are no longer required, or the health worry is no longer prominent enough to be of concern, this leads to the disease eventually resurfacing.

The success of a campaign is more likely to lead to the disappearance of the campaign than to the disappearance of the disease.⁵⁴³

Rees described where sexual health advertisements were more often located—the inside of public conveniences, deliberately using a first-person pronoun that made it clear to the reader that she was speaking from personal experience, and on behalf of all women on this subject. She claimed that part of the issue was that, wherever possible, women tried to avoid using public toilets.

We don’t use the public lavatories if we can help it. For aesthetic reasons we much prefer, unless we are pregnant or traveling, to postpone a visit to these usually

⁵⁴¹ Letter from Godber to local authorities (15th January 1965), NA/MH/151/76.

⁵⁴² Ibid

⁵⁴³ E Rees, ‘Failure to Control the Venereal Diseases’, *BMJ*, (4th July 1964), vol.2, 5400, p.47-9.

squalid and not infrequently offensive surroundings, and use the facilities provided by stores, cafes, and cinemas.⁵⁴⁴

Rees travelled throughout the country conducting research on the state of sexual health advertisements placed in public toilets. Although she acknowledged the limitations in her small sample size she interpreted and reported her findings. Rees had visited six cities and in three of those no posters were present at all. Of the other three, one was advertising a clinic that had shut down nine months earlier, the second stated the wrong location for treatment following a clinic's move six months earlier, and the third was perhaps the most revealing.

I found the notice in a dim corner above a weighing machine. The paper was yellow with age and the print faded. It was headed "Venereal Diseases—Syphilis (pox), Gonorrhoea (clap)." Then followed about six lines of lurid description and the statement that the Government, realizing the importance of early treatment, had established FREE treatment centres. The weighing machine obscured the rest of the notice.⁵⁴⁵

Rees looked behind the weighing machine and noticed that the advertisement did give the time and address of the local VD clinic. Although she concluded that these times, even if they could be read, would bare 'no relation to the position to-day'.⁵⁴⁶ In an attempt to further her research Rees asked her final year female students two questions. [1] Do you know how to find out the times and locations of VD clinics? And; [2] do you use public lavatories? The answers she received solidified her belief that the advertising for these clinics was not working. Approximately a quarter did not know how to locate a clinic, and the second question received a unanimous no from her students, with all stating that they did not use public conveniences unless they were traveling.⁵⁴⁷ So, the issue for Rees was clear, new up-to-date advertisements that clearly provided the times and places treatment could be obtained were required. Further, these should be displayed in locations other than public conveniences, Rees put forward the suggestion of Post Office notice boards as one suitable location and was not alone—the Ministry of Health had also identified these locations as desirable. They approached the Post Office, and in January 1965 a Post Office Circular was sent to the Head Postmasters throughout the country. This stated that 'as an exceptional arrangement' permission had been given for the addresses of local VD clinics to appear on a list of local addresses of departments and organisations (Form P.2285E).⁵⁴⁸

⁵⁴⁴ Rees (1964).

⁵⁴⁵ Ibid.

⁵⁴⁶ Ibid.

⁵⁴⁷ Ibid.

⁵⁴⁸ Letter from Godber to local authorities, (15th January 1965), NA/MH/151/76.

This may have stopped short of sexual health advertising but the Ministry declared this as ‘an opportunity which should not be missed’ and encouraged local authorities to modify their local sexual health advertisements to mention that the addresses could be found in the post offices.⁵⁴⁹

Other stakeholders that called for better information on VD clinics and the locations of sexual health advertisements included the prominent venereologist Fluker. He argued that ‘the public must be told where the clinics are’.⁵⁵⁰ He suggested that in the past, some local authorities have been scandalously negligent, particularly in small towns where there is no clinic. Fluker reiterated Rees suggestion that sexual health advertisements in post offices would help raise awareness, and in addition to those locations he suggested that public libraries, local newspapers, local radio programmes could also help by making announcements. Further, he implored cinemas and public houses to display sexual health advertising and suggested that these locations were especially relevant as they were ‘often chance trysting places that may lead to subsequent infection’.⁵⁵¹

VD poster competition for Birmingham school children

By 1964 the problem of how to disseminate a sexual health message to the youth of society was being given a great deal of thought by stakeholders. One proposed method was to engage the youth themselves in the design and formulation process, for example, through poster competitions. Yet, putting together a competition of this kind was not straightforward.

On Wednesday 12th August 1964, *The Birmingham Post* ran an article on its front-page informing readers that ‘Schoolchildren are to be invited to enter a competition sponsored by Birmingham Health Committee to design a poster on the dangers on venereal disease’.⁵⁵² Birmingham Health Committee arrived at this decision after advice from their health education sub-committee, who recommended that a poster competition should be ‘open to boys and girls at “education establishments” in the city’.⁵⁵³ *The Birmingham Post* did not directly criticise the health committee’s decision to run this competition, but it acted to prompt concerns in their readers. These concerns—such as the age of the children allowed

⁵⁴⁹ Ibid

⁵⁵⁰ JL Fluker, ‘Venereal disease and the public’, *The British Journal of Venereal Diseases*, (1966), 42: p244-245.

⁵⁵¹ Ibid.

⁵⁵² M Hedges, ‘Children in VD poster contest’, *The Birmingham Post*, (12th August 1964), p.1.

⁵⁵³ Ibid.

to enter—were furthered by an ambiguous description of who may be permitted to enter the contest, ‘children under the age of 15 are not likely to be invited to enter’.⁵⁵⁴ left the reader with the distinct possibility that children under 15 would be allowed to enter the competition.

The Competition was put forward by the Deputy Medical Officer of Health in Birmingham and the aim of the contest was to ‘prevent venereal disease by making young people aware of the danger’.⁵⁵⁵ Attractive prizes were announced, with the winner due to receive £50, the runner-up £30, and third place £20. Councillor Mrs Marjorie Brown was the chair of the Health Committee that had sanctioned this contest, she stated that ‘warnings against the dangers of promiscuity and the consequences of venereal disease were part of the health education of all schoolchildren’.⁵⁵⁶ She added that although many lectures were given to children and school staff on many aspects of health ‘there is no campaign solely against venereal disease’⁵⁵⁷.

The proposed contest soon attracted criticism, and this was not confined to the Birmingham area. Charles Leatherland, a former chairman of Essex County Council, suggested that Birmingham Health Committee ‘have a peculiar way of going about trying to prevent VD’.⁵⁵⁸ Although Leatherland seemed to go beyond criticism of using schoolchildren to design posters and included criticism of posters in general as a form of sexual health advertising.

‘I would not have thought this was something that could be put over by a poster, let alone by adolescents who can have little idea of the full effect of VD’.⁵⁵⁹

Leatherland used his voice in the local paper to question the ability of children to design a VD message, echoing a conservative social attitude that it should be the family and not the state that takes the lead role in the transfer of sexual health knowledge and ascribing that any sexual health advertising that would come out of the Birmingham poster competition as ‘lurid’.

The strength of opposition to school children’s participation proved too much for the proposed competition, and only a month after the poster contest had been announced,

⁵⁵⁴ Ibid.

⁵⁵⁵ Ibid.

⁵⁵⁶ Ibid.

⁵⁵⁷ Ibid.

⁵⁵⁸ C Leatherland, ‘It occurs to me’, *The Tenkesbury Register & Gazette*, (21st August 1964), p.3.

⁵⁵⁹ Ibid.

the Birmingham Secondary School Subcommittee for Education unanimously denied permission to proceed with the contest. The chair, (Ald. Dawes) was pleased with the decision to cancel the contest, taking aim not only at this contest but the general direction that the Birmingham Health Committee was proceeding by arguing ‘to me this is another instance of the completely wrong approach to this matter by the Health Committee’.⁵⁶⁰ Councillor Mrs M. A. Brown also distanced herself from the contest, it was noted that she was away when the original decision to run the competition was made and stated that she was neither surprised nor disappointed that permission had been refused.⁵⁶¹

Two months later the competition was given some hope of commencing, not in schools as originally intended, but instead in the local area’s further education colleges.⁵⁶² The city’s education committee started consulting the principals of further education institutions to see if they were open to the idea of allowing their students to participate. However, there was still some resistance within the Birmingham Education committee, as the chair Dawes highlighted the moral division in society on this topic. Dawes suggested that the parents of young people attending ‘might object to their sons and daughters bringing home material for such a competition’. He justified this stance by declaring that ‘we are dealing with a population who might have very conflicting views on the subject.’ adding that ‘I think we must be extremely cautious in this matter’.⁵⁶³

It remains unclear whether the Birmingham school’s VD poster contest did go ahead or not.⁵⁶⁴ However, for the purposes of this thesis, this case study is important for two reasons. [1] The Birmingham poster contest highlights one of the innovative ways that the network of stakeholders attempted to use sexual health advertising to reach, engage, and modify sexual behaviour of the youth of society. [2] It also shows some of the resistance that these efforts met from both inside and outside the network of stakeholders. Outside resistance was often led by those in society that advocated a more morally conservative approach to sexual health promotion—usually through family led conversations rather than state instructions on sexual health. Irrespective of whether the poster contest in

⁵⁶⁰ ‘Schools Poster Contest Rejected’, *The Birmingham Post*, (11th September 1964), p.5.

⁵⁶¹ Ibid.

⁵⁶² ‘VD poster contest may go ahead’, *The Birmingham Post*, (29th September 1964), p.1.

⁵⁶³ Ibid.

⁵⁶⁴ The last report that was found for this competition stated that the colleges were going to each individually consult their governing bodies, who would make a final decision.

Birmingham went ahead it would not be the last time the poster competition format was attempted in order to engage with the youth via sexual health advertisement design.⁵⁶⁵

The creation of The Health Education Council (HEC)

As stated above, despite reporting in 1964 the findings of the Cohen committee had received little political attention, so-much-so that in 1965 the *Times* voiced its concern that all of the 43 separate recommendations had been largely ignored by government.⁵⁶⁶

In February 1966 the government did act on the Cohen findings, announcing that they had accepted all the recommendations of the Cohen report—this included the recommendation to establish a central health education organization ‘whose functions would be based on those outlined in the report’.⁵⁶⁷ The government also reassured those who may have been concerned, stating that the details of the new body would be ‘worked out in the closest consultation with local authorities and other bodies’.⁵⁶⁸ On conclusion of its period of consultation the government finally established a new Health Education Council (HEC) to serve England, Wales, and Northern Ireland. The new body was established nearly 4 years after the Cohen report had been released.⁵⁶⁹ The Secretary of State for Scotland decided against setting up a similar body for Scotland, instead he established a new Health Education Unit within the Scottish Office.⁵⁷⁰

A further administrative development that was of interest to those involved with sexual health advertising occurred in 1968 when the Ministry of Health was amalgamated with the Department for Social Security. This move created a new large governmental Department for Health and Social Security (DHSS) and returned the government’s health department to its pre-1951 status as one of the largest British governmental departments. However—due to the arrival of the new HEC—the merger of these two government departments did not have the impact on sexual health advertising that one might have suspected. This was because one of the HEC’s central tasks was to ‘absorb the present health education promotional activities of the Ministry of Health’. This resulted in sexual

⁵⁶⁵ ‘VD the high price of ignorance’, *Sunday Mirror*, (15th June 1969), p16-17.

⁵⁶⁶ ‘Duty of Preserving Health’, *Times*, (10th December 1965), p.8.

⁵⁶⁷ ‘Health service free at time of need’, *Times*, (10th February 1966), p.8.

⁵⁶⁸ Ibid.

⁵⁶⁹ ‘The Director General's Report 1969-70, *The Health Education Council Annual Report 1969-1970*, p.10, NA/MH/170/110.

⁵⁷⁰ Lord Shackleton, parliamentary debate on Health Education, *Hansard*, Volume 287, (20th December 1967).

health advertising being moved from the government's health department and placed under the stewardship of the newly formed HEC.⁵⁷¹

In January 1968 the HEC nominally began its existence, although it did not become a legal entity until August 1968, and it was not until October of the same year before the staff from the CCHE were transferred over to the new body.⁵⁷² This process took several months and in May 1969, the obsolete CCHE was dissolved, and its remaining assets were transferred to the HEC. However, just prior to its dissolution the CCHE produced another sexual health advertisement (Fig 5.5).



Fig 5.5 VD don't risk it, CCHE, C.1968

The advertisement had a rather obvious reading available to the audience of ‘original sin’—the Adam and Eve story from the bible. The depiction of a snake in the background

⁵⁷¹ Ibid.

⁵⁷² ‘The Director General's Report 1969-70’, p.10, NA/MH/170/110.

was pivotal in portraying this story to the audience. This was also open to a gendered reading of sexual infection, as the transmission of VD was being linked with the well-known biblical story where Eve (following persuasion from the snake) was portrayed tempting Adam with a forbidden apple—an act that condemned the pair to repercussions of ‘original sin’. The colours used in the CCHE poster were also interesting as they were similar to the ‘eye catching’ colours that the Ministry of Health had used for their 1962 output VD02.

The dissolution of the CCHE marked the point that the HEC was truly established as the nation’s primary body in charge of sexual health advertising.⁵⁷³ The HEC was financed from central and local government funds and was required to obtain the approval of the Secretary of State for its budget and programme of activity.⁵⁷⁴ Although in keeping with the recommendations of the Cohen Committee, the HEC was not required to provide central government the specific details of ways in which it carried out its functions.⁵⁷⁵ This resulted in the HEC technically being outside of the government, but due to the way it was financed and the requirements to get both its budgets and programmes sanctioned by central government, the new body was still heavily linked to the facets of state. This was in keeping with the vision set out by the Cohen committee which suggested that the new health education body ‘would, through its constitution, membership, and financial dependence, maintain a close working relationship with government departments, including the education departments, and yet remain freer to experiment, to adopt unusual courses and to take risks’⁵⁷⁶ The Council comprised a chairman and nineteen other members from the fields of health education, local government, the media, business, and advertising.⁵⁷⁷ These positions were appointed by the government, and resulted in another level of central government power that was held over the new independent council.

The HEC aimed to set a new course for health education, one that would be heavily influenced by the advertising industry. In their work on anti-smoking campaigns Virginia Berridge and Kelly Loughlin have addressed the rising importance of advertising within health education during this period and stated that evidence submitted to the Cohen report

⁵⁷³ Ibid

⁵⁷⁴ House of Commons debate ‘Health Education Council’, *Hansard*, Vol.833, col.1292 (20th March 1972).

⁵⁷⁵ Ibid.

⁵⁷⁶ Passage of the Cohen report quoted by Lord Shackleton. Lord Shackleton, House of Lords parliamentary debate on Health Education, *Hansard*, Vol.287, (20th December 1967).

⁵⁷⁷ *Hansard* (20th March 1972) Col.1284.

had emphasised the importance of advertising to health education techniques.⁵⁷⁸ The claim that stronger advertising techniques were paramount to successful health education campaigns was perhaps unsurprising, given that the Cohen committee had been made up with several people who had a media and advertising backgrounds.⁵⁷⁹

Berridge and Loughlin have claimed that ‘This stance was a major change from the even-handed response of the health education profession in the 1950s’, and that ‘persuasion was now the key’.⁵⁸⁰ Whilst this may be true for health education in a broader sense, within the field of sexual health persuasion had long been the key. Further, as we have seen, the description of an ‘even-handed response’ was also not applicable to sexual health advertising. Nevertheless, a move to a greater advertising industry influenced form of sexual health advertising can still be seen within this period. The behaviour change aspect of the HEC’s remit demanded a degree of self-discipline and self-direction within the target audience and this fit well with the advertising industry approach. The HEC’s new ‘strong emphasis on individual risk avoidance’ as the role of health education became similar to that of a salesperson persuading individuals into actions that would in turn result in health improvements.⁵⁸¹

An increased role for the advertising industry

The role of advertising agencies in health promotion was a direction that was gathering momentum, and it was not just centrally created HEC advertisements that were subject to an advertiser’s touch. In 1969 Coventry Medical Officer of Health (MOH) Dr. Clayton approved a set of sexual health advertisements for use in factories and colleges—designed by a Birmingham advertising agency. However, this use of an advertising expert seems to have been (initially at least) an unintentional move by the Coventry MOH.

Clayton had, at first, approached Coventry College of Art and Design (CCAD) for assistance in this area and as we have already seen with the Birmingham school’s poster competition, reaching out to young people at their places of learning to get their input was a tactic that had already been attempted. Although the use of school-aged children had caused controversy in the Birmingham competition, other local authorities did ask college students for input into sexual health advertising designs. Understandably, art colleges

⁵⁷⁸ Berridge and Loughlin (2005).

⁵⁷⁹ Ibid.

⁵⁸⁰ Ibid.

⁵⁸¹ Ibid.

became a focus for these types of drives, so-much-so, that in 1969 Dr Phillip Silver organised a VD poster competition amongst different art colleges throughout the county of Lancashire.⁵⁸² Therefore, when the Coventry MOH approached CCAD, it was a move that was in keeping with some of his contemporaries in other areas of the country. The result of Clayton's move was different though, as his approach to the local college led to the employment of an advertising agency.

In 1969, at the time of Clayton's approach to CCAD, Bill Keningale, art director for the Birmingham advertising agency that designed the Coventry sexual health advertisement, also happened to be working at as a part-time lecturer at the college, and offered his services—although it remains unclear if these services were offered on a free or a commercial basis.

During the late 1960s CCAD was a significant location for modern art, and many of Keningale's colleagues were involved in the growing 'Art and Language' movement—a group of artists that 'questioned the critical assumptions of mainstream modern art practice and criticism'.⁵⁸³ It is not known whether Keningale was himself a member of this developing and increasingly influential art movement, but he would no doubt have been aware of the cutting edge of modern art thinking that was centred in the geographical location of Coventry—and this may well have been reflected in his sexual health advertising designs. These new sexual health advertisements were designed in such a way that they may have caused offence to some of the audience, and he admitted 'there might be an element of shock about the posters'.⁵⁸⁴ Keningale insisted that even though creating shock had not been his intention, he did not mind if the posters caused offence to audience members as long as they had intended desired effect of behaviour change—'I think some people will take offence at the posters, but that does not worry me. It is a serious social problem and I want people to read about it'.⁵⁸⁵ Keningale stated that his intention was to make people read the posters, and to do this he needed to grab the audience's attention, he suggested that the best way of doing this was to 'present the matter in a realistic situation'.⁵⁸⁶ To do this he portrayed a section of toilet wall 'scribblings and all' as the posters background, and the imagery in each of the posters was accompanied by a slogan. One

⁵⁸² 'VD the high price of ignorance', *Sunday Mirror*, (15th June 1969), p16-17.

⁵⁸³ 'Art & Language' Tate Modern website, [accessed 2nd September 2021].
<https://www.tate.org.uk/art/art-terms/a/art-language>

⁵⁸⁴ 'Crude' posters aim to get VD message over', *Coventry Evening Telegraph*, (15th October 1969), p.3.

⁵⁸⁵ Ibid.

⁵⁸⁶ Ibid.

slogan referred to the defacing that sexual health adverts were often subjected to, ‘our warnings get abused. But the fact remains... VD is on the increase’. Another attempted to remove associated stigma ‘VD isn’t a dirty word. Know the facts’.⁵⁸⁷ A list of Coventry’s local VD clinics was also on the posters along with opening times. Coventry MOH Clayton was hesitant before he approved the posters but concluded that the message ‘would not carry weight other than in this crude fashion’.⁵⁸⁸

Conclusion

At the outset of this chapter we encountered British sexual health advertising in a state of relative depression. The policy-makers stakeholders group dominated through Ministry of Health civil servants, exacerbated by a lack of active involvement from other members of the network of stakeholders. Commercial enterprises had been on the periphery of active involvement in sexual health advertising and in addition the other two main stakeholder groups—advertising industry and volunteers/activists—had little active involvement in sexual health advertising in the years investigated at the start of this chapter.

Sexually transmitted infection rates rose during this period, and although it may have been a contributing factor, no claim is made in this thesis about any link between the sexual health advertising depression and the rise in VD rates. However, what is clear is that this upturn in infection rates did cause concern for the members of the network of stakeholders—a catalyst for an increased salience of sexual health advertising. The involvement from less active stakeholders increased, and this helped raise sexual health advertising out of its depression. The increased salience of sexual health issues resulted in the establishment of a number of influential committees by a range of stakeholder groups who sought to attribute reasons for the increased rates of VD. One reason was more prominent than others—a perceived increased promiscuity amongst the youth in society. This perception of promiscuity led to sexual health advertisements that specifically targeted a youth audience with bright colours to catch the eye, and new initiatives such as the Birmingham poster competition.

The locations of sexual health advertisements were also a concern for members of the network of stakeholders, with many providing critiques and recommendations. Both the temporality of viewing and the vulnerability of the audience when engaging with sexual

⁵⁸⁷ Ibid.

⁵⁸⁸ Ibid.

health adverts were considered by the Ministry of Health when recommending suitable locations for display to the local authorities.

Investigation of the period in this chapter has also revealed an increased role for the advertising industry in sexual health advertisements. An example of this was provided through the case of a 1969 sexual health advertising campaign in Coventry. This campaign used designs from a Birmingham advertising agency containing elements that some audience members may have found shocking. Although the designer (Keningale) claimed that shocking the audience was not his intention, he did acknowledge that he felt it necessary to grab the audience's attention. Further, the Coventry MOH (Clayton) who sanctioned the campaign concluded that the message had to be blunt in order to reach the intended audience successfully.

The local authorities were not the only institutions willing to engage with the advertising industry for health promotion. Perhaps the biggest and most influential change to sexual health advertising emerged from the recommendations in the Cohen report with the establishing of a new central health education institution—the HEC. The HEC was of course commissioned with a remit that covered much more than sexual health, yet it is worth noting that sexual health was one of the key areas that the HEC was tasked to improve. To achieve this the HEC turned to the techniques of advertising in an attempt to elicit behaviour change in their target audience. As Berridge and Loughlin have previously demonstrated, through examination of the HEC's anti-smoking campaign, the use of advertising agencies to contribute to their health campaigns was high on the agenda of the HEC.⁵⁸⁹

Given the HEC had already taken an advertising agency approach in other areas, it is unsurprising that they wanted to do similar for sexual health advertising. However, the HEC stumbled upon a legislative roadblock in the form of the 1889 Indecent Advertisements Act, that had the potential to cause problems in displaying their new sexual health advertising. So, to remove this possible obstacle the HEC set about lobbying to change the laws that surrounded sexual health advertising—this is the topic that commences Chapter 6.

⁵⁸⁹ Berridge and Loughlin (2005).

Chapter 6: (1970-1979)

A new wave of sexual health advertising

Introduction

The previous chapter discussed the creation of the HEC in 1968, a new central body with the remit to oversee centrally produced sexual health advertising in England, Wales, and Northern Ireland. Chapter 6 commences with a potential legal obstacle that the HEC believed they had to overcome.

The HEC became aware of a potential legislative ‘roadblock’ for displaying sexual health advertisements, and as one of its first tasks the newly formed institution set about changing the law, thus clearing the path for their sexual health advertising to be displayed freely. This potential problem had been brought to light when the well-meaning *Student* magazine (run by a young Richard Branson) fell foul of existing law by providing advice to its readers on where to get treatment for sexually transmitted infections. HEC chair (Lady Birk), used her position in the House of Lords to introduce a private members bill to propose an amendment to the 1889 Indecent Advertisements Act, citing the *Student* magazine case as evidence of why the House of Lords should accept her bill and change the laws to protect those displaying endorsed sexual health advertising.

With the potential issues resolved, a cluster of new sexual health advertisements appeared, and this new wave included those produced by the HEC and campaigns devised by many local authorities. This chapter makes the claim that—while the rise in frequency that followed the change in the law cannot solely be attributed to the amendment—this was a likely contributing factor, in part due to the publicity the amendment attracted.

Along with the increased frequency of sexual health advertising, the search for new initiatives to reach perceived problem audiences continued in this period. Hammersmith Local authority had already displayed their eagerness to promote sexual health in their area. This experience would have no doubt proven useful for their 1971 campaign titled ‘the x in sex’, which drew widespread attention and controversy for its choice of imagery. The Hammersmith campaign and the ensuing controversy highlight the contribution the network of stakeholders made to the advertisements, and further evidence of the types of resistance particular methods encountered.

Chester was another local authority that ran a sexual health campaign in this period and this campaign’s reception was also surrounded by controversy. The Chester case study illuminates some of the ways conflicts occurred within the network of stakeholders. The

discussions, arguments, and debates that surrounded the campaign between the local council members shows that whilst some members of the policy-making stakeholder group supported the new direction for sexual health advertising, others were vehemently against this change in direction.

The Cheshire campaign also provides further evidence to support the notion of the advertising industry's increased role in sexual health advertising through the involvement of professional artists. Advertising industry stakeholders included many creatives such as art directors and copywriters, and this period saw an increased role for these creatives in sexual health advertising. The HEC had an advertisement-based approach to health promotion, so it is understandable that they made use of advertising techniques in their sexual health advertising. Further, many local authorities also utilised the expertise of the advertising industry, and this was reflected in advertisements created at a local level.

In addition to the newly established and state-funded HEC, new voluntary organisations also influenced sexual health advertising of this time. Project Icarus was one such voluntary run sexual health advertising campaign. However, the project also had a commercial element. Therefore, this marks the beginning of the commercial enterprise stakeholder's reengagement with sexual health advertising, an area further explored in Chapters 7 and 8.

HEC legislative problems. Section 5 of the 1889 Indecent Advertisements Act.

It can be argued that the creation of an independent health council to oversee all the health advertising needs of the nation had some unintentional consequences, and it brought into view some longstanding legal obstacles that seemingly required action to overcome. As an independent body (rather than a government department) the HEC found itself in contravention of advertising law during the execution of its duty regarding sexual health advertising. Investigation by the HEC of this issue brought under scrutiny an apparent contradiction within two existing laws that this thesis has previously referred to— the 1889 Indecent Advertisements Act, and the 1917 VD Act. As discussed in Chapter 1, how sexual health advertising was displayed—and by whom—had been a legal issue resolved through these two Acts. Local Authorities and the Ministry of Health had been producing sexual health advertisements and displaying them for many years prior to the HEC's foundation, and although this may technically have been a breach of the law, in practice these sexual health advertisements had been displayed without any underlying threat of legal action.

As a somewhat independent body, the newly created HEC strongly argued that as it was technically outside of the state administration network, it was possible for it to be subject to litigation in ways that the Ministry of Health and Local Authorities had not been.⁵⁹⁰ Further, the new HEC would also act differently in regard to sexual health advertising than its predecessor the CCHE—who had worked very closely with the Ministry of Health on any sexual health related advertising work. Although the HEC and the government desired a healthy working relationship, sexual health advertising would be less of a hands-on-role for the DHSS under the new arrangement.⁵⁹¹ This allowed the freedom to create, which was a stated aim of the HEC, this freedom meant that sexual health advertisements would not have to be specifically pre-agreed by the government health department prior to the HEC releasing them.⁵⁹²

The HEC's fear of litigation over its ability to display sexual health advertisements was underlined during an incident involving a well-meaning group of students—that featured a nineteen-year-old Richard Branson. In the November of 1969 two plain-clothed policemen from Marylebone advised Branson that the advertisements he was producing for VD advice—as part of Branson's Student Advisory Centre (SAC)—were illegal. The police argued that these advertisements were a contravention of both the 1889 Indecent Advertisements Act and the 1917 VD Act.⁵⁹³ Chief Superintendent William Burrows of Marylebone Lane police station warned the SAC they must cease producing and distributing the advertisements as they were committing 'offences of advertising to give advice in connection with the treatment of venereal diseases'.⁵⁹⁴ Branson countered that the organisation did not profit from the advice they gave out, 'we take no money for this advice nor do we offer any treatment. All we do is urge the callers to seek expert medical attention'.⁵⁹⁵ Despite arguing that their advertisements received no commercial gain or offered unqualified advice the SAC decided to amend their advertisements. This was done by removing the words venereal disease and replacing them with the term 'social disease'.⁵⁹⁶

⁵⁹⁰ Indecent Advertisements (Amendment) Bill, HL debate, *Hansard*, (11th May 1970) vol.310 cc469-84.

⁵⁹¹ House of Commons debate 'Health Education Council', *Hansard*, , (20th March 1972), Vol.833, col.1292.

⁵⁹² *Ibid.*

⁵⁹³ Richard Branson, *Losing My Virginity*, (London: Ebury Publishing, 2011), p.65.

⁵⁹⁴ 'Student centre told to stop help on VD', *Daily Mirror*, (15th November 1969), p.5.

⁵⁹⁵ *Ibid.*

⁵⁹⁶ Branson (2011) p.66.

This move had a direct negative impact on the number of people that the SAC could help, because of the ambiguous nature of the new advertisements people would call up asking for advice on a range of social problems such as acne instead of sexually transmitted diseases. Branson insisted that this resulted in a significant drop in the number of people phoning up for advice on VD—from sixty per week to five.⁵⁹⁷ Due to this impact on the advice service, Branson and his team decided to put the words ‘venereal disease’ back into the advertisements, believing that the threat of legal action was a ‘bluff’ from the police.⁵⁹⁸ In December of 1969 the police returned to the SAC offices and Branson was arrested and charged with violation of both the 1917 VD Act and the 1899 Indecent Advertisements Act—the initial court hearing for both these summons was adjourned until May 1970.⁵⁹⁹

Meanwhile, by April 1970 the HEC was ready to launch its own new sexual health advertising and, aware of the ongoing Branson case, HEC Chair Baroness Birk called for a change to the laws that govern VD.⁶⁰⁰ The 1889 Indecent Advertisements Act, in particular section 5, made liable for prosecution anyone that made any reference to venereal diseases in advertisements that could be viewed from the public highway.⁶⁰¹ Birk argued that until the law was changed the HEC’s newly designed campaign could not go ahead as planned and vented her frustration that the ‘outdated law’ had created an unacceptable situation, and that it was ‘ludicrous that outmoded laws should restrict responsible efforts to stop the spread of this serious disease’.⁶⁰² Birk suggested that if the repercussions were to fall on her shoulders alone then she would have been happy to ‘take a chance and risk a prosecution’.⁶⁰³ However, the potential for prosecution extended not only to the governing body, but to other parties, and even included those who were posting the advertisements as part of their job. It was the HEC’s belief that ‘the effect of the legislation was particularly pronounced in its inhibiting effect upon the mass media’.⁶⁰⁴ Newspapers had been particularly concerned with the potential for legal repercussions and that as a result ‘The national press, with one [unnamed] exception, were unwilling to

⁵⁹⁷ ‘MP praises students’ advisory centre’, *Post-Mercury Series*, (16th May 1970), p.6.

⁵⁹⁸ Branson, (2011), p.66.

⁵⁹⁹ ‘Students’ Advice Centre director in the dock’, *Marylebone Mercury*, (30th January 1970), p.12.

⁶⁰⁰ ‘Outdated laws are hindering VD fight’, *The Birmingham Post*, (22nd April 1970), p9.

⁶⁰¹ *An Act to suppress Indecent Advertisements*, 52 and 52 Vic., c.18, section 5, (26th July 1889), NA/HO/302/31.

⁶⁰² Ibid.

⁶⁰³ ‘Old Law Bans Anti-VD Posters’, *Sunday Mirror*, (26th April 1970), p.4.

⁶⁰⁴ Ibid.

reproduce the content of the campaign material unless freed from the danger of prosecution'.⁶⁰⁵

At the reconvened Branson court case hearing, the MP for Barking Tom Driberg, and the Rev. Chad Varah (chairman of the Samaritans) were amongst those that gave evidence in defence of Branson.⁶⁰⁶ Driberg told the court that he had been amazed and puzzled by the complaint about the sexual health advertisements, and that he had written to the Home Secretary to note that 'he thought it was a mistake to prosecute these extremely well-intentioned young people'.⁶⁰⁷ The court threw out the case regarding the 1917 VD Act, as it was clear to the judge that no unqualified advice on VD had been provided by Branson or the SAC. In regard to the second summons—for the alleged contravention of the 1889 Indecent Advertisements Act—the defence lawyer John Mortimer QC argued that if the leaflet in question was 'indecent' then every local authority was guilty of the same offence, in view of the notices placed by the authorities in public urinals.⁶⁰⁸ The case was adjourned once again, so that the magistrate could seek clarification on the nature and meaning of the law, in particular that court wished to find a clear definition of what constituted an advertisement.⁶⁰⁹

The argument put forward by Branson's solicitor would have no doubt caused concern for the HEC, because they too (in theory) could have fallen foul of this law. Citing the case of Branson's SAC, Birk utilised her position as a Labour peer within the House of Lords to introduce a Private Members Bill with the aim of adding an amendment to section 5 of the 1889 Indecent Advertisements Act. Birk's proposed amendment received widespread cross-party support in the debate on health education in parliament's upper house. Many of the debate's participants drew attention to the original aims of the 1889 law and argued that society in 1970 was very different place to that of the late 19th century. The apparent conflict between the aims of the new HEC and the law in question, was due to the way the 1917 VD Act had been written. Failure to consider how the 1917 Act fit with existing legislation had introduced a contradiction with the 1889 Indecent Advertisements Act, as Lord Drumalbyn observed:

⁶⁰⁵ *The Health Education Council Annual Report 1969-1970*, p.17, NA/MH/170/110.

⁶⁰⁶ 'VD case is dismissed', *Times*, (9th May 1970), p.3.

⁶⁰⁷ 'MP praises students' advisory centre', *Post-Mercury Series*, (16th May 1970), p.6.

⁶⁰⁸ *Ibid.*

⁶⁰⁹ *Ibid.*

Where the Venereal Disease Act does not fit in very well with previous legislation is that it seems all right for a local authority to publish an advertisement provided that it does not pin it up somewhere.⁶¹⁰

The overwhelming support that Birk's private members bill received played its part in a speedy journey through parliament. The Bill passed all stages in both Houses of Parliament in just 23 days, and it received Royal Assent on the same day that parliament was dissolved—entering the statute books as the Indecent Advertisements (Amendment) Act 1970.⁶¹¹

Whether this change to the law was necessary or not is open to question. As we have seen in the periods covered by this thesis thus far, many different sexual health advertisements had been produced and displayed by central government, local authorities, and endorsed bodies since 1889. None of these officially recognised campaigns had succumbed to the legislative prosecutions under the 1889 Act. Further, the worries that the independent status of the HEC might have led to the body being more susceptible to prosecution, could have been counter argued by using the example of the NCCVD's work, and furthered still by the example of the SPVD who were not recognised by central government. Nevertheless, the 1970 amendment did provide a legislative reassurance that meant the HEC's new campaign could get under way. A serendipitous by-product of the 1970 amendment was that the HEC's new sexual health advertising had received many additional inches of newspaper columns—due to the reporting of the amended law.

In the years that proceeded the amendment there was a rise in the number of sexual health advertisements produced by Local Authorities. The reasons behind this increase remain unknown, although it is possible that it was in part a response to the legislative reassurance of the amendment and/or the publicity that it had received. Of course, it would be possible to speculate a number of alternative explanations for this upsurge in advertisements, and it may be that the new wave of sexual health advertisements resulted from factors hitherto uncovered. No matter what the reason, when compared to the years that immediately preceded the amendment of the law, sexual health advertisements were varied and in much greater numbers during the years that immediately followed the new law.

Early 1970s— a new wave of sexual health posters.

⁶¹⁰ Lord Drumalbyn, Indecent Advertisements (Amendment) Bill, HL debate, *Hansard*, (11th May 1970), vol.310 cc474.

⁶¹¹ *The Health Education Council Annual Report 1969-1970*, p.17, NA/MH/170/110.

1970 saw fresh attempts to engage the British publics with the sexual health advertising message and this remained focused on one particular audience—the youth of the nation. The HEC's early health campaigns relied heavily on contemporary advertising techniques and in keeping with this trend the HEC used these techniques within its new campaign for sexual health.

Outside the remit of sexual health, the use of dramatic pictorial imagery had been a prominently used advertising tactic in the early work of the HEC—none more so than its imaginative use within 'Pregnant Man' (Fig 6.1). This family planning and contraception advertisement was designed by the agency Saatchi & Saatchi and created with a deliberate intention to shock the male viewer into the behaviour change of greater responsibility in their sexual contraceptive habits.⁶¹²



Fig 6.1 Pregnant Man, HEC, 1969

Other early HEC health advertisements had also made use of pictorial stimulus to engage and enact the audience—advertisements on the subject of smoking, health and safety, and measles all used this technique (Figs 6.2, 6.3, & 6.4).

⁶¹² Ibid.



Fig 6.2 Scrub, HEC 1970

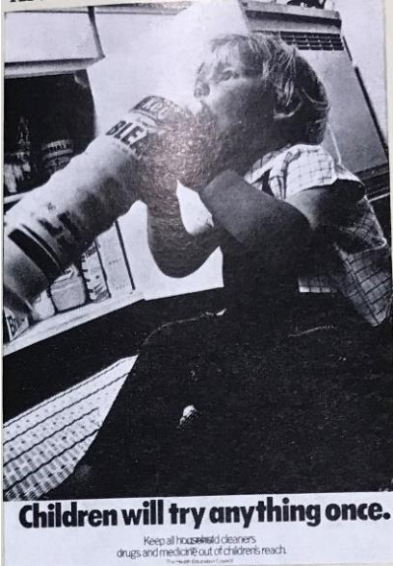


Fig 6.3 Anything once, HEC, C.1969/70



Fig 6.4 Measles misery HEC, c.1969/70

Yet, when the HEC turned their attention to sexual health they used a different advertising approach. Instead of the pictorial stimulus technique they decided to attempt to elicit behaviour change from their audience through another prominent advertising technique of the time—the copywriting narrative approach.

The first series of HEC produced sexual health advertisements relied heavily on the text within the poster—rather than engaging visuals to grab the attention of the audience. Given the recent success and high profile that the HEC had enjoyed through the use of visual tactics, the use of copy to create a narrative may have been a surprising move. Although this itself was not an untested advertising technique, indeed, the practice of creating a captivating text narrative to convey the advertising message was also widely used in the contemporary advertising of the early 1970s. Furthermore, the HEC themselves had deployed this method to great effect, such as an anti-smoking campaign (Fig 6.5). Arguably, the HEC's most notable use of this technique at the time was a food hygiene campaign they had commissioned Charles Saatchi to produce (Fig 6.6).

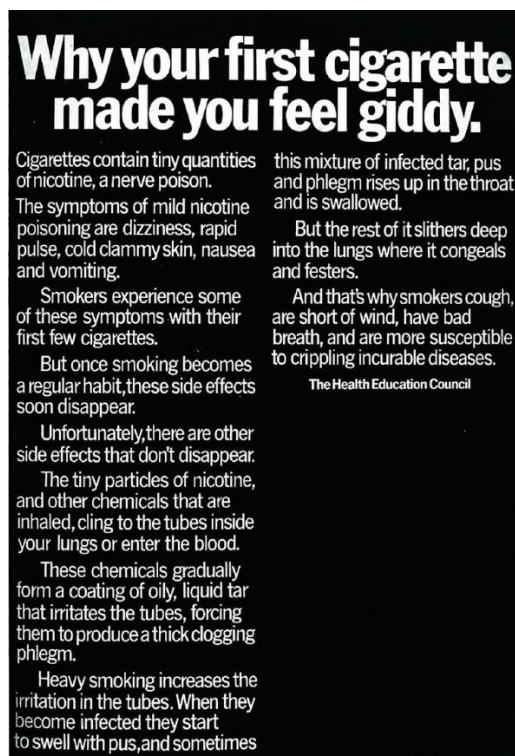


Fig 6.5 Your first cigarette HEC, 1970

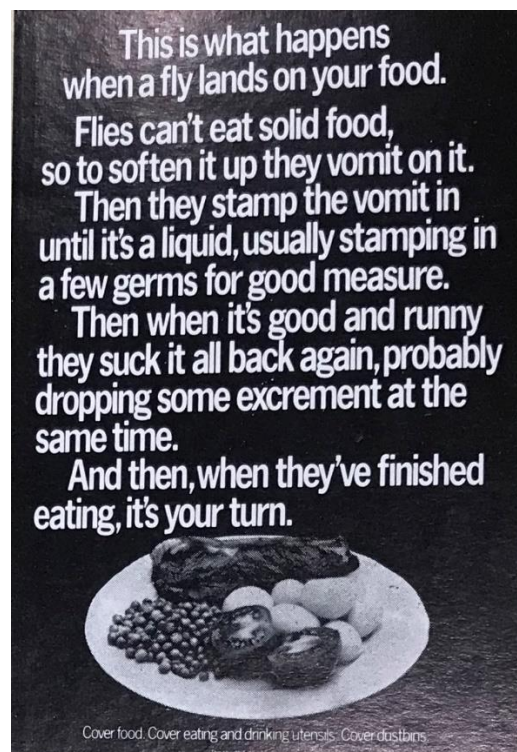


Fig 6.6 The Fly, HEC c.1970

The HEC decided to adopt this same detailed descriptive approach for the three-poster series of sexual health advertisements. This campaign consisted of three posters (Fig

6.7, 6.8 and 6.9), the posters used 'blunt words' to describe the symptoms and dangers of sexually transmitted disease.⁶¹³

How to tell if you've caught gonorrhoea.

Within 3 to 10 days of infection gonorrhoea will cause a septic discharge, which is usually heavy enough to soil underwear and make urinating painful.

But sometimes this discharge can be slight and watery and only noticeable first thing in the morning.

If these early symptoms are left untreated they'll go on to cause painful swelling of the scrotum (the sack of muscular skin holding the testicles) which could result in permanent sterility.

Women, however, are not so fortunate. Unless their partner tells them of his own infection, gonorrhoea in women can develop unnoticed. Until it spreads up into the womb.

VD is one of the facts of life

If you think there's a chance you've caught VD, please consult your doctor or local hospital. Or contact The Health Education Council, Lynton House, Tavistock Square, London WC1, for information.

Fig 6.7 How to tell, HEC, 1970

⁶¹³ 'Old Law Bans Anti-VD Posters', *Sunday Mirror*, (26th April 1970), p.4.

V.D. doesn't always cause sores or make urinating painful or give you a septic discharge or make you smell.

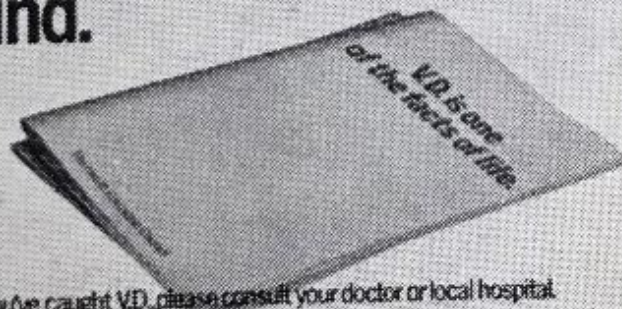
V.D. is quite often difficult to spot, particularly in its early stages, and particularly if you're a girl.

And it isn't just prostitutes, and the promiscuous, who catch V.D.

V.D. is now second only to measles as the most widespread infectious disease.

Unlike measles, however, there's no way you can tell when someone else is infected.

And unlike measles, V.D. can make you sterile, insane, crippled or blind.



If you think there's a chance you've caught V.D., please consult your doctor or local hospital. Or contact The Health Education Council, Lynton House, Tavistock Square, London W.C.1. for information.

Fig 6.8 VD doesn't always, HEC, 1970

How to catch gonorrhoea.

There's only one way you can catch gonorrhoea.

It's not from lavatory seats or lavatory chains.

It can't be caught just by kissing or touching an infected person.

The only way you can catch gonorrhoea is by having sexual intercourse with someone who's already caught it.

And it's not only prostitutes, and the promiscuous, who catch it.

V.D. is now second only to measles as the most widespread infectious disease.

But, unlike measles, V.D. can be very painful and inflict permanent genital damage.

V.D. is one of the facts of life

If you think there's a chance you've caught V.D., please consult your doctor or local hospital. Or contact The Health Education Council, Lynton House, Tavistock Square, London W.C.1. for information.

Fig 6.9 How to catch, HEC, 1970

In one of the posters the narrative was about the symptoms of sexually transmitted disease it led with the headline 'How to tell if you've caught gonorrhoea.' (Fig 6.7) The copy of the poster was full of language codes of infection and disease such as the 'septic discharge' that would usually appear. Further, the advertisement contained depictions of what the infection would resemble if untreated, 'early symptoms are left untreated they'll go on to cause painful swelling of the scrotum'. So far, the audience had been provided the narrative of a male infected subject, but as the advertisement drew to a close the copy added a female infected subject and warned that women 'are not so fortunate' because 'gonorrhoea in women can develop unnoticed. Until it spreads up into the womb'. This not only provided the audience with a female infected subject, but by drawing the audience's attention to the womb the copy repeated the reproductive concerns that it first introduced as 'permanent sterility' in the male. Further, the female infected subject was seemingly a potential victim of clandestine action of the male by neglecting to tell the female 'of his

own infection'. This provided the audience with the opportunity to read doubt and distrust for the female about her male sexual partner and also had the potential to place the responsibility and blame of infection on the male partner.

The text was the dominant feature in all three posters, although all the posters did contain one small identical image of a booklet with a title on its front cover that read 'VD is one of the facts of life'. The extent of the graphic description of the symptoms in a male of gonorrhoea was a first in contemporary British sexual health advertising, as was some of the language that described parts of the human anatomy such as scrotum—which was accompanied by a definition for the audience to help them understand more easily.

A second sexual health advertisement (Fig 6.8) emphasised the asymptomatic nature that sometimes accompanied the disease and the types of people that could become infected. The advertisement made it clear to the audience that 'VD doesn't always cause sores' or 'give you a septic discharge or make you smell' and also provided a reading that the infected subject was not contained to 'prostitutes, and the promiscuous'. This message allowed the audience to infer that sexual infection were not just a problem for notorious 'others' but they themselves could become the infected subject. Finally, the advert introduced copy that built up the enormity of sexually transmitted infection rates to the audience, as they were informed that 'VD is now second only to measles as the most widespread infectious disease'. This contained an instantly recognisable and highly contagious disease in measles and would no doubt have contributed to the discourse of how widespread and contagious sexual infections were.

The final poster (Fig 6.9) was constructed to convey information that would dispel some of the myths concerning how VD was contracted. This advertisement was full of codes and signs for contagion. The headline, 'How to catch gonorrhoea' was followed with a passage of text that clearly stated that 'There's only one way you can catch gonorrhoea'. This built into the discourse of contagion by attempting to dispel some popular myths such as toilet seats or kissing as potential sources of infection. The nature of transmission was also made clear with the statement 'The only way you can catch gonorrhoea is by having sexual intercourse with someone who's already caught it'.

It is arguable that these advertisements may not have lived up to the fanfare that preceded them, and it is also arguable that they did not grab the public's attention in the same way that some of the HEC's early work had, for example 'Pregnant Man' or 'The Fly'.

Yet, they did get press attention and the commentary they received reported them as being as, 'frank', 'hard-hitting' and 'blunt'.⁶¹⁴

Hammersmith controversy

A strong text-based approach was not the only method for disseminating the sexual health advertising message and away from the HEC's initial advertisements other advertising was being produced during this period that utilised imagery to this end. Perhaps predictably (given the subject matter), the choice of the images used did on occasion cause controversy. One such campaign to attract attention over the choice of image used was a campaign put together by the London Borough of Hammersmith Health Education Service.

Hammersmith council, through their health and welfare services, had already demonstrated that they were open to the idea of sexual health advertising. This local authority had run sexual health advertising campaigns throughout the mid-to-late 1960s, which they had claimed to be both 'effective' and 'very popular' (Figs 6.10, 6.11, & 6.12).⁶¹⁵

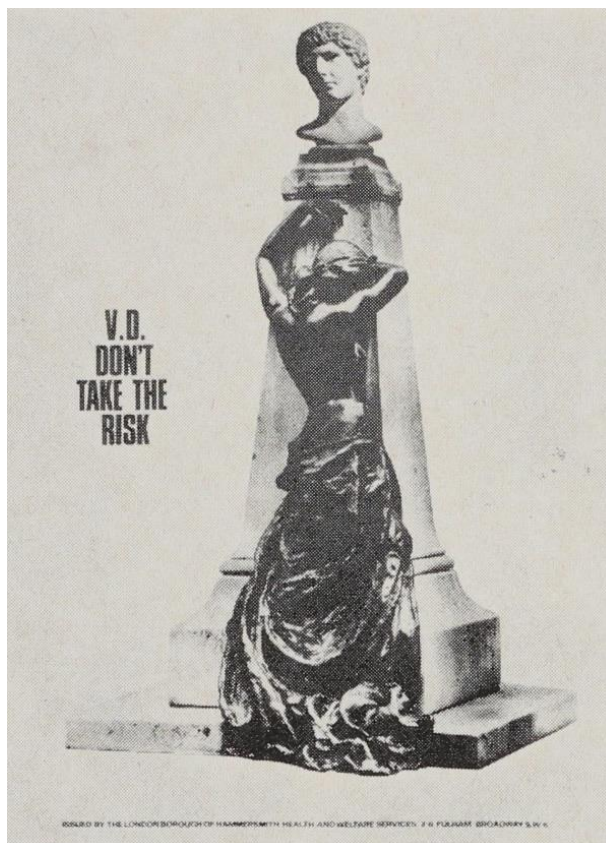


Fig 6.11 Sorrow, Hammersmith Health and Welfare services c.1966-69

⁶¹⁴ 'Old Law Bans Anti-VD Posters', *Sunday Mirror*, (26th April 1970), p.4.

⁶¹⁵ 'The trendy spirochaete', *World Medicine*, (22nd April 1969), p.13-16, Wellcome: PP/RJH/C.7/1:Box 11.

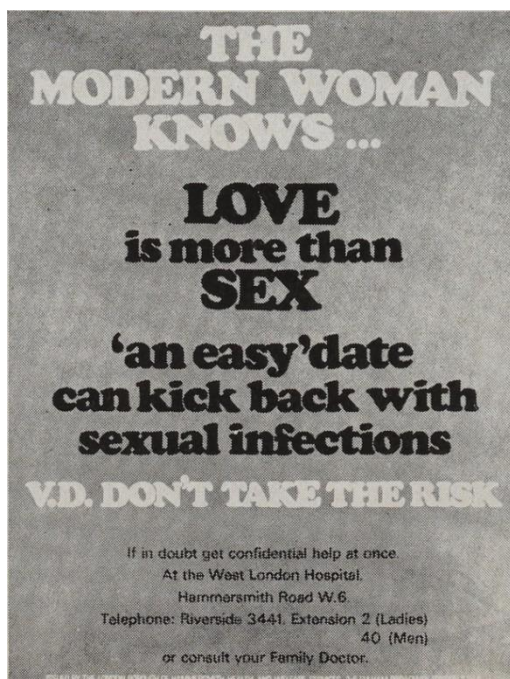


Fig 6.12 Modern Woman HHWS c.1966-69

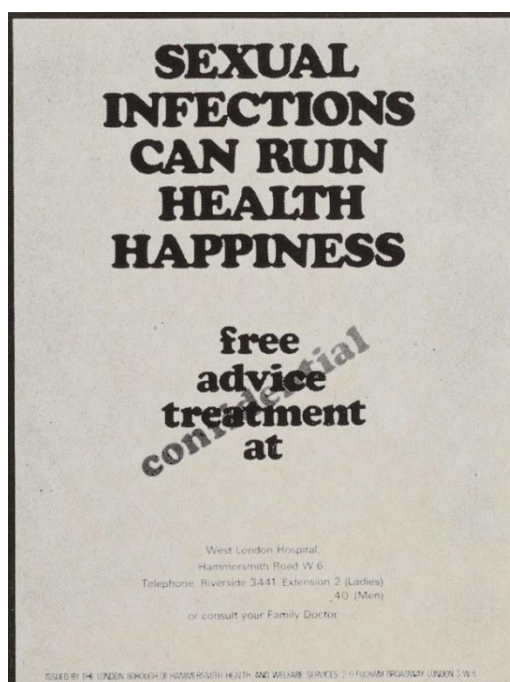


Fig 6.13 Health Happiness HHWS c.1966-69

These previous Hammersmith campaigns had been designed with an attempt to elicit a sense of risk within any promiscuous behaviour, encapsulated with the slogan 'VD don't take the risk'. This phrase was also utilised in Hammersmith's 1966 exhibition 'Design for Living'. This exhibition was publicised within the borough with advertisements printed in the local newspaper (Fig 6.14).⁶¹⁶

⁶¹⁶ 'VD-Don't Take the Risk', *Hammersmith Gazette and Post*, (29th September 1966), p.5.

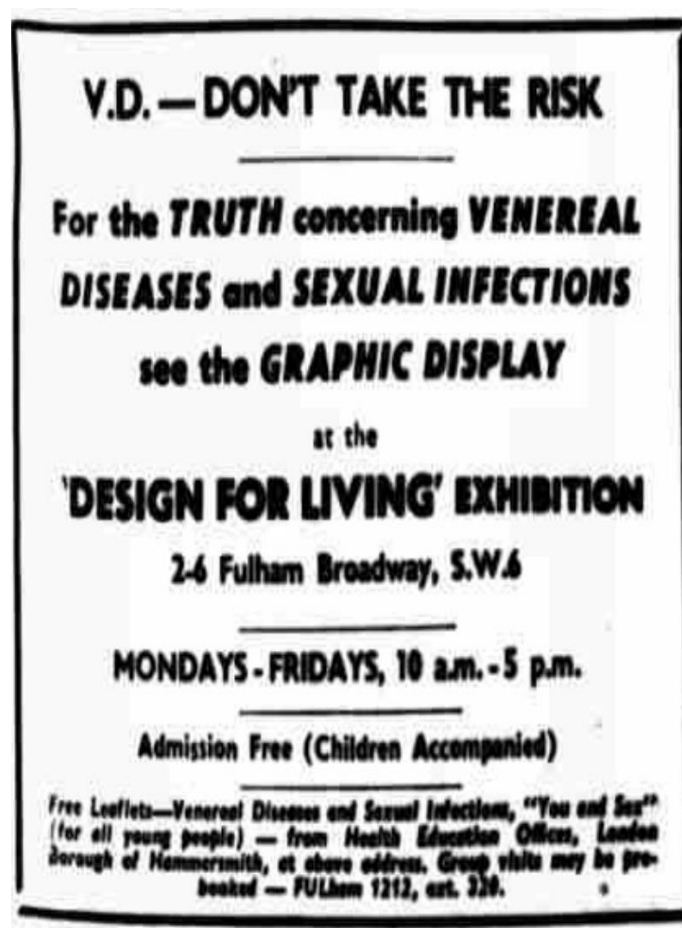


Fig 6.14 VD don't take the risk, Hammersmith 1966

The exhibition was made up with graphic displays and contained posters that would also be placed in all the local borough public conveniences, some of these took a text-based approach. One had the message of 'health happiness' (Fig 6.13), and another aimed to discourage the 'modern woman' from taking risks with their sexual health (Figs 6.12). The 'modern woman' advert appealed to the audience's moralistic sense of love when it stated the 'love is more than sex' and further emphasised the need for physical restraint by suggesting that promiscuous sex can have serious repercussions. This also combined two advertisers' techniques, a 'call to intellect' and a 'call to belonging'. The first of these techniques relied on the audience agreeing with some action in the advertisement that was seen as unintelligent or conversely the intelligent thing to do, in Fig 6.12 this was the phrase 'the modern woman knows'. That phrase used a code that implied anyone that 'did not know' was either not a modern woman, or ill-informed as a modern woman, and therefore not in keeping with their peer's knowledge. It was the second of these positions that the advertisers 'call to belonging' could be seen.

Another sexual health advertisement in this Hammersmith campaign (Fig 6.11) used the visual stimulus technique. It had the depiction of a statue female in an act of regret and

sorrow at the base of a male facial bust—this image was accompanied with the ‘VD don’t take the risk’ slogan. The recognisably classic bust was closest in its resemblance to the 1773 statue of Capitoline Antinous, and although the original work was a full-figure sculpture it had been copied in bust style many times. The female figure resembles the style of Art Nouveau, from the late 19thC to early 20thC period. What this shows is that this Hammersmith advertisement was constructed using the depictions of classical sculptures that were from different periods. Further, within the composition a small detail may have left a clue as to who had been involved in the design process. The shadow that was cast from the female statue’s arm suggests that this was a photograph taken of a physical construction—rather than a photographic edit/montage of two individual statues. This indicated that the Hammersmith campaign had input from a photography/graphic artist in the design and production process.

The Hammersmith sexual health advertisements had a popular appeal reportedly selling for as much as 7s 6d in Chelsea boutiques and were also seen in situ within Cambridge college’s common rooms. The posters drew interest from further afield with international interest ‘from all over the world, including the United States, Canada, Scandinavia, and Germany.’⁶¹⁷ The interest in these posters suggests that they had more appeal than simply sexual health warning messages, perhaps the classical art, or even the message of a modern woman. Whatever the reason the signs and codes within these advertisements were recognised and interpreted by some members of the audience, so-much-so that they deemed the posters worthy of hanging on their own walls.

In March 1971 Hammersmith local authority initiated a new sexual health advertising campaign and their past experience of running campaigns that had attracted attention would have been no doubt advantageous when controversy emerged. The 1971 poster utilised the notion of risk and this was prominent in the headline ‘VD—Why take the risk’ (Fig 6.15).

⁶¹⁷ ‘The trendy spirochaete’, *World Medicine*, (22nd April 1969), p.13-16, Wellcome: PP/RJH/C.7/1:Box 11

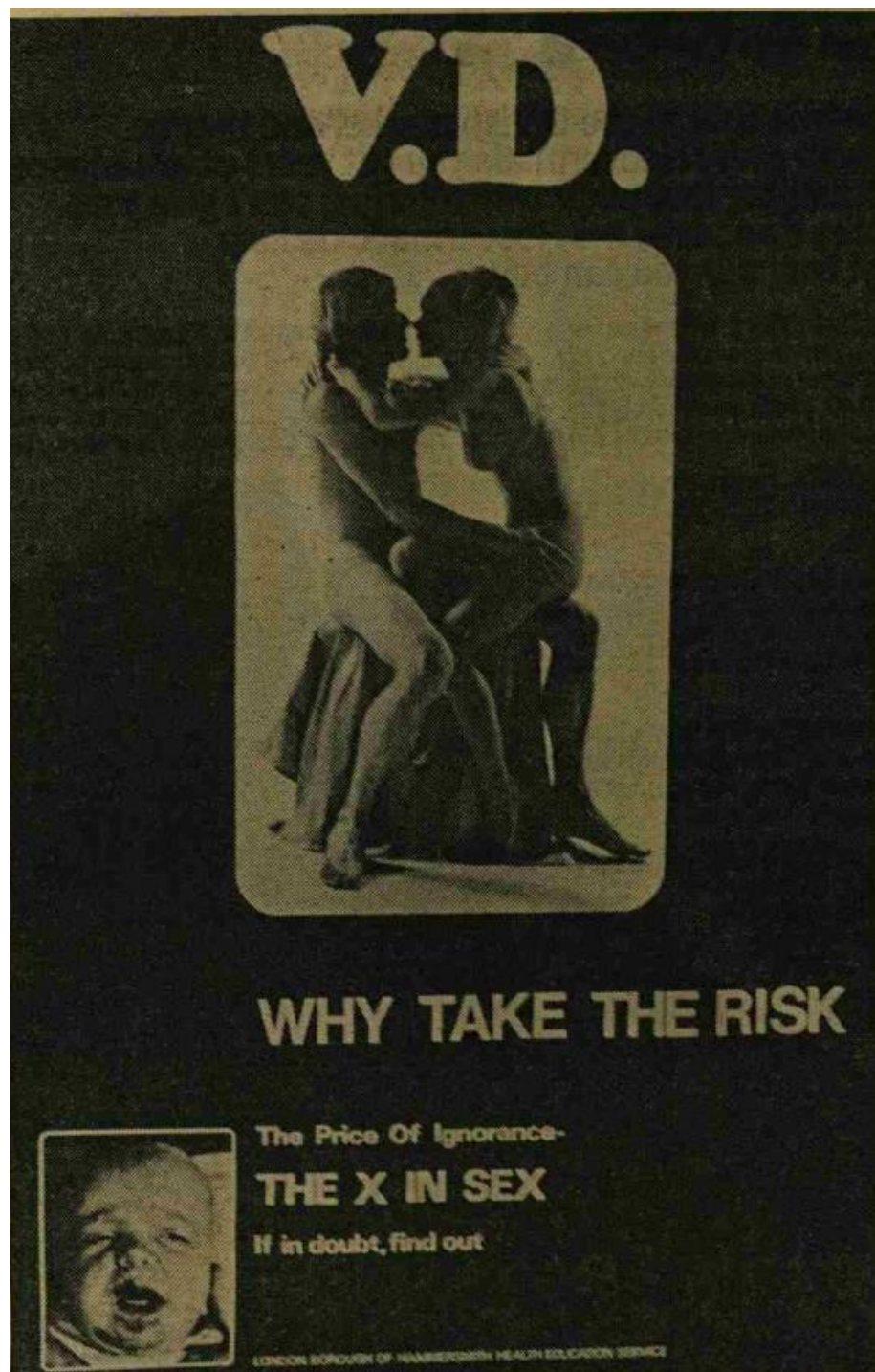


Fig 6.15 VD Why Take the Risk, Hammersmith Health Education Services, 1971

In keeping with previous sexual health advertisements from Hammersmith this new poster was part of the 'Design for Living' exhibition run by the council's Health Education and Welfare Services. One difference in the newspaper promotion for the 1971 exhibition was the foregrounding of the phrase 'The X-in-Sex'—which was used to describe the 'unknown factors with the known hazards' (Fig 6.16).⁶¹⁸

⁶¹⁸ 'X in Sex', Hammersmith health and welfare services, *Acton Gazette and Post*, (25th February 1971), p.11.



Fig 6.16 'X in Sex', Hammersmith 1971

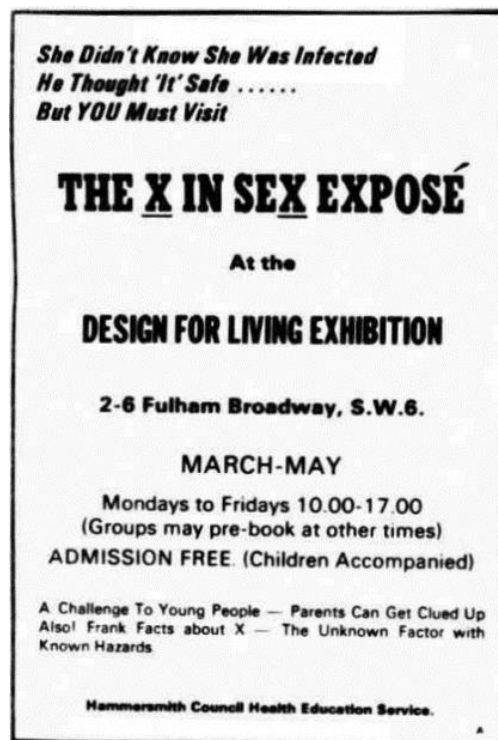


Fig 6.17 She didn't know, Hammersmith Council, 1971

Another big difference in this newspaper promotion compared to previous exhibitions was that the copy could have been described as sensationalist—this was reminiscent of sexual health film posters of the 1930s (see Chapter 2). An example of this sensationalism (Fig 6.17) read, 'She didn't know she was infected. He thought 'it' safe.....But YOU must visit'.⁶¹⁹

The 1971 exhibition attracted record crowds and perhaps audiences attended in larger numbers due to the sensationalist style newspaper advertising.⁶²⁰ Another possible reason for the public interest was the controversy that the exhibition had attracted as the poster (Fig 6.15) had proven to be a controversial element and had drawn attention from both the local and national newspapers for its use of two images. The first of these images was a naked couple, and the second was a picture of a diseased baby in the bottom-left of the poster. The image of the naked couple was placed in the centre of the poster and dominated the audience's view. As with previous Hammersmith sexual health advertising the image utilised a classical piece of sculpture to convey a representation of a male and female couple and again bore a clear use of canonical artworks through a remaking of Rodin's famous early twentieth-century sculpture *The Kiss*. Rodin's work depicted two

⁶¹⁹ 'X in Sex', Hammersmith Council Health Education Services, *Acton Gazette and Post*, (25th March 1971) p.10.

⁶²⁰ 'Demand for council sex poster', *The Kensington Post*, (16th April 1971) p.7.

young adulterers in a passionate lovers embrace and the fate of the lovers in the sculpture was to be killed by the jilted husband. The resemblance to *The Kiss* would no doubt have been recognised by several members of the audience, and perhaps the story behind the sculpture would have been within the minds of some as they interpreted the advert. Therefore, an audience interpretation using the subtle signs for adultery and death would have been possible. The second image was full of much clearer codes and signs for infection, disease, and death. The use of a baby as one of the posters infected subjects—as we have seen in previous sexual health advertising—would no doubt have elicited paternal and maternal emotions of guilt and protection in some members of the audience. However, this poster took the previously used technique and developed it through presentation of clearer pictorial signs of infection in the baby. It was unlikely that any of the audience would have been in any doubt as to the baby’s status as an infected subject.

The poster was not limited to use within the exhibition, it was also intended for wider distribution throughout the Hammersmith Borough and beyond. The councils ‘X-in-Sex’ posters were in such demand that an extra 10,000 copies had to be printed to meet this demand.⁶²¹ Hammersmith council encouraged this demand, and, in the May of 1971, a ‘special effort’ was made to persuaded ‘local works, shops and cinemas’ to take it up.⁶²² The picture of the infected baby had been supplied to the council by a medical science museum and it showed a child that had died due to the effects of syphilis. The council defended the use of this image by arguing that they were ‘trying to put over the fact that babies can be born with VD from their mothers’.⁶²³ Hammersmith Council suggested that they had taken a different approach from the overtly moral message of previous sexual health advertising ‘we’re not trying to put people off love-making, far from it, but they should balance the pleasures of sex against the hazards of VD’.⁶²⁴

The council also hoped that locations for display of the posters would be more prominent than with their previous sexual health advertisements.⁶²⁵ Yet, just one week after the launch of the campaign the Viewing Committee of the British Poster Advertising Association declared that the poster’s content was unacceptable—they prevented

⁶²¹ Ibid.

⁶²² Ibid.

⁶²³ ‘Council use dying baby to shock young lovers’, *Daily Mirror*, (30th April 1971), p.5.

⁶²⁴ Ibid.

⁶²⁵ Ibid.

distribution and barred the poster from their sites.⁶²⁶ This was despite an agreement between Hammersmith Council and ‘two firms’ to display the poster on eighty billboards. The issue was with the image of the couple in the poster, as the committee’s secretary explained was that ‘Complete nudity is out. You never see it on a poster. There is always a bit of clothing or material somewhere’.⁶²⁷ Undeterred and somewhat defiant Hammersmith Council questioned the adjudication ‘we don’t see why a clean-health poster should be treated as pornographic’ and vowed to use the council’s own sites to display and promote the sexual health advertisement.⁶²⁸

The poster was eventually displayed in all the councils’ hoardings and all the public toilets within the area, and an adaptation of the poster that replaced the nude figures with silhouettes was displayed on commercial sites within the Hammersmith area.⁶²⁹ The poster’s contemporary importance was evident through its inclusion in a ‘time box’ collection of 1971—the box items selected to preserve advertising samples, posters, and promotions. The Hammersmith ‘X-in-sex’ sexual health advertisement poster was selected because it represented ‘a good reflection of one aspect of today’s society’.⁶³⁰ In an effort to expand the reach of the poster, the council managed to get ‘most’ brewery firms to agree that their landlords could be invited to use the campaign material in pubs and clubs, although it remains unknown how many landlords took up that invitation.

Despite the controversy, the campaign in Hammersmith was supported and encouraged by the DHSS. Indeed, they requested that this campaign was intensified and extended, so that its effect on VD clinic attendances could be compared.⁶³¹ The trial was deemed a success with attendances up within the Hammersmith and surrounding areas—this was contrasted with other London Boroughs that did not see the same increases.⁶³² The CMO noted the impact of the campaign in his annual report:

⁶²⁶ ‘VD poster ban’, *Birmingham Daily Post*, (7th May 1971), p.5; and ‘Nude lovers bring ban on VD posters’, *Daily Mirror*, (7th May 1971), p.15.

⁶²⁷ ‘Nude lovers bring ban on VD posters’, *Daily Mirror*, (7th May 1971), p.15.

⁶²⁸ *Daily Mirror*, (7th May 1971), p.15; and *Birmingham Daily Post*, (7th May 1971), p.5.

⁶²⁹ ‘Through the years—Poster will go down in history’, *Hammersmith and Shepherds Bush Gazette and Post*, (21st June 1996), p6.

⁶³⁰ *Ibid.*

⁶³¹ *The Annual Report of the Chief Medical Officer of the Department of Health and Social Security for the Year 1971*, NA/BN/13/234.

⁶³² *Ibid.*

what has become widely known as the ‘X-in-sex’ Campaign, with the theme “if in doubt find out”, must have had considerable impact.⁶³³

The X-in-Sex campaign did not just comprise of a sexual health advertising poster. Many other innovative ways had been utilised in an attempt to reach the target audience (young people) with the sexual health message. One such way was the creation of a sexual health playlet—titled the ‘X factor’.⁶³⁴ The dramatic piece was produced on a cassette or as a tape to play on a recorder, it was argued that this playlet—which had a selection of pop music recorded either side of the drama—would be a good way ‘to reach the younger generation’.⁶³⁵ The impact of these innovations were at least in part measured through the public discussions that surrounded them. Civil servants argued that as these sexual health advertising innovations had been widely discussed then they must have ‘undoubtedly had the intended impact’.⁶³⁶ Of course this method for measuring the successfulness of a sexual health advertising campaign relied on a great deal of assumptions about the content and value of the public discussions in question.

The prominence of the ‘X-in-sex’ campaign was such that it drew international interest in the form of a Dutch TV documentary crew, and education centres and hospitals from the ‘the United States, Australia, Egypt, Yugoslavia, Sweden and Eire’.⁶³⁷ Interest in the campaign was also evident nearer to home which was reported to come from parties representing various local authorities which included Cheshire, Walsall, Norwich, and several boroughs in London. The curiosity from Cheshire County council is particularly interesting as at this time they were about to embark on their own sexual health advertising campaign.

Chester controversy

In 1971 another method was tested for reaching perceived at-risk groups, the use of a pre-recorded telephone information service. The public accessed this service by dialling an advertised telephone number to hear a pre-recorded message on sexually transmitted diseases.⁶³⁸ The use of the telephone as a means of reaching the audience with a sexual health message was also high on the agenda for another local authority as they embarked

⁶³³ Ibid.

⁶³⁴ Ibid.

⁶³⁵ ‘Sexually Transmitted Diseases’, *British Journal of Venereal Diseases* 49, (1973), p.95.

⁶³⁶ Anon., Internal DHSS note, NA/BN/13/234.

⁶³⁷ ‘Through the years—Poster will go down in history’, *Hammersmith and Shepherds Bush Gazette and Post*, (21st 1996), p6.

⁶³⁸ ‘Sexually Transmitted Diseases’, *British Journal of Venereal Diseases* 49, (1973), p.95.

on a sexual health advertising campaign that utilised the Yellow Pages telephone directory. This campaign in Cheshire proved to be another that was surrounded by controversy.

At the time that the Hammersmith campaign was being launched, shock as a tactic was being put forward by councillor James of Chester City Council. James argued that people were ‘burying their heads in the sand’ and that ‘young people are giggling about this and it is time we shocked them into realising the stark, brutal facts of life’.⁶³⁹ James’ colleagues in the city council argued against his point through a number of reasons, such as posters of this type might bring on the giggles themselves; it was up to parents to warn their children about the issue; a lack of available poster sites in the area; and the need for budget responsibility. James’ colleagues also questioned the effectiveness of such campaigns ‘these young people know exactly the risk they are taking, and they do not care in the slightest’. Given these responses it is unsurprising that James’ motion did not receive a seconder.⁶⁴⁰ James would not be disappointed for too long, ten months after his original appeal to conduct a shock appeal, Cheshire County Council launched their own countywide sexual health advertising campaign—one that would be described by contemporary actors as shocking in its content.

In February 1972 Cheshire County Council launched their new campaign, having commissioned a firm of commercial artists to work on the project.⁶⁴¹ The series was made of three posters (Figs 6.18, 6.19, & 6.20), each with an ‘eye-catching’ image and an accompanying slogan. The posters were ‘principally levelled at those at the peak of sexual desire—the under 25s’.⁶⁴²

The initial print run was for 2,000 of each design and the amendment to the 1889 Indecent Advertising Act was attributed as the reason that these posters could be located in venues such as ‘factories, youth centres, public libraries, Town Halls and similar public buildings, colleges of education, Post Offices and shops’.⁶⁴³ The campaign was designed to coincide with addresses and telephone numbers of local VD clinics printed within the Yellow Pages phone directories for the first time. Each of the three designs referred to this within the copy of the advertisements.⁶⁴⁴

⁶³⁹ ‘Shock Young people, says councillor’, *Cheshire Observer*, (8th April 1971), p.26.

⁶⁴⁰ Ibid.

⁶⁴¹ ‘Campaign against VD epidemic’, *Cheshire Observer*, (4th February 1972), p.1.

⁶⁴² Ibid.

⁶⁴³ ‘Campaign against VD epidemic’, *Cheshire Observer*, (4th February 1972), p.15.

⁶⁴⁴ ‘Shock Posters Mark VD Campaign’, *The Crew Chronicle*, (10th February 1972), p9.

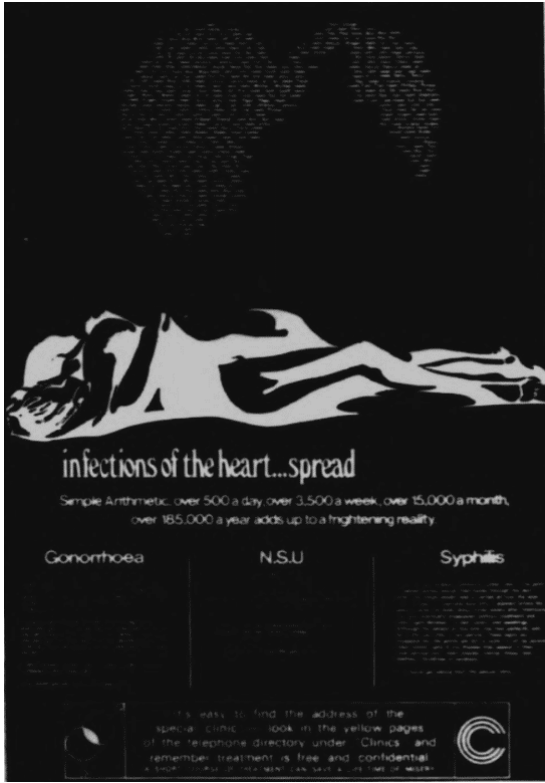


Fig 6.18 Infections of the heart Cheshire CC 1972

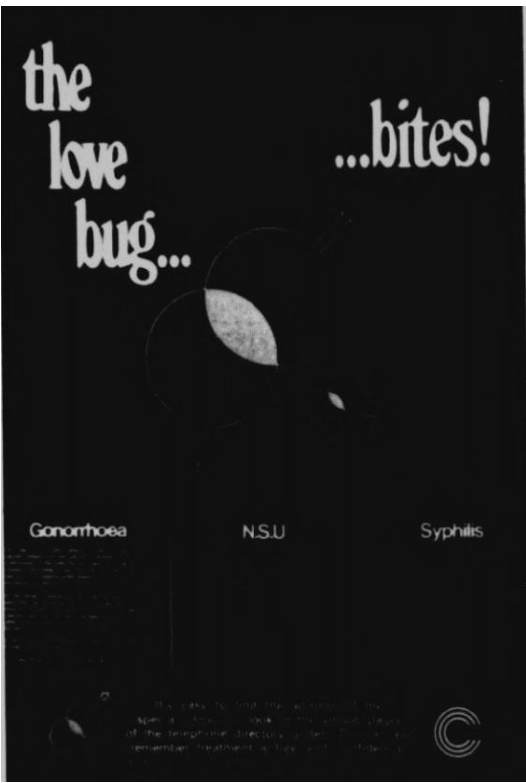


Fig 6.19 The love bug Cheshire CC 1972



Fig 6.20 The love game Cheshire CC 1972

The contents of the posters were considered shocking by some, but Dr Dolton Cheshire's deputy MOH argued there was a difficult balancing act between the posters being too shocking and being ineffective. Dolton defended the route the council had taken in this respect.

Let's face it, these posters are going to shock certain people. They were prepared for us by a firm of commercial artists, and we feel they are brilliant. If we moved one way, we would be accused of not being honest enough. If we moved the other, we would have been accused of sensationalism.⁶⁴⁵

Dolton argued that the sexual health advertisements could reach the target audience by revealing that he had shown them to his 14-year-old daughter, who had told him they were 'very good'.⁶⁴⁶

The posters were made up of copy and image, with the text in each poster utilising 'frank' and contemporary slang words for sexually transmitted diseases such as pox (syphilis) and clap (gonorrhoea).⁶⁴⁷ Each of the posters had a phrase that used a play on words, the three were: Infections of the heart...spread; the love game...loser takes all; and the love bug...bites! The last of these phrases was to be used as the campaign's main slogan and the intention was that this phrase 'will be the message used in any future anti-VD campaign'.⁶⁴⁸ The Cheshire 'love bites' campaign illuminates some of the challenges the new wave of sexual health advertisements faced at this time. The amendment to 1889 law may well have made displaying the advertisements legal, but the court of public opinion was still out on the subject. As shown above in the debates in Chester City Council, views on sexual health advertising were mixed and often subject to resistance—this was not a new phenomenon, as discussed in this and previous chapters. Yet, it can be argued that as campaigns increasingly utilised shock images and frank words to engage with their audience, the opposition too became increasingly vociferous.

One 'love bites' campaign image in particular stoked the emotions of those that were morally outraged at this style of sexual health advertising, the image was that which accompanied the slogan Infections of the heart...spread (Fig 6.18). Although the poster contained two images, the first that depicted a rotting heart and this was placed in the background did not draw significant attention. However, the second image proved more controversial, it was the depiction of a couple laying in the foreground of the poster

⁶⁴⁵ 'Love' posters are meant to shock', *Liverpool Echo*, (3rd February 1972), p10.

⁶⁴⁶ Ibid.

⁶⁴⁷ 'Shock Posters Mark VD Campaign', *The Crew Chronicle*, (10th February 1972), p9.

⁶⁴⁸ Ibid.

seemingly having sex. One member of the public felt so impassioned by the depiction that they wrote to the *Liverpool Echo* to pose the question ‘what sort of mind thinks it necessary to depict a couple in sexual intercourse to drive home the lesson?’. The anonymous writer’s declaration of a moral standard continued ‘all decent minded folk in Cheshire will express their utter disgust at Cheshire County’s posters’.⁶⁴⁹

Resistance was not confined to the letter columns of local newspapers, Journalist Monica O’Hara voiced her opposition to the posters through an editorial piece within *The Liverpool Echo*, her revulsion could not have been clearer.⁶⁵⁰ O’Hara attacked the local authority by declaring ‘Shame on you, Cheshire County Council!’ and suggested that the emotion she had felt when looking at the sexual health advertisement was not one of shock but one of disgust. O’Hara accused the designers of a pre-supposition ‘that the only reason a couple ever make love is for kicks’.⁶⁵¹ O’Hara also questioned the effect that these posters might have on the intended audience with a reference to the rebellious nature of teenagers—she suggested that if the youth were told not to do something ‘the natural reaction is to do it’—this train of thought had been discussed before (See Townsend quoted in Chapter 5).⁶⁵² The proposed locations for the posters was also criticised. In an opposite stance to the increased distribution and locations for sexual health advertising desired by some stakeholders O’Hara believed that posters of this type should not be visible when going about your daily business. The local Post Office was given as one example of a location where an interaction with these posters would leave her feeling nauseated. O’Hara called for the immediate withdrawal of the posters ‘while there is still time’.⁶⁵³

In addition to those that criticised the controversial approach, there were others that supported such tactics. One supporter was newspaper columnist Raymond Crabb who commended the ‘love bites’ campaign and argued that the posters were ‘not nearly as shocking as the facts and figures’ for VD. Crabb argued that it was ‘high time that people were shocked out of their ignorance or complicity, and these posters could go some way to achieving this’.⁶⁵⁴ In addition to those that strongly opposed, and those that strongly supported these campaigns, a third category of people was evident—those that broadly

⁶⁴⁹ GA Griffin, ‘That Poster’, *Liverpool Echo*, (8th February 1972), p.6.

⁶⁵⁰ M O’Hara, ‘Shame on You’, *Liverpool Echo*, (3rd February 1972), p.3.

⁶⁵¹ Ibid.

⁶⁵² Ibid.

⁶⁵³ Ibid.

⁶⁵⁴ R Crabb, ‘Purely Personal’, *Cheshire Observer*, (11th February 1972), p.12.

supported the campaigns but were somewhat uneasy for various reasons. For example, Mr Henry Harrison of Crew's Health and Standards Committee took exception to the use of the word 'love' within the posters, claiming that 'lust' would be much more appropriate use of language. Harrison argued that 'They connect VD with love, and in my mind, there is no connection whatsoever...the use of the word 'love' in this connection is most deplorable'.⁶⁵⁵ Harrison belonged to the third group of opinions as although he objected to the precise wording, this objection did not prevent him voting in favour of the campaign—as the Crew Health and Standards Committee unanimously passed the campaign for use. The locally organised sexual health advertising campaigns such as Hammersmith and Cheshire were not alone in facing resistance, the nationally conducted campaign from the HEC was also subject to opposition.

Resistance to new posters

Despite changing the law that governed the display of sexual health advertising, the HEC found that disseminating their sexual health message was not always straightforward. There was a reluctance that came from some of the local authorities to adopt the HEC's sexual health advertising posters. Only thirty-eight out of sixty-four county councils took up the offer of the HEC's free sexual health advertisements, and eleven of the eighty-five county boroughs also opted to turn down the posters.⁶⁵⁶ Even when the posters were put on display that was not always the end of the resistance. For example, despite the amended law police in Newcastle seized copies of the HEC's sexual health advertising that had been put up in a community centre. The treatment of the HEC's work led Baroness Birk to ask, 'how on earth can we hope to bring down the incidence of VD...if our posters are treated in this way?'.⁶⁵⁷ The Newcastle police defended their actions by claiming that they had attended the centre following complaints about the posters. Birk acknowledged that the Newcastle case had been a misunderstanding but expressed her concern that other local authorities might put off displaying sexual health advertising, through this kind of resistance.⁶⁵⁸

Resistance to Scotland's Health Education Unit's sexual health advertising

In Scotland, sexual health advertising was the responsibility of Scotland's Health Education Unit (SHEU), but they too found a similar resistance. The SHEU noted a reluctance to

⁶⁵⁵ 'Publicity is Vital', *The Crew Chronicle*, (24th February 1972), p.10.

⁶⁵⁶ 'A snub for VD warning', *Daily Mirror*, (4th October 1971), p.23.

⁶⁵⁷ 'Anti-VD posters defended by health council', *Times*, (21st March 1972), p.4.

⁶⁵⁸ Ibid.

take-up a new sexual health advertisement design by various organisations in Scotland (Fig 6.21).⁶⁵⁹ The SHEU tried, without success, to get the cooperation of various large commercial companies and licenced trade organisations to take up the poster. Aberdeen's MOH Dr MacQueen believed the resistance came from places such as pubs not wanting to be associated with VD. MacQueen argued 'After all, proprietors of premises are not keen to hang up something about VD which rather suggests that they are thinking their premises will be used for immoral purposes'.⁶⁶⁰

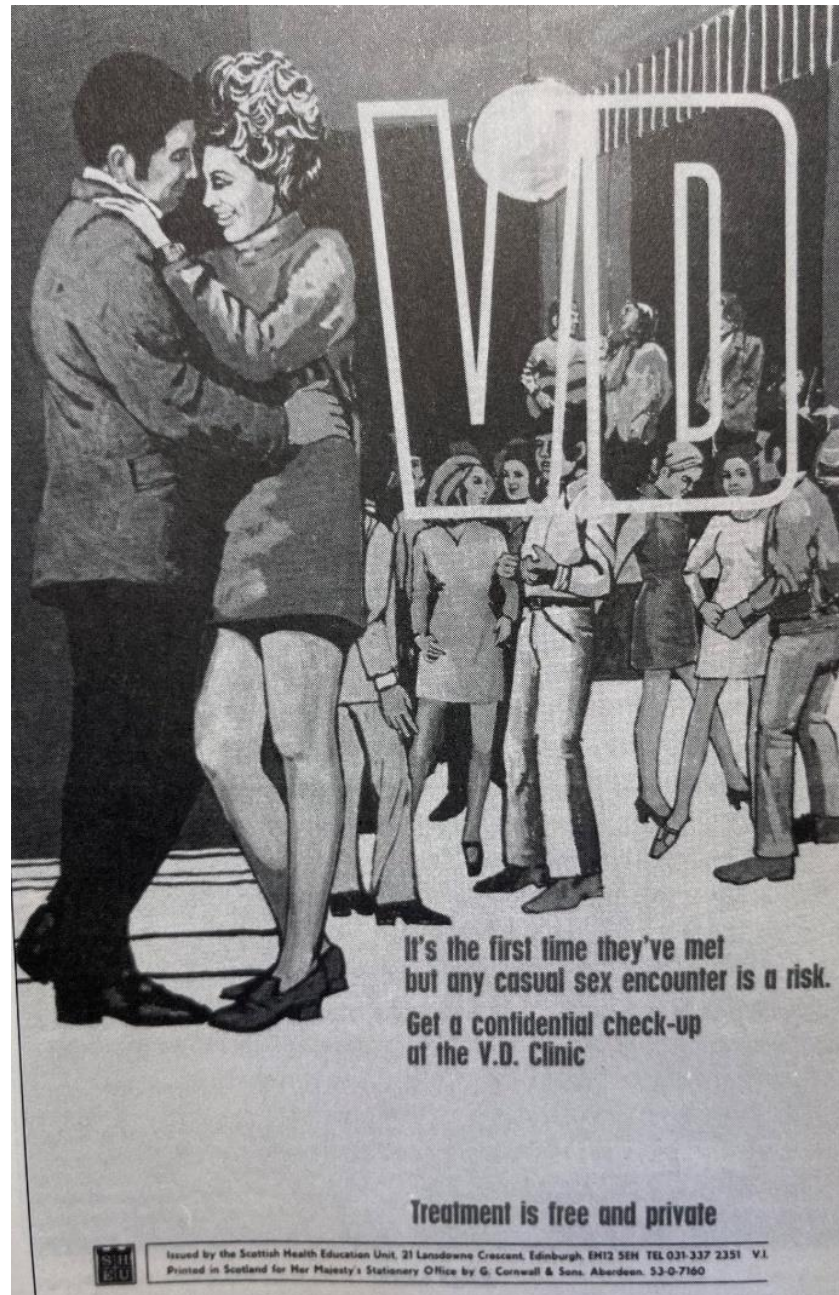


Fig 6.21 The first time, SHEU, 1970

⁶⁵⁹ 'The Poster People Don't Want to Put on Show', *Aberdeen Evening Express*, (1st June 1970), p.6.

⁶⁶⁰ *Ibid.*

Analysis of the SHEU sexual health advertisement reveals several signs and codes within the work. The pictorial element depicted a party scene within which a young couple were shown intimately talking. The positioning of the couple within the scene opened up a number of possible readings to the audience. One such reading was that the couple were not fully engaged with the others at the party. This allowed the audience to see a binary separation within the image—a divide that was visible between the ‘healthy behaviour’ and ‘unhealthy behaviour’ at the party. Further, there was a clandestine element to the couple’s behaviour, they were depicted around a corner and therefore out of the sight of the other attendees. The audience was open to read that in order to belong to the main group risky sexual behaviour must be avoided. Reckless behaviours and promiscuity were addressed within the copy ‘this is the first time they have met’, which suggested getting carried away in the moment. The SHEU advertisement helps demonstrate the importance of framing, (and the audience’s viewpoint) within sexual health advertisements. The way depictions were assembled in the advert, combined with the point of view of the audience, left alternative readings to interpret.

Content and the form were not the only concerns for some sexual health advertising stakeholders—the strategies that these campaigns took also drew attention.⁶⁶¹

Criticism of sexual health advertising campaign strategies

The efficiency of mass-media sexual health advertising campaigns had their critics. One of the criticisms levelled at mass-media campaigns was that the majority of those that responded were ‘anxiety-prone members of the public with no organic disease’.⁶⁶² It was argued by some stakeholders such as the CMO that this used up valuable clinic time and resources, which made it increasingly difficult for the clinics to effectively treat those that did require care.⁶⁶³

In November 1972 two London boroughs (Lambeth and Wandsworth) conducted a mass-media sexual health advertising campaign trial.⁶⁶⁴ The results of the trial were that although knowledge of sexual health had increased, the advertising techniques had not achieved the change in the behaviour that was hoped for. The CMO used the results to argue ‘mass media health education efforts directed at whole population groups are both

⁶⁶¹ *The Annual Report of the Chief Medical Officer of the Department of Health and Social Security for the Year 1971*, NA/BN/13/234.

⁶⁶² ‘Sexually Transmitted Diseases’ *British Journal of Venereal Diseases* 49, (1973), p.93.

⁶⁶³ ‘Sexually Transmitted Diseases’, *British Journal of Venereal Diseases*, vol.50, (1974), p.73-9.

⁶⁶⁴ *Ibid.*

wasteful and unlikely to achieve critical behaviour change in the groups at risk'.⁶⁶⁵ Instead the CMO suggested that future sexual health advertising campaigns should be concentrated on identified groups at risk.⁶⁶⁶

Advertising industry's increasing interest in sexual health.

Although criticism of sexual health advertising was significant and varied, it did not deter the new wave and the advertising industry particularly benefited from this increase in the quantity of sexual health advertising.

In the early 1970s health was increasingly recognised as a growth area for advertising agencies. In 1972 one such agency that ventured into this field was Coote, George, and Partners (CGP). The CGP sexual health advertising campaign was designed for local authorities to use to promote local VD clinics.⁶⁶⁷ The campaign was awarded a place in the 1973 Design and Art Direction awards (D&AD) annual. Inclusion within the annual was seen as a prestigious advertising industry award. D&AD awards were a signifier of peer recognition of excellence in the field of British advertising. No doubt, industry recognition of high esteem would have raised the profile of sexual health advertising to those working in the industry. Further, the award for the CGP campaign illuminates the rising importance that the advertising industry was giving to the area of sexual health advertising.

The CGP campaign was a series of six posters (Fig 6.22- 6.27), each 17x23 inches and portrait in layout. In addition to the praise from advertising industry peers some in the medical profession thought the campaign was 'dramatic and impressive'.⁶⁶⁸

Two of the posters used a text narrative copywrite style—similar to the HEC outputs two years previously. One of these (Fig 6.22) was headlined 'what a lot of people will be asking for this Christmas'. It was white text on a solid black background. The copy described the symptoms of three of the most common sexually transmitted diseases at the time (Gonorrhoea, Syphilis, and Trichomoniasis), and offered the advice to 'visit your local VD clinic'. The other text-based poster (Fig 6.23) was headlined 'how your sex life can affect your sex life'. In this poster the text was black and the background white. The copy narrated a warning story about casual sexual encounters 'that's the trouble with free love. It's costly. And it tends to hurt people just where it hurts most'. This allowed the audience

⁶⁶⁵ Ibid.

⁶⁶⁶ Ibid.

⁶⁶⁷ 'Why does the gonococcus thrive?', *Doctor*, (4th January 1973), p5.

⁶⁶⁸ Ibid.

to interpret a moralistic reading as well as a use of contemporary language ‘free love’ to infer the cost and pain of infection.

What a lot of people will be asking for this Christmas.

Gonorrhoea. What it is: the most common venereal disease. How it's caused: casual sexual relationships. Who it affects: men and women. What the symptoms are: in men, inflammation of the linings of the sex organs; in women often no signs until internal complications arise. What to do: visit your local VD clinic.

Syphilis. What it is: the most serious venereal disease of all. How it's caused: casual sexual relationships. Who it affects: men and women. What the symptoms are: initially, an ulcer or sore on or in the sexual organs. What to do: visit your local VD clinic immediately (left untreated syphilis is highly dangerous).

Trichomoniasis. What it is: a common sexually transmitted disease, particularly painful to women. How it's caused: casual sexual relationships. What the symptoms are: an abnormal discharge in women (in men, symptoms widely vary). What to do: visit your local VD clinic (with your partner if possible) for examination.

Issued in the interests of Public Health.

Fig 6.22 Christmas, CGP, 1972

How your sex life can affect your sex life.

Everytime you have casual sex, you risk VD.
No ifs, buts or maybes.
It's really on the cards.
No matter what precautions you take.
No matter what sort of partner you take.
No matter if it's the first time you've ever had sex.
Even schoolchildren are now getting a dose of what is the second most prevalent contagious disease in Britain.
And the numbers are growing.
Last week alone, 1,000 people discovered they had VD for the first time.
The previous week there were another thousand.
And the week before that yet another thousand.
We could go back a long way with similar statistics on new VD cases.
Instead we'll just spell out what to expect if you get it.
As a general rule, it attacks the sexual organs. And very often, it's so painful it's impossible to sleep, let alone sleep around.
Left untreated, it can be very dangerous indeed. Even leaving you unable to have children. Which is more than most of us could bear.
Yet that's what you risk.
And the initial symptoms are sometimes far from obvious.
For VD isn't one disease, it's many.
Gonorrhoea (the most common of all). Trichomoniasis. Syphilis. And there are others. Different diseases with different symptoms.
But all caused through casual sex.
So what do you do to avoid VD?
The obvious answer is to avoid casual sex altogether.
Otherwise go to your local VD clinic for a regular, confidential check-up. Even if you feel as right as rain.
If you do this (and try to remember the names and addresses of those you've slept with) you'll be helping yourself and them.
It's a lot to go through, we know.
But that's the trouble with free love.
It's costly.
And it tends to hurt people just where it hurts most.

Issued in the interests of Public Health.

Fig 6.23 Sex life, CGP, 1972

The remaining four posters in the CGP series all used pictorial content to depict a story. In one (Fig 6.24) a black and white photograph showed a young woman looking face on to the camera. The accompanying copy revealed more of the story behind the image to the audience with the strapline ‘Sometimes love can make you blind’, and explained that ‘if left untreated, syphilis can leave you blind’. The is allowed a reading of the advertisement by the audience that leant on the deep cultural link between blindness and sexual misconduct and all the vulnerability that infected subject has to endure due to the condition brought on by infection (for a further example see the BSHC advertisement in chapter 2).

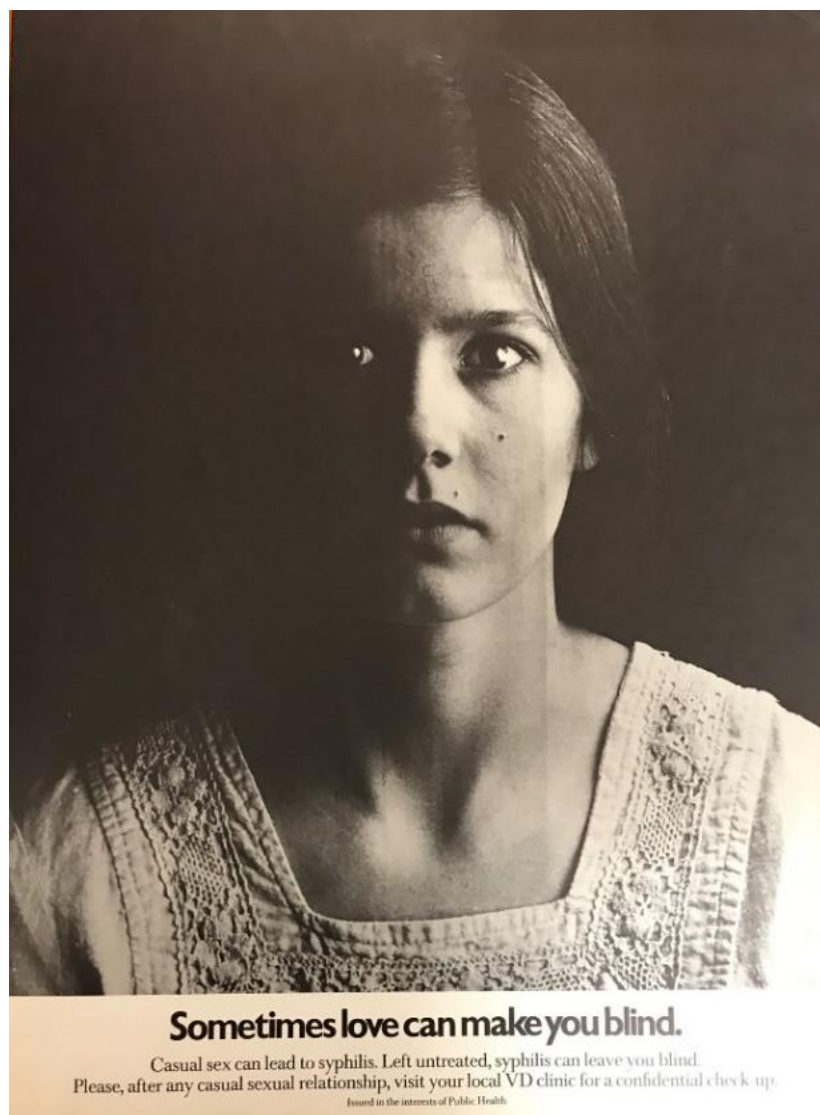


Fig 6.24 Blind, CGP, 1972

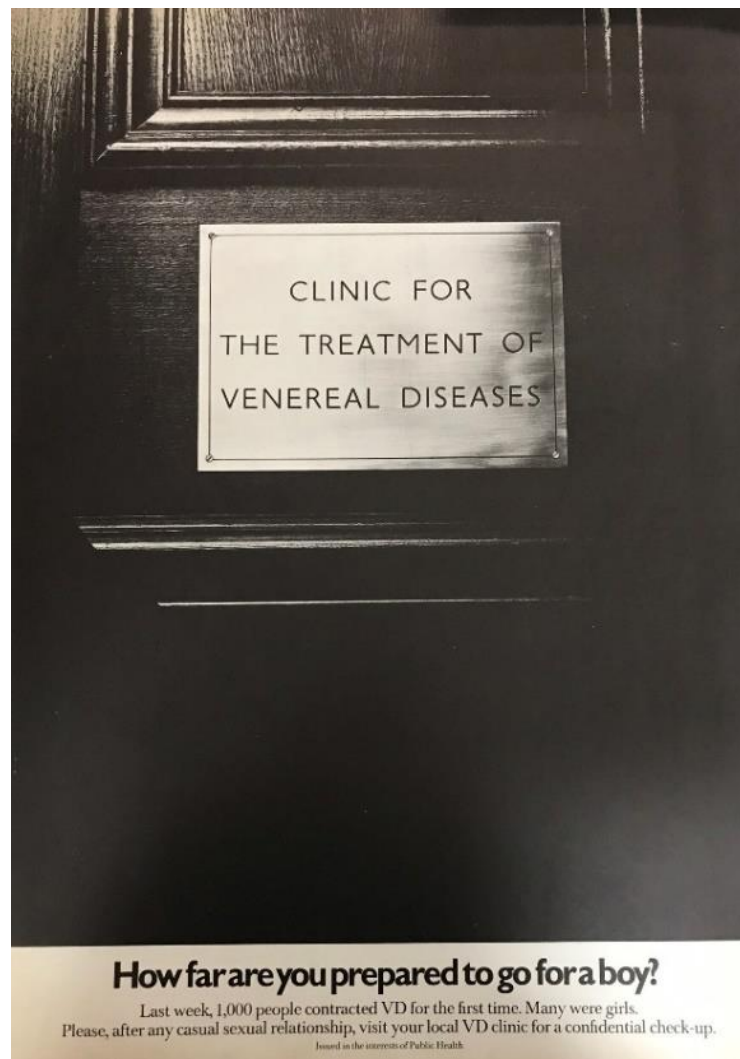


Fig 6.25 Door, CGP, 1972

VD clinics were the central theme for the next advertisement in the series (Fig 5.25). The central image in the poster was a door to a VD clinic and again, the text that accompanied the image was pivotal to the advertisement. The copy read ‘how far will you go for a boy?’. The use of this phrase could have been interpreted by the audience as a play on the contemporary phrase of ‘going all the way’, which was a phrase used within the youth in society to discuss certain sexual actions such as intercourse. In this poster the phrase provided a subtle sign that indicated to the audience that ‘going all the way’ may also lead to ‘going all the way’ to the VD clinic. The frame was also pivotal in this advertisement, the proximity of the audience’s viewpoint to the door sign could have been read as a metaphor for the impending trip to the VD clinic of the infected subject. One can speculate how an image of the door from much further away might have changed this perception in the minds of the audience, perhaps depicting a less daunting or impending predicament for the audience. This speculation proves a useful exercise to highlight how important it is to analyse the construction of the content, and not just the content itself within sexual health advertisements.

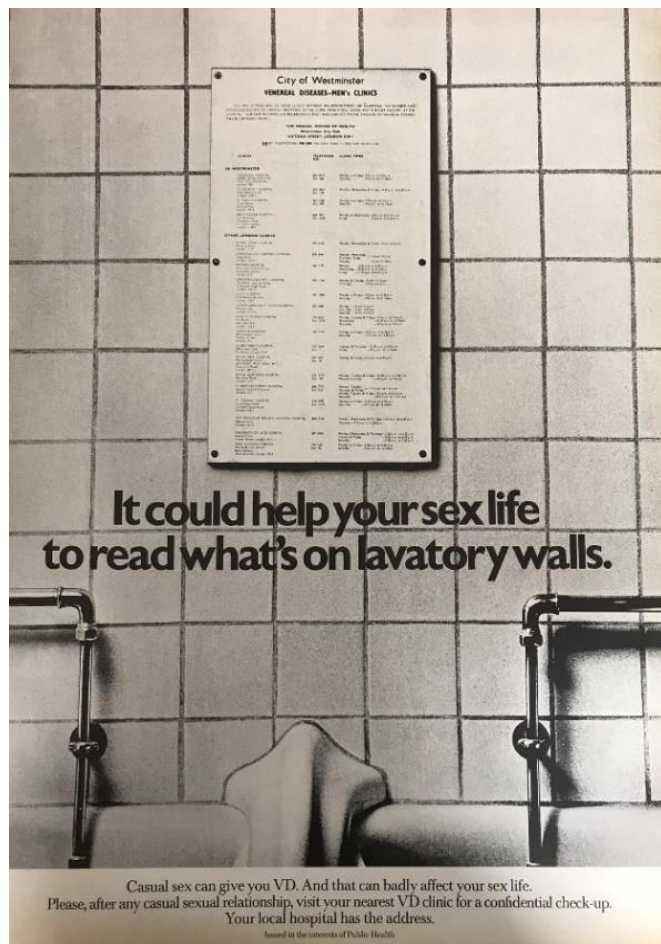


Fig 6.26 Toilet wall, CGP, 1972

A third poster in the series also used the pictorial image and copy to convey a double meaning (Fig 6.26). In this poster the wall of a public convenience was depicted, with the accompanying text ‘it could help your sex life to read what’s on lavatory walls’. The theme of graffiti on toilet walls had previously been used in sexual health advertising (see Chapter 5, Coventry sexual health advertising campaign). This poster also used an advertising technique that aims to target specific audience members through signs and codes that requires a particular knowledge to decipher—this established advertising technique has been labelled ‘window dressing’ by analysts.⁶⁶⁹ As public toilet walls had long been a repository for messages to arrange sexual liaisons the copy in the CGP advertisement could have been interpreted by those that were familiar with the clandestine methods of meeting for sexual liaisons.⁶⁷⁰ Those unfamiliar with these sexual practices would in all likelihood have read the advertisement and interpreted that the poster was

⁶⁶⁹ Janet L Borgerson, Jonathan E Schroeder, Britta Blomberg, Erik Thorssén., ‘The Gay Family in the Ad: Consumer Responses to Non-Traditional Families in Marketing Communications’, *Journal of Marketing Management*, Vol.22, (2006), p.955-78.

⁶⁷⁰ Daryl Leeworthy., ‘For our common cause: Sexuality and left politics in South Wales, 1967–1985’, *Contemporary British History*, 30.2, (2016), p.260-280.

referring to no more than the times and dates of the local VD Clinic—this was even more likely given the imagery of an opening times list that accompanied the headline. Yet, it is reasonable to suggest that the subtle sign for illicit sexual rendezvous would not be lost on those within the audience with the knowledge about the tactics and behaviours involved in ‘cottaging’—one of the terms used by some within the homosexual and bisexual communities to describe these types of covert sexual encounters.⁶⁷¹ Of course, it is entirely possible that this poster’s double meaning may not have been deliberate in its design. Yet, this design allowed for this interpretation from some audience members, and specifically one of the sought-after target groups for sexual health advertising at the time—homosexuals.⁶⁷²

The final poster in the series (Fig 6.27) also used a play-on-words within its copy and utilised a rising contemporary trend—the foreign holiday.



Fig 6.27 Plane CGP, 1972

⁶⁷¹ Ibid.

⁶⁷² WR Holder, DP Roberts, WC Duncan, JM Knox, ‘Preliminary report on spectinomycin HCl in the treatment of gonorrhoea in homosexual men’, *British Journal Venereal Diseases*, 48, 4: (1972), p.274-276.

The headline of the poster was ‘make sure this is all you’ll be catching on holiday this year’ and the accompanying imagery showed a set of aeroplane stairs leading to the aircraft. It is arguable that the message for the audience was clear, avoid VD from any casual sex encounters that you may have when you are on holiday. CGP used the contemporary trend to capture the attention of their target audience for their sexual health message. Tourism histories are complex, and the reasons behind the increases in foreign travel were varied and much more complex than they may first appear.⁶⁷³ Nonetheless, what has been established by historians is that the 1960s and 1970s was a boom period for foreign travel, with an increasing number of British holiday makers choosing to spend their holidays abroad rather than in the UK. The link between the rise in foreign holidays and increasing VD infections was also beginning to be made, this included newspapers.⁶⁷⁴ This sexual health advertising message may have been interpreted by the audience in such a way as to build the discourse of the connection between foreign holiday travel and the dangers of VD. Interpretations such as this would no doubt have contributed to the notion that sexually transmitted diseases were an imported problem—as seen in previous periods.

As well as the advertising industry, another important group of stakeholders were once again taking an interest in sexual health advertising in this period—the volunteer groups. One such group was behind the Project Icarus campaign.

Project Icarus

In February 1973, an independent group that went under the name of Project Icarus designed and distributed eight different sexual health advertisements that, like many from the policy-makers and advertising industry in this period, were received by some as shocking in nature.

Project Icarus was a health promotion venture between Graham and Jane Hurley (a husband and wife), John East and Ian Dillow.⁶⁷⁵ The group had a range of media and health skills, the Hurleys were both involved in television and film production, East was the head of a drugs misuse organisation in Portsmouth, and Dillow was a journalist.⁶⁷⁶ The group chose the name Icarus after the mythical character who used wax to affix wings and

⁶⁷³ John K Walton., ‘Histories of Tourism in Tazim’, in Robinson (ed) *The SAGE handbook of tourism studies*, (London: Sage Publications, 2009), p.121.

⁶⁷⁴ R Miller, ‘Don’t let the holiday cost you a packet’, *Sunday Times*, (12th August 1973), p.5, Wellcome: SA/BCC/E.55: Box19.

⁶⁷⁵ ‘Shock Treatment’, *Daily Mirror*, (23rd February 1973), p.15.

⁶⁷⁶ ‘Acid’ (Ten Good Reasons for Using Lsd), BFI Identifier:78369.

fly. Icarus crashed after flying too close to the sun, and his fate was the inspiration behind the project as the group aimed to bring people ‘back down to earth about the dangers of VD and drugs’.⁶⁷⁷

The group deliberately set out to utilise shock in their sexual health advertising. Project Icarus utilised a pictorial element in the advertisements (Figs 6.28-6.33), but two in the series relied purely on copy. One of the copy-based adverts stated that ‘VD the cheapest form of contraception’, this used an appeal to reproduction by providing the audience with the message that sexual infections could lead to sterility. The second text-based advert equated the instances of sexual health diseases with measles—the same tactic used by the HEC in 1970.

The pictorial sexual health advertisements covered a range of topics, the VD clinic featured in one (Fig 6.28), contagion was the theme of another in which a public toilet was used in another to inform the audience that VD could not be caught from a toilet seat (Fig 6.29).

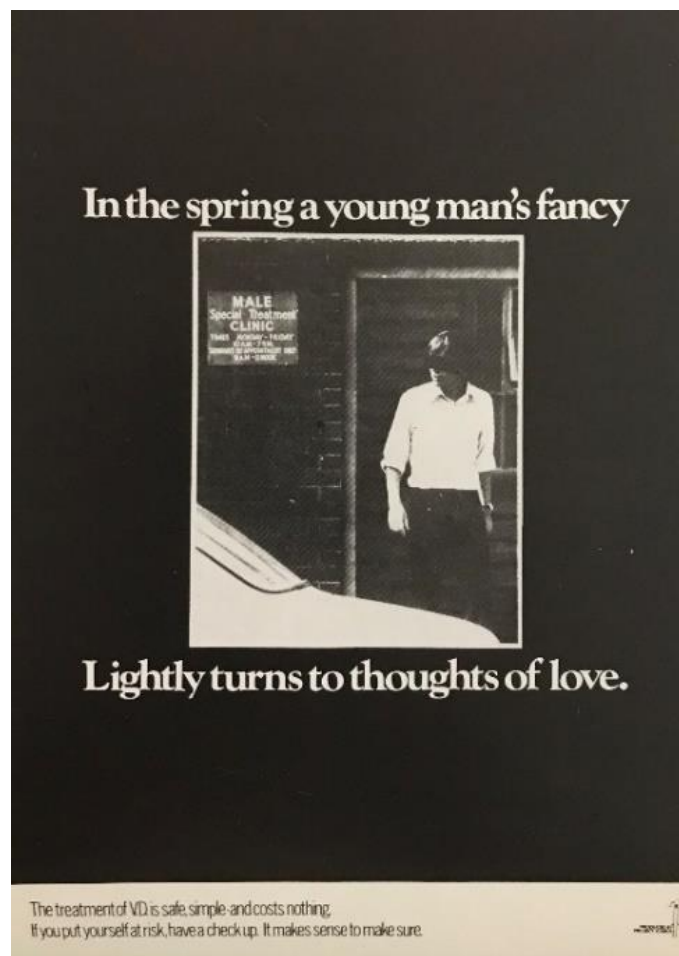


Fig 6.28 Thoughts, Project Icarus, 1973

⁶⁷⁷ ‘Shock Treatment’, *Daily Mirror*, (23rd February 1973), p.15.

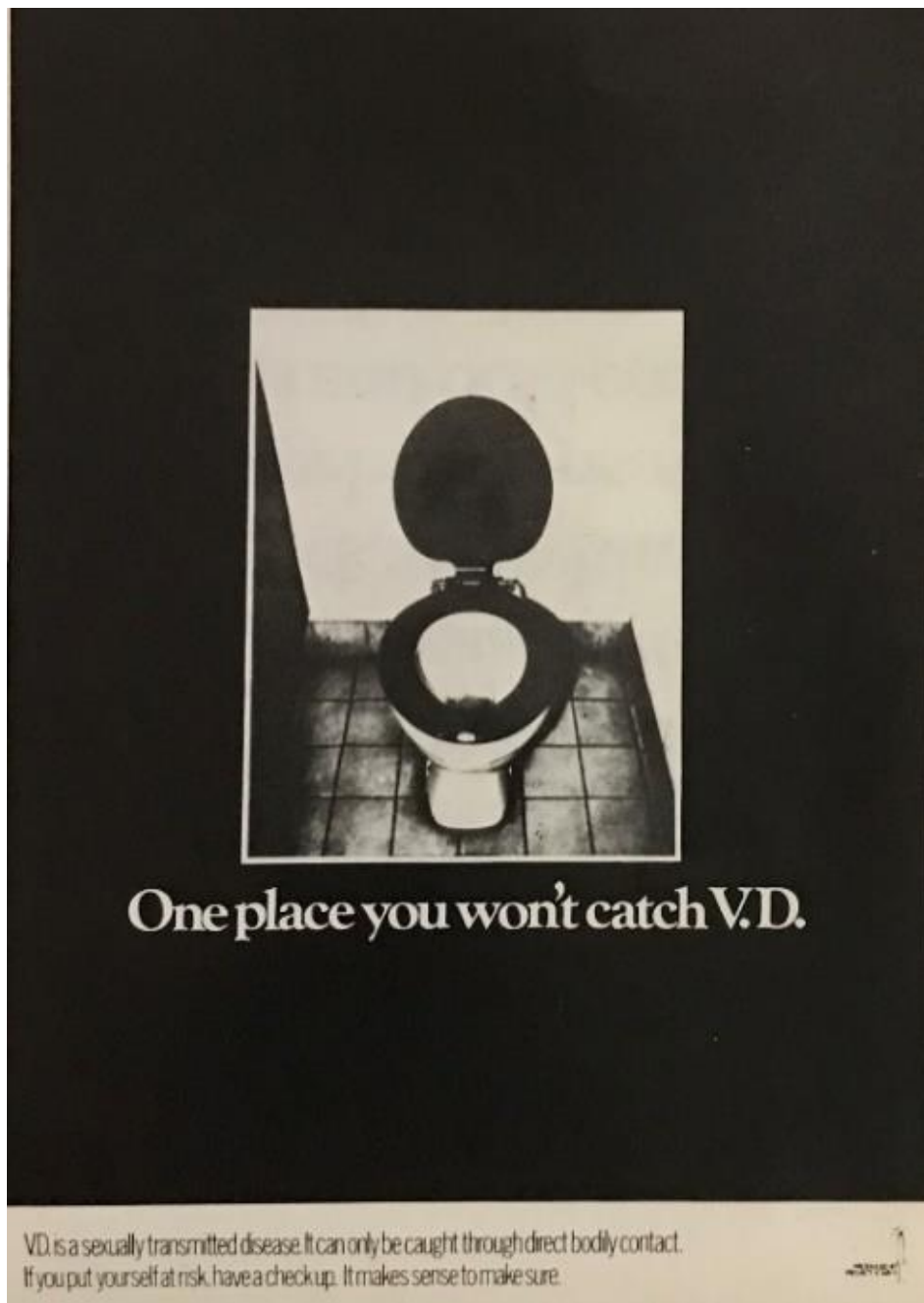


Fig 6.29 Toilet seat, Project Icarus, 1973

Intimacy was the theme used in two advertisements, shown through the depictions of a couple in sexual embraces (Figs 6.30 & 6.31) and Fig 6.32 used a baby to warn of the dangers to an unborn child—a sexual health advertising tactic seen many times previously within this thesis.

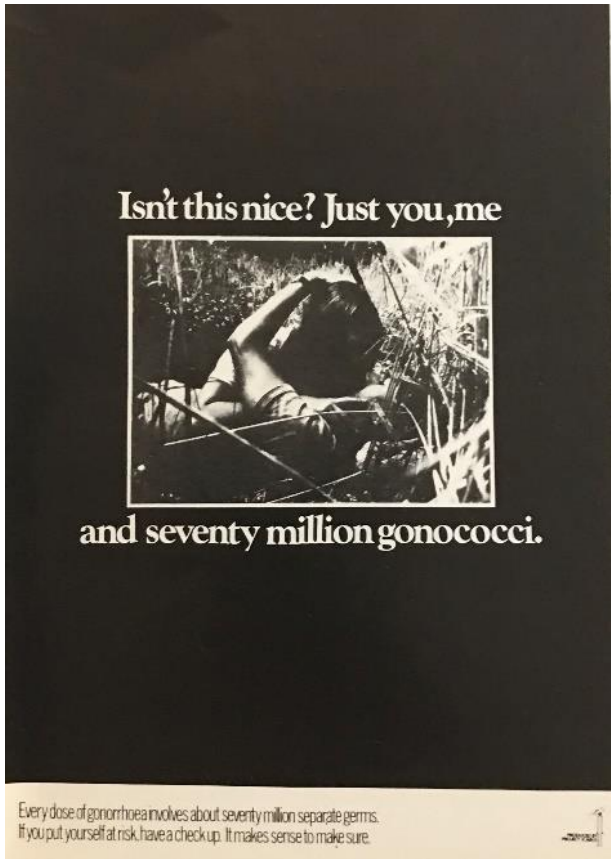


Fig 6.30 Seventy Million, Project Icarus, 1973

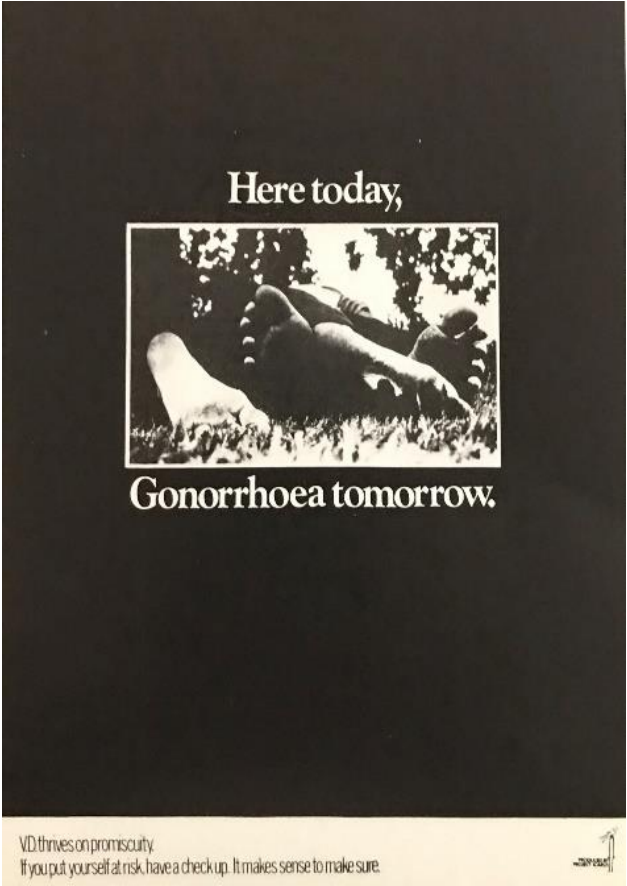


Fig 6.31 Here today, Project Icarus, 1973

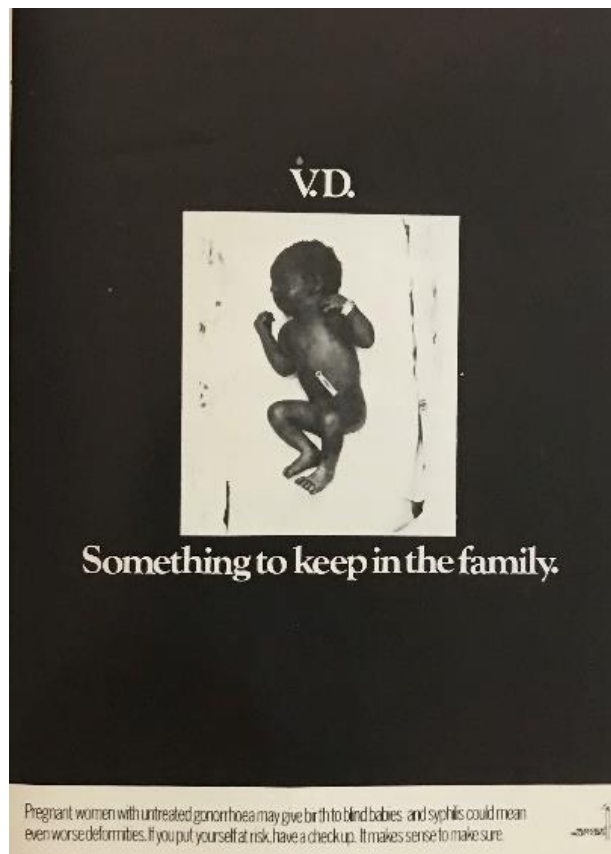


Fig 6.32 Family, Project Icarus, 1973

Many of these outputs contributed to and reinforced the discourses of sexual disease, infection, and contagion by utilising similar techniques that had been used previously. However, one in the series (Fig 6.33) developed the motif of the infected subject by attributing personal identifiers such as a name and a face. The poster was headed and footed with the line 'Five reasons why Sandra Croft may have VD', between the copy was photo of a smiling young woman. It is very likely that the audience identified the woman as 'Sandra Croft'. Beside the image of 'Sandra' was five male names, again, the audience would not have had to work too hard to interpret these five names as the 'five reasons'. This provided codes for infection by firstly suggesting that 'Sandra' was an infected subject, further, one of the male names was also a potential source of infection. Yet, the tone of the advertisement was open to a reading that emphasised a moralistic judgment of 'Sandra's' sexual behaviour. This gendered attack on the central character's sexual behaviour was underlined by the copy at the bottom of the poster. This copy warned the audience that woman can carry gonorrhoea for 'years' without symptoms. A gendered interpretation of contagion was evident throughout this sexual health advertisement, the poster focused on the female character's sexual history rather than the sexual behaviour of any of the five males. This allowed for an audience interpretation that not only echoed but also reinforced

discourse of sexual double standards for men and women, an attitude that was prevalent at the time.⁶⁷⁸

Five reasons

why Sandra Croft may have V.D.

Brian Parker
Rex Dixon
Lee Harrison
Ken Campbell
Jean Louis Kelley

Women can carry gonorrhoea for years without symptoms.
If you put yourself at risk, have a check up. It makes sense to make sure.

Fig 6.33 Sandra Croft, Project Icarus, 1973

⁶⁷⁸ Roger Davidson, 'Reservoirs of Infection: Gender, Morality and the Social Epidemiology of VD in Twentieth Century Scotland', in: Lars-Göran Tedebrand (ed.), *Sex, State and Society: Comparative Perspectives on the History of Sexuality*, (Philadelphia: Coronet books, 2000), p.36.

Despite their perceived shocking content, the Project Icarus series was added to the list of sexually transmitted resources at the disposal of the HEC. The posters were all 58cm x 42cm and available for £2.50 for the full set of eight posters, or 40p per individual poster.⁶⁷⁹ This price proved to be prohibitive for some, feedback provided by North Staffordshire health authority declared the Project Icarus posters were ‘good but expensive’.⁶⁸⁰ This restricted their use in that health authority area to ‘display purposes’.⁶⁸¹ Although the Project Icarus group was run on a voluntary basis, the pricing of the sexual health advertisements (that some stakeholders considered to be a high price-point) suggested a degree of commercial awareness and provides another example of the subtle (albeit minimal) involvement of commercial enterprise in sexual health advertising.

Conclusion

Chapter 6 commenced with the first acts of the newly formed HEC. Due to perceived contradiction with their aims and the existing laws on displaying sexual health advertising, the HEC set about amending the legislative structure. This episode highlights the influence members of the network of stakeholders had on the conditions from which sexual health advertising emerged. Following the successful amendment, a new wave of sexual health advertisements was produced and increasingly used techniques from the advertising industry. This included the centrally produced HEC work, and regional sexual health advertisements—these campaigns often faced resistance and prompted controversy.

Hammersmith was one local area caught up in controversial sexual health advertising. This area had a strong recent history of sexual health advertising, but images that they used in their 1971 campaign drew attention and resistance from the press and professional advertising industry censors. Further, this attention was not confined to the local area but had a national and international reach. Further examples of the resistance that sexual health advertising faced have been examined in this chapter, such as the Cheshire, and Scotland’s Health Education Unit, campaigns. Despite this resistance, the new wave of sexual health advertising continued, and the advertising industry was at the forefront of this wave. A prominent example of this is the Coote, George, and Partners campaign, which was recognised for its excellence by advertising peers.

⁶⁷⁹ STI Source list, HEC, Wellcome: SA/FPA/C/H/4/2/6: Box836.

⁶⁸⁰ Ibid

⁶⁸¹ Ibid.

Throughout the chapter a careful reading of sexual health advertisements has illuminated how these contributed to the discourses of infection, contagion, and sexually transmitted diseases. The chapter has also discussed the importance of framing and audience viewpoint within sexual health advertising, showing how these aspects had a material effect on audiences' interpretations of sexual health advertisements.

Finally, the chapter investigated the case of Project Icarus. This case study helps highlight the fluid nature of the network of stakeholder in sexual health advertising. Project Icarus can be justifiably classified within the volunteer/activist parent group, but there was a degree of crossover with the commercial enterprise stakeholder group—at the very least some commercial awareness existed within the Project Icarus group. This blurring of the lines between stakeholder groups further highlights the complex nature of the interactions that these stakeholders had; and these interactions helped shape sexual health advertising.

Through Project Icarus we saw this tentative connection between sexual health advertising in the commercial and voluntary sectors. However, in the following years commercial providers began to take a greater interest once more in the field of sexual health advertising. This presented challenges, not least because of the laws that forbade commercial enterprises from producing sexual health advertising (legislative changes in this period had only gone so far). An example of the obstacles these stakeholders faced can be seen through the case of the Unicorn private health clinic in Birmingham—the story of Unicorn is where Chapter 7 commences.

Chapter 7: (1980-1987)

A new sexual health threat

Introduction

From 1980 to 1987 the emerging AIDS crisis was characterised by two specific features. The first of these began immediately prior to the emergence of AIDS in the UK, when a significant change occurred in the political landscape of Britain. The political ideology of the new Thatcher era resulted in an increased acceptance of private health facilities, including sexual health. This provided an opportunity for private sexual health enterprises to enter the advertising domain and marked another step in the return of the commercial enterprise stakeholder group to the network of stakeholders. The story of the Unicorn private health clinic's bid to be granted dispensation from the 1917 VD Act reveals that this was a fraught process, with extended deliberations, and more subtle and complex than one might have imagined. It remains unclear whether Unicorn's bid was successful. However, what is clear is that shortly afterwards several other private sexual health clinics began to openly advertise their services. The emergence of these services and their sexual health advertising was likely assisted by the need to tackle the new emerging sexual health threat from AIDS. How sexual health advertisements developed in the face of the emergence of AIDS is the second aspect investigated in this chapter. Small groups of gay activists led the way by creating innovative, low-budget sexual health advertisements full of signs and codes for audiences to interpret. As a result, these advertisements contributed to a form of semiotic communication within the gay community for safer sex.

Following the lead of activists, policy-makers became involved in AIDS sexual health advertising and began to produce their own campaigns. This chapter discusses the British Government's initial campaign 'Don't aid AIDS' (DAA). Surprisingly, given the vast amount of academic attention afforded to the AIDS epidemic, the 'Don't aid AIDS' campaign has been neglected by many scholars in their investigations.⁶⁸² Perhaps one reason for the lack of attention given to DAA is the profound social and cultural impact of the government's subsequent AIDS campaign. This was arguably the highest profile sexual health advertising campaign covered in the whole research period of this thesis—the big

⁶⁸² For example: Sanjoy Bhattacharya, 'AIDS in Britain', *Wellcome History*, (2006), p.1-24; Cooter & Stein (2007); Davidson (2000).

budget campaign ‘Don’t Die of Ignorance’ (DDI). Both of these campaigns contained signs and codes open for interpretation by the audience that utilised a common theme—fear. The government-led campaigns were devised in collaboration with the advertising industry and the influence that this stakeholder group had over sexual health advertising at this time is the final element investigated within this chapter. This reveals how the advertising industry was split on the best use of the huge budgets available for the production of national-level sexual health advertisements. The examination reveals that colleagues within the advertising industry did not always agree with the central government’s campaigns utilisation of the tactic of fear. As we will see, advertising professionals put forward examples of alternative sexual health advertising campaigns using different strategies that these advertising industry peers argued would be more effective in the fight against AIDS.

Private sexual health clinic advertising—The Unicorn clinic, Birmingham.

On the 4th of May 1979 a new Conservative government—led by Margret Thatcher—ascended to power. This administration had an ideology-based agenda focused on increased freedoms for all marketplaces—including the creation of marketplace conditions in areas where no such conditions existed previously. The new administration sought to change the ideology that the UK economy was based upon by implementing policies based on economic thinkers such as Friedrich Hayek, who had advised market freedoms and the role of the individual in society.⁶⁸³ This change in the political landscape had an impact on sexual health advertising, although, as we are about to see, this was more subtle and complex than one might assume.

In early 1980, the Unicorn private health clinic in Birmingham started a new service for sexual health diagnosis and treatment and advertised their services in a local newspaper (Fig 7.1).⁶⁸⁴

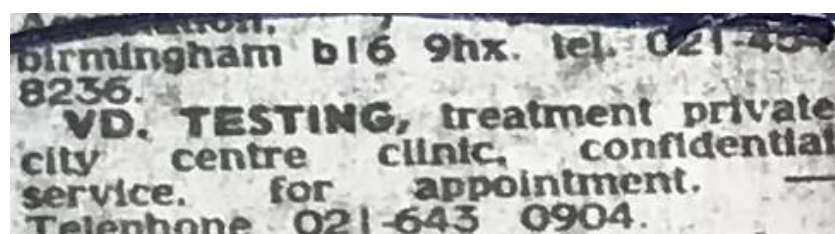


Fig 7.1 Unicorn, *Evening Mail*, 29th March 1980.⁶⁸⁵

⁶⁸³ This socio-economic period has been labelled ‘the neo-liberal society’.

⁶⁸⁴ Report into private sexual health clinics, (17th February 1982), NA/MH/154/1063.

⁶⁸⁵ Advert in file NA/MH/154/1063

The advertisement was brought to the attention of West Midlands County Council's Trading Standards Department, who expressed their concern that this advertisement 'appears regularly in the *Birmingham Evening Mail* newspaper'.⁶⁸⁶ The trading standards body had got involved due to local hospitals being 'concerned about the implications of this advertisement'.⁶⁸⁷ The body drew the attention of the DHSS to the matter and noted that the 'local police may be taking some action under the 1917 VD Act'.⁶⁸⁸ Unicorn were informed by an unknown source that the advertisements they were placing were illegal. So, on the 14th of May 1980 they ceased their advertising and turned to the DHSS to enquire whether this restriction on their business could be challenged.⁶⁸⁹

The bid from Unicorn to be granted dispensation to advertise led to significant discussion between the DHSS civil servants, government health advisors, and the government's legal team. Despite the precedent of an existing private sexual health clinic operating in London (but not advertising), much of this discussion revolved around the merits and drawbacks of allowing private sexual health clinics to conduct their business.⁶⁹⁰ The government's legal team upheld the view that advertising for Unicorn would be a contravention of the 1917 VD Act. Therefore, the Secretary of State for Health would need to grant a dispensation for Unicorn to advertise legally. As Unicorn did not wish to operate without advertising, the Secretary of State was in the position of 'tacitly giving or withholding approval of a particular clinic'.⁶⁹¹ The Thatcher administration's ideology was given consideration within this debate with DHSS civil servants noting 'we must bear in mind government sympathy for private medicine'.⁶⁹² This created a dilemma for policy-makers; should private clinics be denied the right to act competitively within a new marketplace, or should private clinics such as Unicorn be given dispensation to advertise their services and risk opening the 'floodgates' to a stream of new private sexual health clinics, which it was argued might 'jeopardise the contact tracing system' that the NHS had in place.⁶⁹³

⁶⁸⁶ Letter from County Trading Standards Officer to DHSS, (10th April 1980), NA/MH/154/1063.

⁶⁸⁷ Ibid

⁶⁸⁸ Ibid

⁶⁸⁹ File note M30, (14th May 1980), NA/MH/154/1063.

⁶⁹⁰ File note 40, (20th October 1980), NA/MH/154/1063.

⁶⁹¹ DHSS report (February 1982), NA/MH/154/1063.

⁶⁹² Note 39, (10th October 1980), NA/MH/154/1063.

⁶⁹³ File note 46 (23rd October 1980), NA/MH/154/1063.

Arguments for and against dispensation were collated by the DHSS in order to present them to the Secretary of State for Health. The arguments in support of the application included the notion that Unicorn would be ‘fulfilling a need’ as the NHS clinic in Birmingham was ‘often overworked and unattractive’.⁶⁹⁴ Further, as there was ‘no power to prevent the clinic operating’ Unicorn should ‘be free to make its services known to the public’.⁶⁹⁵ Conversely, a prominent concern was that granting approval to advertise could be interpreted by the public as ‘a seal of approval’ to Unicorn directly from the Secretary of State. A second argument against approval was that ‘adequate contact tracing is absolutely essential’ and doubt was cast whether a private clinic would run ‘a satisfactory standard of service’ as it ‘adds to costs of the clinic without contributing to its profitability’.⁶⁹⁶ After considering the arguments for and against, the primary concern was that contract tracing would not be to the same standards as NHS provision.⁶⁹⁷ So, after several months of consideration and debate over topics such as the legal aspects of the application and the wider implications of approval, the application finally centred on one substantive key issue—contact tracing.

Unicorn acknowledged the issue and indicated their willingness to develop better standards of contract tracing.⁶⁹⁸ Meetings were held between Unicorn and the DHSS to establish how this might be achieved.⁶⁹⁹ The civil servants at the DHSS were not happy at refusing Unicorn the right to advertise simply on these grounds and pushed for a solution.⁷⁰⁰ It was suggested that the private clinic could work in partnership with the NHS, to this end the Birmingham Area Health Authority were consulted to see if they would be willing to go forward with this arrangement and bring to a close this ‘long drawn out case’.⁷⁰¹

On 19th February 1982, the Birmingham Area Health Authority responded and suggested that:

⁶⁹⁴ Annon. DHSS memo outlining the argument for and against, NA/MH/154/1063.

⁶⁹⁵ Ibid

⁶⁹⁶ Ibid.

⁶⁹⁷ Letter to Mr Scaife (16th December 1981), NA/MH/154/1063.

⁶⁹⁸ Letter from Unicorn general manager CRL Delaney to BCW Hubbard (DHSS), (16th October 1980), NA/MH/154/1063.

⁶⁹⁹ Minutes from meeting (22nd April 1981), NA/MH/154/1063.

⁷⁰⁰ Note 39, NA/MH/154/1063.

⁷⁰¹ Note 47, (16th February, c.1982), NA/MH/154/1063.

There is little to suggest that he [Delaney of Unicorn] has succeeded in demonstrating exceptional circumstances in Birmingham which would be needed to justify the first ever exception in existing legislation.⁷⁰²

The emphasis placed by the health authority on the word “exceptional” indicated a desire that any change to the existing arrangements would require more than a change in political ideology. Nevertheless, that ideology was noted:

I realise that the present government is committed to private practice as a way of relieving pressure on the Health Service but presumably they are not committed to any form or scale of private practice which would directly or indirectly increase those pressures.⁷⁰³

Over 20 months after the initial inquiry from Unicorn, the feedback from the Birmingham Area Health Authority was not encouraging ‘it is not in our interests to encourage the proliferation of private practice in this field’.⁷⁰⁴ Although the private clinic were offered some encouragement. The Birmingham Area Health Authority conceded that in regard to contract tracing they could ‘see no objection to liaison between the Unicorn and ourselves’.⁷⁰⁵

On the 2nd of March 1982 Unicorn changed their name to BUPA Medical centre Birmingham and it remains unclear whether the Unicorn clinic did receive the dispensation that they desired under their new name.⁷⁰⁶ Nevertheless, this story is illuminating in three respects. Firstly, the Unicorn investigation uncovered a range of concerns and debates amongst actors that went beyond the rights of one private company to produce sexual health advertising, illuminating wider debates. These debates included private healthcare and some of the internal resistance it faced—such as worries that government staff had over a potential backlash from any inadequate medical service provided by the private healthcare sector.⁷⁰⁷ Secondly, that the history of advertising can illuminate political, social, and commercial shifts. For example, the case of Unicorn demonstrated that there was a marketplace ready to emerge for private sexual healthcare—specifically the readiness of Unicorn to enter the market, along with their brief period of successful operation prior to the cessation of advertisements. Thirdly, the Unicorn story demonstrates that histories of political and legislative changes were more subtle and complex than one might have

⁷⁰² Letter from JC Clay to DHSS, (19th February 1982), NA/MH/154/1063.

⁷⁰³ Ibid.

⁷⁰⁴ Ibid.

⁷⁰⁵ Ibid.

⁷⁰⁶ Bupa Medical Centre Birmingham Limited, *Financial Statements for the year ended 31st December 1982*, Companies House records, [accessed online 20th august 2021].

⁷⁰⁷ Letter from DS Fanning to Miss Stuart, (18th May 1981), NA/MH/154/1063.

imagined. In this instance it seemed that many of the variables needed for political and social change were aligned—there was a government with an ideology that promoted private healthcare marketplaces, a willing organisation to provide the service, and sufficient marketplace demand. Yet, despite all these aligned factors the ‘long and drawn-out’ process that Unicorn’s application was subjected to—one that centred on their right to produce sexual health advertising—shows that this was far from an open and shut case.

At the end of 1981 a new sexually transmitted disease started to emerge in the UK. This health issue may have been worthy of the description ‘exceptional circumstances’ that the Birmingham Area Health Authority suggested would be needed to let private sexual health clinics advertise.⁷⁰⁸ Moreover, this new disease had a significant impact on the way sexual health was advertised—its name was at first contested but the world would come to know the disease as AIDS.

Emergence of AIDS

On the 12th of December 1981 *The Lancet* reported the death of an unnamed man in Brompton. His death was due to an unusual case of primary pneumocystis carinii and cytomegalovirus infections.⁷⁰⁹ This man was referred to the Brompton Hospital having presented elsewhere with a three-month history of weight loss, three weeks’ general malaise, and progressive breathlessness on exertion. He was a practising homosexual who had regularly travelled to Miami to visit friends, where several cases of primary pneumocystis carinii and cytomegalovirus infections had been reported in previously fit and well homosexual men. The cause of this death was unusual because primary pneumocystis carinii and cytomegalovirus infections are almost exclusively found in patients that are immunosuppressed, yet this patient had shown no previous signs of immunodeficiency. This report is believed to be the first documented death from AIDS (Acquired Immune Deficiency Syndrome) in the UK. During the subsequent months and years reported instances of the disease grew in number, these episodes presented both suddenly and with great frequency. The period that covered this growing phenomenon became widely known as the AIDS crisis, as the new disease took on what many defined as epidemic proportions.

⁷⁰⁸ Letter from JC Clay Consultant Venereologist to DHSS, (19th February 1982), NA/MH/154/1063.

⁷⁰⁹ R. M. Du Bois et.al., 'Primary Pneumocystis Carinii and Cytomegalovirus Infections', *The Lancet*, 318:8259, (1981), p.1339.

The emergence of AIDS signalled a new fatal danger that emanated from a sexually transmitted disease for the first time in several generations. As the initial victims of this disease were all gay men, this group were quickly identified as one at most risk from this little-known illness. Berridge has argued that AIDS policy was driven from the 'bottom up' and perhaps unsurprisingly the initial sexual health advertising that emerged in the face of this disease followed a similar path.⁷¹⁰ AIDS sexual health advertisements were driven from those closest to the victims of the disease, therefore, gay activist groups and health workers became the early leading actors in the sexual health advertising fight against this disease. The advertisements from these activist groups were produced by a number of actors that operated with limited resources and small budgets.

In the early years of the disease the dominant terminology that surrounded AIDS and HIV (Human Immunodeficiency Virus) changed several times. In many countries, when the disease first appeared, the heavily stigmatised name of Gay-Related Immune Deficiency (GRID) was attached to the condition.⁷¹¹ However, although the earliest known sufferers did appear to share the same sexual orientation, evidence was soon reported of sufferers outside the homosexual community, (such as haemophiliacs⁷¹² the USA Haitian community⁷¹³, and injecting drug users⁷¹⁴). These cases demonstrated that the heterosexual population could also fall victim to the disease. GRID became less common, and the acronym AID (Acquired Immune Deficiency) was briefly dominant before an S was added to indicate the syndrome nature of the disease. By late 1982 the word AIDS was established and being used within the gay press on both sides of the Atlantic. Throughout 1983 the new acronym was adopted by others and became the dominant name for the disease across the world, so-much-so that it became ubiquitous and eradicated the controversial term GRID. A further change to the terminology of this disease occurred when the agent that acted as the causative transmittable virus that can lead to AIDS was discovered.⁷¹⁵ The name of the causative virus went through several iterations, such as

⁷¹⁰ Berridge (1996) p.1-55.

⁷¹¹ Richard Fisher, 'Cancer, poppers, and Gay men', *Gay Times*, (22nd July 1982), p.12.

⁷¹² Centre for disease control and prevention, 'Pneumocystis Carinii Pneumonia among Persons with Haemophilia A.', *Morbidity and Mortality Weekly Report*, (USA, 1982), p.365-67.

⁷¹³ A. E. Pitchenik et.al, 'Opportunistic Infections and Kaposi Sarcoma among Haitians: Evidence of a New Acquired Immunodeficiency State', *Annals of Internal Medicine*, 98. 3 (1983), p.277-84.

⁷¹⁴ Kent A. Sepkowitz, 'Aids—the First 20 Years', *New England Journal of Medicine*, 344. 23 (2001), p.1764-72.

⁷¹⁵ F Barre-Sinoussi et.al., 'Isolation of a T-Lymphotropic Retrovirus from a Patient at Risk for Acquired Immune Deficiency Syndrome (Aids)', *Science*, 220. 4599 (1983), p.868-71.

HTLV-III, before the acronym HIV (Human Immunodeficiency Virus) was settled upon and widely accepted.

During the period covered in this chapter the acronym AIDS was used to refer to the disease as a whole, and although the different conditions of HIV and AIDS are acknowledged, the remainder of this chapter will align itself with the historic terminology and use the term AIDS to refer to the disease.

Private sexual health clinics advertise AIDS assistance

In October 1985 the *Times* reported that a private sexual health clinic was due to open in London, this new consultancy was called Regent's Park Clinic.⁷¹⁶ What was remarkable about this particular clinic is that it was reported as the first private provider of sexual health services to be granted dispensation from the 1917 VD Act—although the truth of this claim is dependent on the unknown outcome of the Unicorn case (see above). Nevertheless, the Regents Park clinic—the brainchild of Miss Barbara Binding, a state registered nurse that had previous experience in the general private medicine industry—is known to have advertised. Binding suggested that people required a confidential out-of-hours service and that the new service would be of particular use to the vulnerable group of young adults (aged between 18-23) that worked in entertainment, media, or advertising 'that were either reluctant, or found difficulties going elsewhere'.⁷¹⁷ 1985 was a time of rising concern about AIDS and the new Regent's Park clinic allowed people access to private sexual health facilities, away from the glare of public—a particular benefit to anyone in the entertainment world that wished to avoid their sexual health status potentially becoming public knowledge.

⁷¹⁶ Pearce Wright, 'Private VD Clinic Given Freedom to Advertise', *Times*, (6th October 1985) p.3.

⁷¹⁷ Ibid.

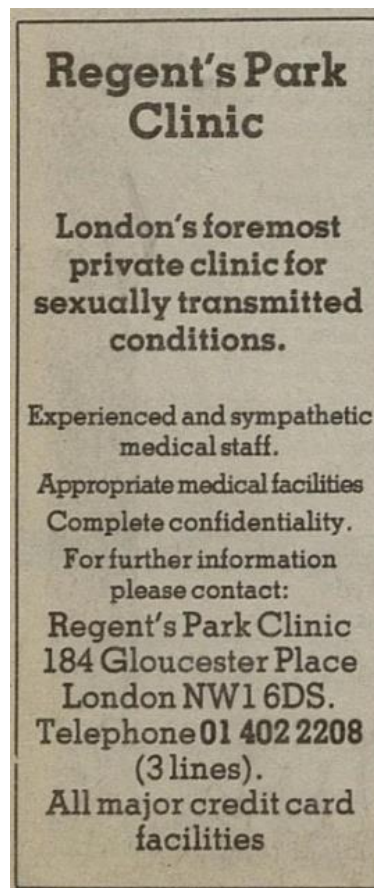


Fig 7.2 Regent's Park Clinic, *Gay Times*, November 1985

By November of 1985, Regent's Park clinic had commenced its legal sexual health advertising campaign, with an advertisement (Fig 7.2) printed within the 'Round Britain Gay Guide' section of the *Gay Times*—a monthly national publication produced for the homosexual community.⁷¹⁸ The Regent's Park advertisement had been placed directly below an advertisement for the London Gay Switchboard—a popular facility in the gay community for advice, including health information on AIDS. Regent Park's initial advertisement was simple and short; it comprised of a headline that gave the clinic's name, followed by copy that declared the clinic's position as 'London's foremost private clinic for sexually transmitted conditions'. The 'foremost' message provided the audience with a sign that this clinic was a superior offering to other such providers. The next three lines of copy highlighted to the audience key attributes of the clinic, 'Experienced and sympathetic medical staff', 'appropriate medical facilities'; and 'complete confidentiality'. The final line told the audience that 'all major credit cards were accepted', and served a double purpose, not only did it perform the obvious function of letting the potential patients know that credit cards were accepted, but it also subtly underlined to the reader that payment was

⁷¹⁸ 'Regent's Park Clinic', *Gay Times*, Issue 87, (November 1985), p.92.

required for the services provided and reaffirmed that this was a clinic outside of the NHS network.

The *Gay Times* brought the clinic's AIDS services to the attention of their readers through an editorial piece.⁷¹⁹ Regent's Park Clinic was viewed as a place that the gay community could attend and 'retain one's dignity and self-respect'.⁷²⁰ By February 1986 Regent's Park had modified their advertisements (Fig 7.3), with AIDS more prominent. The new advertisement directly stated that HTLV-3 testing was available, and the discretion assured to the audience was reenforced by the 'in house pharmacy' and 'complete confidentiality' that the clinic offered.⁷²¹

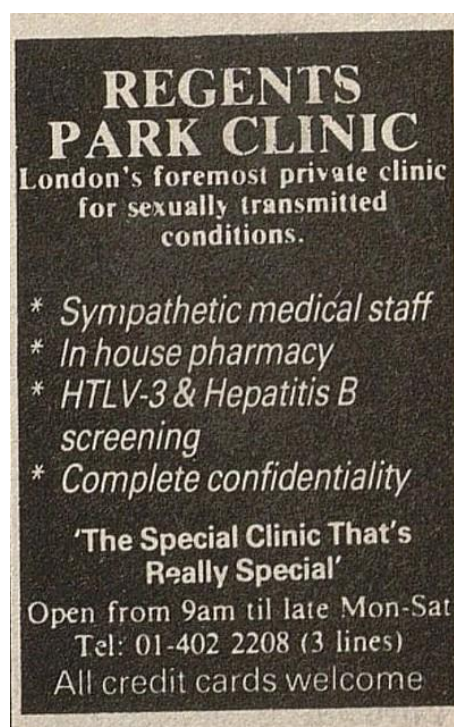


Fig 7.3 Regent's Park Clinic February 1986.

Regent's Park Clinic did not limit their advertising to the gay press, they looked to radio as another platform to advertise—although once again obstacles needed removing that stood in the path of the advertisement. On 30th January 1986 *The Guardian* reported that the clinic had 'won its fight to be the first such clinic to advertise on commercial radio'.⁷²² Capital Radio 'the largest independent commercial radio station' agreed to take the radio advertisement for a trial period following a consultation with the Independent

⁷¹⁹ 'Private clinic for VD', *Gay Times*, (October 1985), p.26.

⁷²⁰ Letter from Julian Spencer, *Gay Times*, (1st December 1985), p.5.

⁷²¹ 'Regent's Park Clinic', *Gay Times*, (February 1986), p.21.

⁷²² Dennis Barker, 'VD Clinic Scores a First', *The Guardian*, (30th January 1986), p.2.

Broadcasting Authority—the trail was allowed because the subject was one ‘where education is of primary importance’.⁷²³ The radio station reassured the public that the advertisement ‘would be timed carefully to go out when children were not listening’.⁷²⁴

Although reportedly the first, Regent’s Park was not the only private clinic to advertise their services during the following months and years. The range and frequency of advertisements for private sexual health services that were printed in the pages of the gay press indicates that the number of clinics that produced sexual health advertising increased significantly over the period of the initial AIDS crisis and understandably AIDS played a prominent role within these advertisements. Headlines such as ‘Are you worried about AIDS?’ (Fig 7.4), the offers of AIDS counselling services, and reassurances of anonymity and confidentiality (Figs 7.5 & 7.6a, b, c.) all provided signs and codes that the audience could interpret as uncertainty and fear that surrounded the disease. Further, language within the advertisements often referred to the speed and efficiency of the test procedure, this provided the audience a message that a sense of urgency was required.

Are you worried about AIDS?

The Gloucester Clinic will be able to help you. We provide a sympathetic counselling and blood testing service which enables you to discuss your problems with fully-qualified and understanding specialists who will respect your anonymity and guarantee complete confidentiality. We believe you will find our fees modest and results of blood test are advised within 48 hours. To make an early appointment, or for further particulars, call us on

01-370 6126

We are open 7 days a week from 9am to 9pm. Major Credit Cards accepted.

The Gloucester Clinic

104 Gloucester Road, London SW7 4RH
Tel: 01-370 6126

We Appreciate Your Concern

Fig 7.4 Worried, *Gay Times*, March 1987, p.104.

⁷²³ Ibid.

⁷²⁴ Ibid.

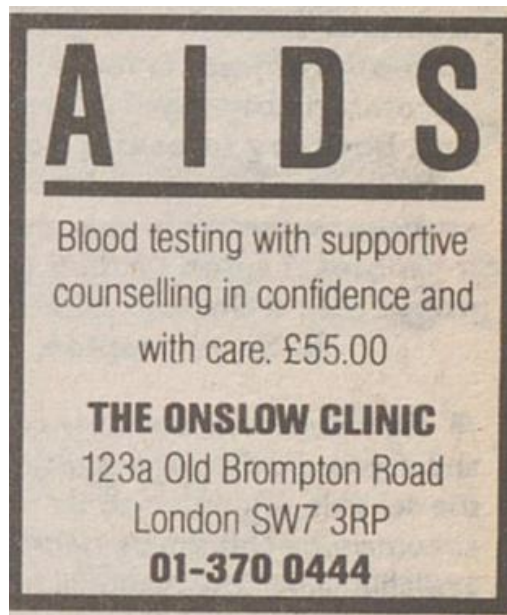


Fig 7.5 Onslow, *Gay Times*, May 1987, p.105



Figs 7.6 a, b, &c Three clinic adverts, *Gay Times*, August 1987, p.101

Despite investigation it remains unclear whether any of these clinics (other than Regent's Park Clinic) received the dispensation from the 1917 VD Act to legally advertise their services. Given the volume and frequency that they appeared within the pages of the gay press it seems extremely unlikely that these adverts would have gone unnoticed by anyone wishing to enforce the law. A search for legislative action regarding these advertisements has failed to uncover any legal challenges. As the law remained unchanged, two conclusions can be reasonably drawn. Firstly, these advertisements received the dispensation required. Secondly, and arguably more likely, was that despite being in contravention of the law the clinics were left to advertise unchallenged.

The sexual health advertisements for these clinics were mainly simple text-based advertisements, yet as seen they contributed to the discourse of AIDS through the language

utilised. These signs and codes portrayed AIDS as a disease that required the infected subject to seek urgent and speedy testing, whilst remaining discreetly clandestine.

The sexual health advertising reaction to the AIDS crisis

Berridge and Strong have argued UK policy on AIDS was driven from the ground upwards.⁷²⁵ That ‘ground-up’ evolution of policy shared similarities with the way AIDS sexual health advertising developed, in that much of the early advertising to raise AIDS awareness came from gay activist groups. These activists worked with small budgets and an ever-developing understanding of the new disease. Understandably sexual health advertising from these groups were highly ephemeral, as there was a distinct need to update advice as new issues with the disease came to light.

Activists and volunteers AIDS advertising

The small independent activist groups that were raising awareness of AIDS through their own advertising included groups such as: the London Lesbian and Gay switchboard; the Nottingham AIDS helpline (NAH); Yorkshire MESMAC; and the Terrence Higgins Trust (THT). Often the outputs took the form of leaflets that contained up-to-date information on the disease and were distributed through gay newspapers and in gay venues such as pubs and bookstores. The ever-changing nature of the disease meant that in many cases leaflets were often out of date soon after they had been distributed.

Arguably the most prominent of these groups was the Terrence Higgins Trust (THT) first formed by Martyn Butler and Rupert Whitaker—the partner and friend of Terry Higgins. The group was formed in response to the treatment that Terry and his partner had received while Terry was dying of an AIDS related illness.⁷²⁶ Terry died on the 4th of July 1982 at St Thomas' Hospital, London, in a state of ‘abject misery’.⁷²⁷ A group of Terry’s friends met in the aftermath of his death to discuss what had happened, and what they could do to prevent a similar experience for others suffering from AIDS. They decided to set up a trust under the name of the Terry Higgins Trust.⁷²⁸ As Terry had become one of

⁷²⁵ Berridge and Strong (1991) and (1993); Berridge (1996).

⁷²⁶ Bob Workman, ‘Disease fears hit UK’, *Gay News*, (9th December 1982), p.3.

⁷²⁷ Cancer nurse Ricard Wells quoted in Berridge (1996) p.15.

⁷²⁸ THT, ‘How It All Began’, Terrence Higgins Trust, (2019), online, <<https://www.tht.org.uk/our-work/about-our-charity/our-history/how-it-all-began>> [accessed 25/1/2019]

the first people that was known to have died due to AIDS related illness in the UK, the group hoped that in naming the trust after him it would humanise and personalise AIDS.⁷²⁹

On the 21st May 1983, a joint meeting was held by several gay activist groups that focused on how to tackle AIDS.⁷³⁰ This meeting was organised with the help of the HEC and led by gay activist groups including the Terry Higgins Trust.⁷³¹ Following this gathering a small group of committed volunteers from a range of backgrounds came together and decided upon a significant restructuring of the Terry Higgins Trust.⁷³² Several changes were implemented, including setting up a bank account, and adopting the more formal name of Terrence Higgins Trust, and in January of 1984 the new THT gained charitable status.⁷³³ Berridge has discussed the importance of action groups such as the THT in helping to shape UK policy on AIDS.⁷³⁴ It is therefore perhaps unsurprising that the role that these organisations had in sexual health advertising in relation to AIDS was also significant.

Although the THT was a significant actor in driving AIDS sexual health advertising it is also important to acknowledge the impact that many smaller regional groups had. Gay volunteer/activist groups emerged throughout the country such as Gay East Midlands (GEM); Yorkshire MESMAC; and Nottingham AIDS Helpline (NAH).

In June 1983 GEM began to produce a monthly magazine of the same name for distribution within the gay community around the East Midlands area. The initial print run of *GEM* was a thousand copies, which was increased to 1,500.⁷³⁵

Despite the initial promising print runs the magazine was short-lived—following insufficient advertising revenue the magazine shut down in March 1984. However, in its short lifespan the magazine ran several articles on the topic of AIDS, these articles also included examples of sexual health advertising. The adverts were often accompanied by light-hearted cartoons, which would no doubt have helped to grab the audience's attention.

⁷²⁹ Ibid.

⁷³⁰ Colin Clews, *Gay in the 80s* (Kibworth Beauchamp: Matador, 2017), p.250.

⁷³¹ Berridge (1996), p.18.

⁷³² Ibid.

⁷³³ THT, 'How It All Began', Terrence Higgins Trust, (2019) <<https://www.tht.org.uk/our-work/about-our-charity/our-history/how-it-all-began> > [accessed 25/1/2019]

⁷³⁴ Berridge (1996) Berridge and Strong (1991) & (1993).

⁷³⁵ Clews (2017).



Fig 7.7 Front cover of *GEM* issue 1

Fig 7.8 shows examples of these cartoons and some of the safer sex issues that *GEM* addressed. The topics covered within the images helped convey the latest available information about AIDS to the audience, such as the safety of ‘deep kissing’.⁷³⁶ Further, safer sex was promoted through signs of eroticism and sexual adventure as the audience were urged to be creative when thinking about safer sex.



Fig 7.8 A selection of safer sex cartoons printed in *GEM* magazine, (September 1983) p.6⁷³⁷

⁷³⁶ *GEM* (September 1983) p.6.

⁷³⁷ Colin Clews Archive.

The AIDS crisis in the UK emerged after the disease had already become established in the USA. Therefore, AIDS sexual health advertising was comparatively further developed within USA gay communities. The UK gay community looked to their American counterparts for inspiration. Fig 7.9 shows one example of this, the advertisement was printed in the October edition of *GEM* magazine and was a direct reprint of one produced by the Harvey Milk Democratic Club—based in San Francisco.⁷³⁸ The images in the advertisements were light-hearted but carried a message to the audience about key aspects of the latest medical information. In the image on the left of the advertisement, the message about the dangers in exchanging bodily fluids was given a humorous and risqué twist through the depiction of a barman serving alternative ‘protein drinks’. Similarly, the image on the right depicted the perceived dangers in promiscuity, through the image of a man wearing a t-shirt with the slogan ‘so many men. So little time’. The copy within the advertisement also enforced these two central messages to the audience.

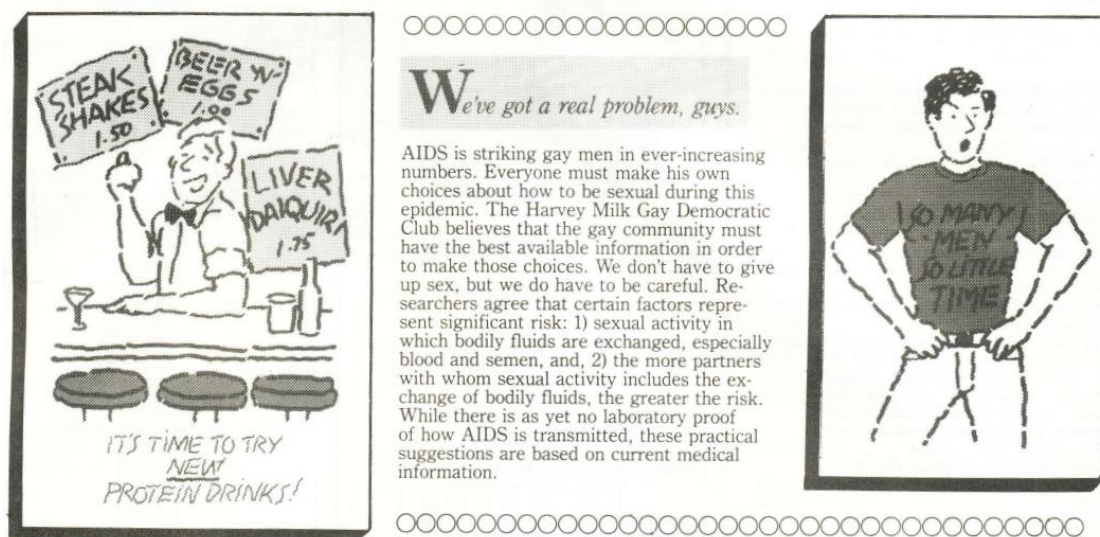


Fig 7.9 We've got a real problem, Harvey Milk democratic Club, in *GEM*, Oct 1983, p.7

Budgets were often limited, and the designers of leaflets and posters often had to be creative in their approach to designs—Fig 7.10, shows an example of this creativity. The design by Colin Clews for Nottingham AIDS Helpline was created by physically cutting out a silhouette paper chain to represent women.⁷³⁹ This was specifically for a leaflet titled ‘AIDS and women’. Once the paper chain women were cut out, Clews reduced the size on

⁷³⁸ ‘We’ve got a real problem’, *GEM*, (October 1983), p.7.

⁷³⁹ Colin Clews has been a prominent gay activist in several different communities across the UK and Sydney, Australia. He has worked with many different gay activist groups including THT, GEM, NAH, and lesbians and Gays support the miners.

a photocopier and then worked the silhouettes into the front cover of the leaflet design.⁷⁴⁰ The 'chain' provided the audience with signs of interconnected community and Clews hoped that this design would be interpreted as the message that 'AIDS affects us all, whether we have the disease or not'.⁷⁴¹

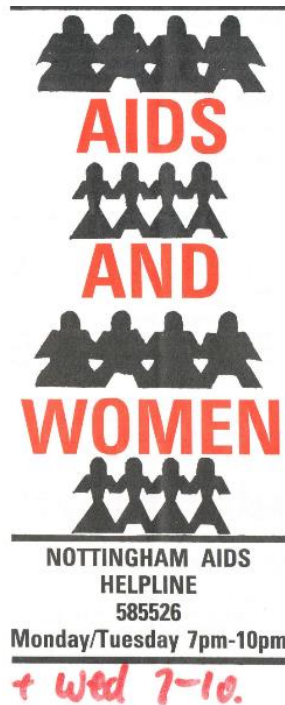


Fig 7.10 NAH, AIDS and Women leaflet, 1985. ⁷⁴²

The THT also regularly produced sexual health advertisements to inform the community on the latest developments or simply as way of advertising their helpline number (such as Fig7.11). In September 1985, after years of trying to get government recognition and support, the THT received a £35,000 grant from the government to produce more leaflets and to support the telephone helpline that they had been running since February of 1984.⁷⁴³ THT sexual health advertisements were regularly placed in the pages of the gay press and a feature of these advertisements was the behaviour change that they encouraged.

⁷⁴⁰ Colin Clews, '1985/86 Hiv/Aids Education on the Cheap', Gay in the 80s (2013), online, <<https://www.gayinthe80s.com/2013/08/198586-hiv-aids-education-on-the-cheap/>> [accessed 31/1/2019]

⁷⁴¹ Ibid.

⁷⁴² AIDS and Women, NAH, Colin Clews' personal archive.

⁷⁴³ Schramm-Evans (1990), p.222

**Worried or Concerned
about
A.I.D.S.?**

**For the Facts phone
THE
TERRENCE HIGGINS
TRUST**

HELPLINE

01-278-8745

7pm-10pm Daily

**The
Terrence Higgins Trust**
A registered charity to inform, advise
& help on A.I.D.S.
Charity Reg No. 288527. Company
Reg. No. 1778149. Registered
in England.

Fig 7.11 THT, worried, *Gay Times*, (July 1985) p.2

ACTION AGAINST Aids

Preventing the spread of HTLV-III – the virus which can cause Aids is the responsibility of all of us. These simple guidelines will help protect you and your sexual partner.

- 1 Do not come inside your partner.
- 2 If you really want to fuck, use a condom and a water-based lubricant.
- 3 Avoid activities which expose you and your partner to blood.

Safer sex is a positive commitment to health and a positive commitment to our sexual identity. Our new SAFER SEX leaflet will give you more ideas – write for one today!

**HTLV-III ANTIBODY
TESTING**

If you are thinking of taking the HTLV-III antibody test talk about it with the Trust and read our leaflet 'To Test or not to Test?' before you decide.

**DO NOT TELL ANYONE EXCEPT POSSIBLY YOUR
CLOSEST FRIENDS IF YOUR RESULT IS POSITIVE. THE
TRUST AND BODY POSITIVE ARE HAPPY TO TALK
THINGS OVER WITH YOU.**

For more information phone Terrence Higgins Trust 7pm to 10pm Mon-Fri; 3pm to 10pm Saturday & Sunday 833 2971
For leaflets and donations our address is THT, BM AIDS, LONDON WC1N 3XX
Write now, and please enclosed a stamped, addressed envelope.

**THE
TERRENCE HIGGINS TRUST**
A registered charity to inform, advise and help on A.I.D.S. (Acquired Immune Deficiency Syndrome).

Fig 7.12 HTLV-III, THT in *Gay Times*, (Feb 1986), p.53

THT provided the audience advice in their HIV antibody testing advertisement (Fig 7.12) which was placed in bold uppercase letters and read, 'DO NOT TELL ANYONE EXCEPT POSSIBLY YOUR CLOSEST FRIENDS IF YOUR RESULT IS POSITIVE'. This copy was full of codes and signs for the audience to interpret, for example the language portrayed a situation for the infected subject of intense vulnerability, and that the situation was so serious that nobody could be trusted with that information. Further, the word 'possibly' also played a role in this advertisement, rather than allaying any fears that the audience had and that they could trust their closest friends, the uncertain language implied a doubt and suggested that even those closest to the infected subject might be willing to break their confidence, such was the gravity of the disease. The audience was left to ponder: what would happen if the advice was not heeded? who would break their trust?

and what would others do with that information? Despite the offer ‘to talk things over’ the advertisement depicted the infected subject as a lonely and vulnerable figure.

Fig 7.12 was also interesting for another behaviour change it attempted to elicit in the audience—safer sex. As seen within the *GEM* sexual health advertisements, safer sex was a notion that was being promoted within the gay community. Safer sex involved changing sexual behaviours, adopting new ones, and wearing condoms for penetrative sex. To promote the notion of safer sex the safety pin became a symbol and was promoted in the gay community as a way of discreetly indicating to others that you practised safe sex. When attached to clothing a safety pin acted as a subtle message that others in the community would understand—but would not be too obvious to many outside the community. Internal communication through symbolism and codes was a well-established method of interaction within the gay community. Over the course of the twentieth-century several codes had been utilised in this way from differently coloured and positioned handkerchiefs placed in the back pocket of jeans/trousers to indicate different sexual preferences and roles (Fig 7.13), to the use of Polari, the language that many homosexuals used to talk freely without others understanding.⁷⁴⁴



Fig 7.13 Hanky Code by GMFA.⁷⁴⁵

⁷⁴⁴ Paul Baker, *Polari—the Lost Language of Gay Men*, (London: Routledge, 2003).

⁷⁴⁵ Bishopgate Institute Ref: GMFA/31

For these discreet methods of communication to work the intended audience needed to know what the message was saying. Word-of-mouth was one way that the safety pin symbol was disseminated, and sexual health advertising—distributed throughout the gay community—was another way of getting this semiotic message out. The safety pin became a motif used within sexual health advertising (Fig 7.14 and 7.15).

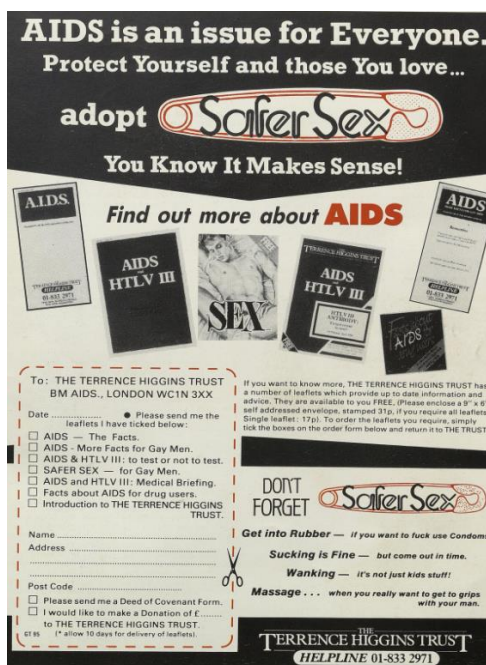


Fig 7.14 THT adopt safer sex, *Gay Times*, (September 1986), p.107

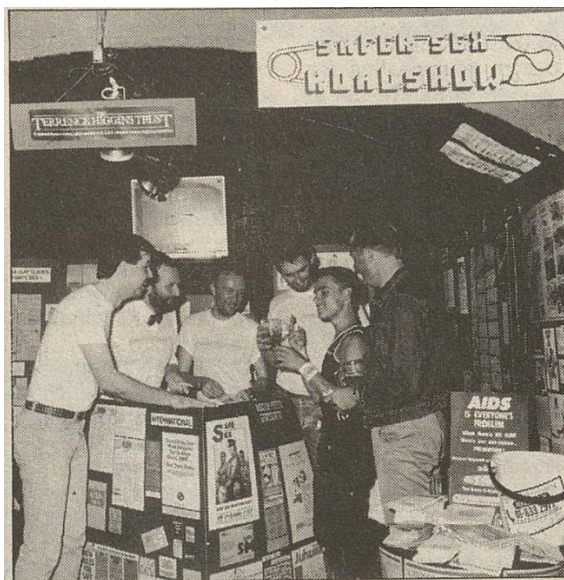



Fig 7.15 THT Safer sex roadshow, *Gay Times*, November 1986, p.10

The THT was not the only activist group using the safety pin motif. The leaflet in Fig 7.16 was a 6pp roll-fold configuration designed and distributed by NAH, that was produced to disseminate the safer sex message throughout many sub-sections of the gay community.

SAFER SEX




A GUIDE FOR GAY MEN


Nottingham AIDS Helpline
585526
Monday / Tuesday 7pm - 10pm
+ Wed. 7 - 10pm.

SAFER SEX IS STILL GREAT SEX!
AIDS or no AIDS, gay sex is still fun sex. TIME TO USE YOUR IMAGINATION!!! For example, have you ever thought about -

Mutual masterbation
Group masterbation
Lots of body contact
Fantasies
Mirrors
Dressing up - leather, uniforms - you name it!
Wrestling
Videos
LOTS OF BODY CONTACT
Role play
Bondage, beating, and spanking
Unshared sex toys (i. e. one - or more - each)
Hot talk
S&M (but don't break the skin!)
Books and magazines
Body painting
Using food imaginatively (e.g. fresh cream from pump dispensers)
Explore your fetishes
Massage
A change of surroundings (use your imagination!)



Wrestling



Be Creative!

AND LOTS OF BODY CONTACT!!!!

And a lot of gay men are now displaying safety pins to indicate they're into safer sex.




Fig 7.16 NAH a guide for Gay Men leaflet, February 1986.⁷⁴⁶

The front page of the leaflet contained a cartoon image of a male dressed in a combination of clothes associated with various sub-groups from within the gay population. For example, the character was shown wearing a harness on his torso—an item of clothing that was associated with the 'leather' sub-group. Another example is the fishnet stockings on his left leg complete with a stiletto shoe, signs that would no doubt have been recognised associated with the drag community. In a discreet message of safer sex, the character held up a safety pin in his left hand. The heading and copy in the leaflet contained a much more direct safer sex message and used graphic language. The text was split into sections with headlines such as 'What do we know about AIDS?'; 'What does this mean for me?'; and 'Safer sex can still be fun!'.⁷⁴⁷ The cartoons within this advertisement ensured the tone was light-hearted. For example, next to the suggested sexual practice of

⁷⁴⁶ NAH Safer Sex, (February 1986), Colin Clews Archive.

⁷⁴⁷ Ibid.

‘using food imaginatively’ was a cartoon of a couple, one of which was covered from his feet to his chin in spray cream. The safety pin motif was used twice more within the advert, each more prominent than the front page. On the back page the depiction of a safety pin was placed on its own at the foot of the page, and in a section about ‘great sex’ a man was depicted with a safety pin over his head. This could have been interpreted by the audience as a symbolic of a halo, or perhaps as the character thinking about safer sex—either way it represented a positive image of safer sex for the audience to interpretate. The copy that accompanied this image helped disseminate the code within the community ‘a lot of gay men are now displaying safety pins to indicate they’re into safer sex’.⁷⁴⁸ The Gay community were not the only stakeholders to utilise the safety pin as a symbol for safer sex. Fig 7.17 is a reproduction from a Canadian sexual health advertising campaign in Vancouver used by both Sander Gilman and then subsequently by Cooter and Stein in their discussions of AIDS posters.⁷⁴⁹ Although this poster is outside of a British context, we have already seen a transatlantic influence within sexual health advertising at this time. Albeit in a Canadian setting this advert shows that the safety pin motif was utilised in AIDS advertising outside of gay activist produced material.



Fig 7.17 Play Safe, Vancouver, 1986.

⁷⁴⁸ Ibid.

⁷⁴⁹ Sander Gilman, *Health and Illness*, (London: Reaktion Books, 1995), p.128; and Cooter and Stein (2010).

Up to the end of 1985 the role of sexual health advertising on the subject of AIDS had thus far been predominantly undertaken by the small activist groups. However, as 1985 progressed a combination of the pressure exerted by these activist groups and rising infection rates stirred policy-makers into action.⁷⁵⁰

Don't aid AIDS

In December 1985 the Secretary of State for Health and Social Services, Norman Fowler, announced that £2½ million had been allocated for a national information campaign on AIDS. The announcement signalled the first government-led national sexual health advertising campaign on AIDS, it was scheduled to begin in the spring and run throughout the remainder of 1986.⁷⁵¹ Fowler stated that the campaign would be directed at the public in general and would also be coupled with a series of targeted campaigns for those known to be at special risk.⁷⁵²

The DHSS tasked advertising agency Tragos Bonnage Wiesendanger Ajroldi (TBWA) with designing a series of national newspaper AIDS advertisements—although the final output was to be authorised at governmental level. The authorisation would come through the DHSS, which reported to the sub-committee of the Cabinet Home and Social affairs—this special committee had been set up to specifically address the range of issues that surrounded AIDS.⁷⁵³ ‘Don't Aid AIDS’ (DAA) was the running strapline that appeared in the government and TBWA's initial AIDS outputs.

On Sunday 16th March 1986 DAA got off to a highly visible if somewhat inauspicious start. In some of the newspapers the advertisement was a one-page statement.⁷⁵⁴ However, in the *Mail on Sunday* the advertisement was three-pages long (Fig 7.18a, b, & c). This version opened with a warning to the audience that the following pages contained language and content about AIDS that some might find shocking.⁷⁵⁵ After this dramatic opening statement the remainder of the advertisement may well have left the

⁷⁵⁰ Berridge and Strong (1991).

⁷⁵¹ Norman Fowler, 'Aids: House of Commons Debate', *Hansard*, (2nd December 1985) Vol.88 Cc1-2w.

⁷⁵² Fowler's previous experience as the Transport Secretary, where he had presided over publicity on the dangers of drink driving, and seatbelt campaigns, would no doubt have helped.

⁷⁵³ This sub-committee was chaired by Willie Whitelaw and was given the shorthand title of H (A)

⁷⁵⁴ For example, *The Sunday Telegraph*, (16th March 1986), p.5; *Sunday Mirror*, (16th March 1986), p.6; and *The Observer*, (16th March 1986), p.4.

⁷⁵⁵ TBWA and DHSS, Don't Aid AIDS three-page advertisement in *Mail on Sunday* (16th March 1986), p10-12, NA/JA/235/54.

audience somewhat underwhelmed. The warning page was followed by the same advertisement that appeared in the other Sunday newspapers with the headline 'Are you at risk from AIDS?'. This page was primarily full of small text, which provided the audience information on the science behind the virus, alongside potential methods of transmission. The only pictorial element of this page was a scientific diagram of the virus. The final page of the advert was headlined 'The birds, the bees and AIDS. The new facts of life'. It followed the same text-laden format as the previous page. The copy again described the virus and ways in which it can be transmitted with three diagrams interspersed throughout the text, although these were also in a medical style.

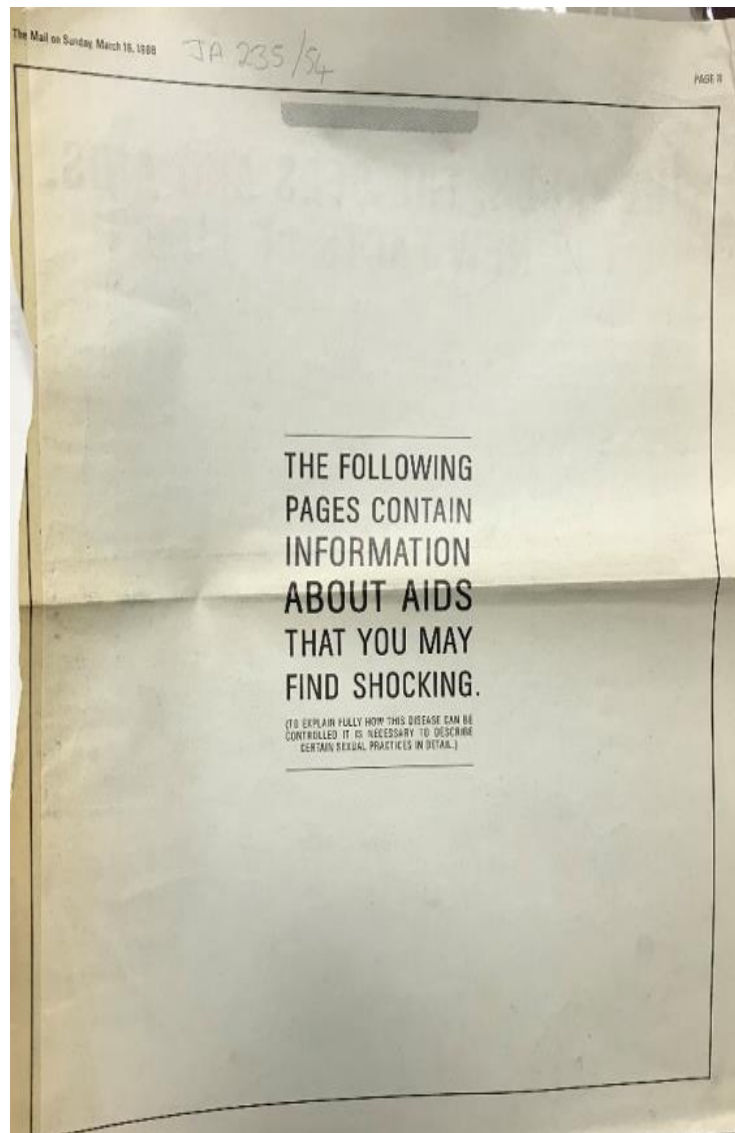


Fig 7.18a DAA *Mail on Sunday*, 16th March 1986 p10

The Mail on Sunday, March 18, 1986 PAGE 11

JA 235/54


ARE YOU AT RISK FROM AIDS?

AIDS is a serious disease. But all the information available has been correct, accurate, so many people are confused about who is at risk, how the disease is spread, by how dangerous it is. To explain the facts simply, it is necessary to describe certain sexual practices. These may shock but should not offend by an over-reaction about an urgent medical problem.

Please read this carefully. It is up to you and your partner to decide whether to have sex. It is your choice about AIDS that we can help to control the spread of this disease. This requires an effort by all of us.

Donald Anderson
AIDS Research Unit
Queen's University Belfast
R. P. Hill
AIDS Research Unit
The General Hospital
Belfast

WHAT IS AIDS?
AIDS stands for Acquired Immune Deficiency Syndrome. It is caused by a virus that attacks the body's natural defence system. This is why some people who have the virus can fall prey to infections and other illnesses which could trouble healthy people. Not everyone who carries the virus develops AIDS. But, anyone who has the virus can pass it on. At present there is no other a vaccine to prevent people catching the virus nor a cure for those who develop AIDS.



HOW IS AIDS SPREAD?
AIDS is spread through sexual contact. It is spread by having sex with an infected person or by injection of contaminated blood. So normal social contact with a person who carries the virus such as shaking hands, hugging and social kissing carries no risk. Nor does being at school or at work with infected people.

DOES AIDS ONLY AFFECT HOMOSEXUALS?
NO.

IS AIDS SPREAD BY OBJECTS TOUCHED BY INFECTED PEOPLE?
No-one has ever become infected from toilet seats, door knobs, clothes, towels, swimming pools, food, cups, cutlery or glasses.

ARE BLOOD TRANSFUSIONS SAFE?
Before the virus was discovered, there was a very small risk from blood transfusions. Now all blood donations are screened for the infection. Any blood found to be infected is rejected. The process of giving blood is not and never has been risky. All the equipment at blood donation centres is sterile and used once only.

HOW IS AIDS SPREAD?
In two ways. 1. The virus spreads mostly through sexual intercourse with an infected person. 2. It is also spread if an infected person's blood gets into someone else's blood. The major risk of this happening is to drug users who share needles or other equipment. 3. Babies of infected mothers are also at risk, in the womb, during birth, or from breast milk.

HOW DO YOU KNOW IF YOU ARE AT RISK?
Injecting drug users are at risk if they share needles or other equipment. By far the best solution is not to inject at all. Those who persist, should use clean equipment. However, the major risk of infection is through sex. The more sexual partners someone has the more likely they are to have sex with an infected person. Cutting down on casual relationships cuts down the risk. The next line of defence is to know what is safe sexual practice and what is not.

WHAT IS SAFE SEX?
1. Any sex between two people who are uninfected is completely safe.
2. Hugging, squeezing and feeling are all safe with anyone.

WHAT IS RISKY SEX?
1. Sexual intercourse with an infected person is risky.
2. Using a sheath reduces the risk of AIDS and other diseases.
3. Rectal sex involves the highest risk and should be avoided.
4. Any act that damages the penis, vagina, anus or mouth is dangerous, particularly if it causes bleeding.
5. Intimate kissing with an infected person may be risky.

WHAT IS THE FUTURE?
Doctors and scientists around the world are searching urgently for a vaccine or cure. No-one can predict when this might be found, but it is almost certain it will take some time yet. But AIDS can be controlled by reducing the spread of infection. These facts show how it can be done.

MORE INFORMATION
For the booklet on AIDS, containing more detailed information and advice, write to Dept A, P.O. Box 100, Milton Keynes MK1 1TX. Or call in strict confidence.

THE HEALTHLINE TELEPHONE SERVICE:
01-981 2717
01-980 7222 or
0345 581151.

If you are calling from outside London, use the 0515 number and you will be charged at local rates.

DONT AID AIDS

7.18b DAA Mail on Sunday, 16th March 1986 p11


PAGE 12

JA 235/54

The Mail on Sunday, March 18, 1986

THE BIRDS, THE BEES AND AIDS. THE NEW FACTS OF LIFE.


AIDS stands for Acquired Immune Deficiency Syndrome. It was first identified in America five years ago, when large numbers of people came down with unusual diseases. The germs that cause these diseases are present all the time, but are normally resisted by the body's immune system. Specialists soon discovered the cause to be a new virus in the blood. Its scientific name is HTLV-III. To everyone else it's the AIDS virus.



It weakens the immune system by attacking the very cells (T-cells) that usually identify germs in the blood. In itself, this doesn't harm you. But it does mean any other virus or bacteria can attack your body without it responding. This is why people who carry the virus can fall prey to infections and cancers which rarely trouble healthy people. On present information it takes between six weeks and five years, or even longer for the full disease to develop. Though every carrier can pass on the virus, not every one falls victim to the disease. Three-quarters remain fit and seem to suffer no ill effects. Why this is, scientists still don't know. But it does give some hope for the future. And for anyone who discovers they have the virus.

IF AIDS IS A BLOOD DISEASE, WHERE DOES SEX COME IN?

Fortunately the HTLV-III virus is very fragile. In normal circumstances, it cannot survive in the open. Or at least only for seconds. So it cannot be passed on by normal social contact. It only survives in body fluids. In blood, semen, saliva and tears. However, no-one has caught the disease from saliva or tears. All proven cases have been caused by blood or semen. So the only way the virus is transmitted is by blood to blood, or semen to blood. Before the virus was identified, some people were infected by blood transfusions. (Many people suffering from haemophilia were infected as they need injections of certain blood products regularly.)



Today all blood donations are screened. And all blood products are heat treated to kill any virus present. Now the people most at risk from blood infection are drug users who share needles. (Unfortunately babies of infected mothers can also easily

7.18c DAA Mail on Sunday, 16th March 1986 p12

As an opening shot at government-led AIDS sexual health advertising DAA was widely received as a disappointment.⁷⁵⁶ The amount of text and lack of imagery combined to produce an advertisement that would have been hard work for many of the audience to engage with, and it was argued that that many of the audience would not invest the time required to absorb the advertising message.⁷⁵⁷

Following this initial advertisement more were published in the DAA series, these advertisements had a little more imagery, but still contained a significant amount of small sized copy. The first of these advertisements posed a question to the audience about the infected subject ‘What kind of people get AIDS?’ (Fig 7.19). This was accompanied by a number of pictorial representations, a smartly dressed male, a younger male in more casual attire, and a woman holding a baby, which provided a maternal image. The advertisement made use of the infected subject, with all four depictions of humans presented to the audience as potential candidates. The audience were encouraged to seek out the facts surrounding AIDS, so that they could avoid becoming infected subjects themselves. Some rationale for selecting these particular representations was provided by the DHSS. The young man in the suit was chosen because ‘many more men than women have been infected so far’.⁷⁵⁸ The juvenile boy featured because ‘young people who experiment with sex or drugs are vulnerable’.⁷⁵⁹ And the young woman with child was selected because ‘women can catch the AIDS virus too. And they can pass it on to their unborn child’.⁷⁶⁰ This final choice used the tactic of eliciting a sense of guilt in the audience, through the depiction of the mother holding the baby—a sexual health advertising technique that we have encountered previously in this thesis.

⁷⁵⁶ Andrew Veitch, ‘£62m plan to fight Aids urged’, *The Guardian*, (30th July 1986), p.3.

⁷⁵⁷ Ibid.

⁷⁵⁸ Internal DHSS note NA/JA/235/55.

⁷⁵⁹ Ibid.

⁷⁶⁰ Ibid.

These are the facts.

Doctors don't have a cure for AIDS yet. But we do know how it's spread and how to control it.

WHAT KIND OF PEOPLE GET AIDS?

The AIDS virus is not just caught by homosexual men and drug addicts. Many more men than women are infected so far. But all men and women can catch it and

FIRST, about sex. There is no risk if both partners know they're not infected. But if you're not sure about your partner – to be safe, don't have

sex. If you do have sex, men should wear a condom (also called a sheath or a rubber). This cuts down the risk of infection.

The more partners, particularly male partners, you have, the more likely it is that one of them will be in-

So remember – these are the two ways you are likely to get AIDS. No one has been infected through normal day to day contact.

As children grow up they may experiment with sex or drugs. So if you are a parent, make sure they too know the risks.

For more detailed information write for the AIDS booklet to Dept A, PO Box 100, Milton Keynes, MK1 1TX.

Young people who experiment with sex or drugs are vulnerable.

THE KIND THAT DON'T KNOW THE FACTS.

Many more men than women have been infected so far.

pass it on. It depends on how you behave.

The only ways you are likely to catch the AIDS virus are through sex with an infected person – and by sharing needles if you inject drugs.

You can't tell if someone is infected. They can look and feel completely well – and not know they have the AIDS virus. Probably 30,000 people are already infected in the UK. Don't join them.

Women can catch the AIDS virus too. A woman can pass it on to her unborn child.

Sex which might damage the anus, vagina, penis or mouth is particularly dangerous if one of the partners is infected. Anal sex involves the greatest risk. Avoid it.

SECOND, about drugs. If you inject drugs, do not share needles or other equipment. Better still don't inject at all. Just one fix with an infected needle can give you the AIDS virus.

More detailed information is available. 0345 581151.

If you are dialling from outside

THE HEALTHLINE TELEPHONE SERVICE
01-981 2717, 01-980 7222 or 0345 581151.

London, use the 0345 number and you'll be charged at local rates.

D O N T A I D A I D S

Fig 7.19 What kind of people in *The Observer*, 21st September 1986, p.5

As part of the DAA campaign sexual health advertisements were published in magazines and newspapers that were deemed popular with audiences seen as being at particular risk—such as the gay press and youth magazines. These advertisements all followed a different layout to the mainstream newspaper advertisements. They all had one large image with a section of copy underneath, and all had the DAA strapline. Fig 7.20 shows an advert titled ‘at least rock and roll can’t give you AIDS’, which featured a t-shirt with the slogan ‘Sex & drugs & rock n’ roll’, this was a well-used and popular slogan about enjoying the excesses of life, and one that many within the target audience would have recognised. The headline in the advertisement used a code that arguably would have been

easy for the audience to decipher—in that it implied that both sex and drugs could now be fatal. In addition, the copy also utilised language addressed to the target audience. It used the metaphor of music to declare that ‘AIDS may have you on its hit list’ but this could also have been interpreted through the connotations of death such as the metaphor of a hitman’s hitlist.

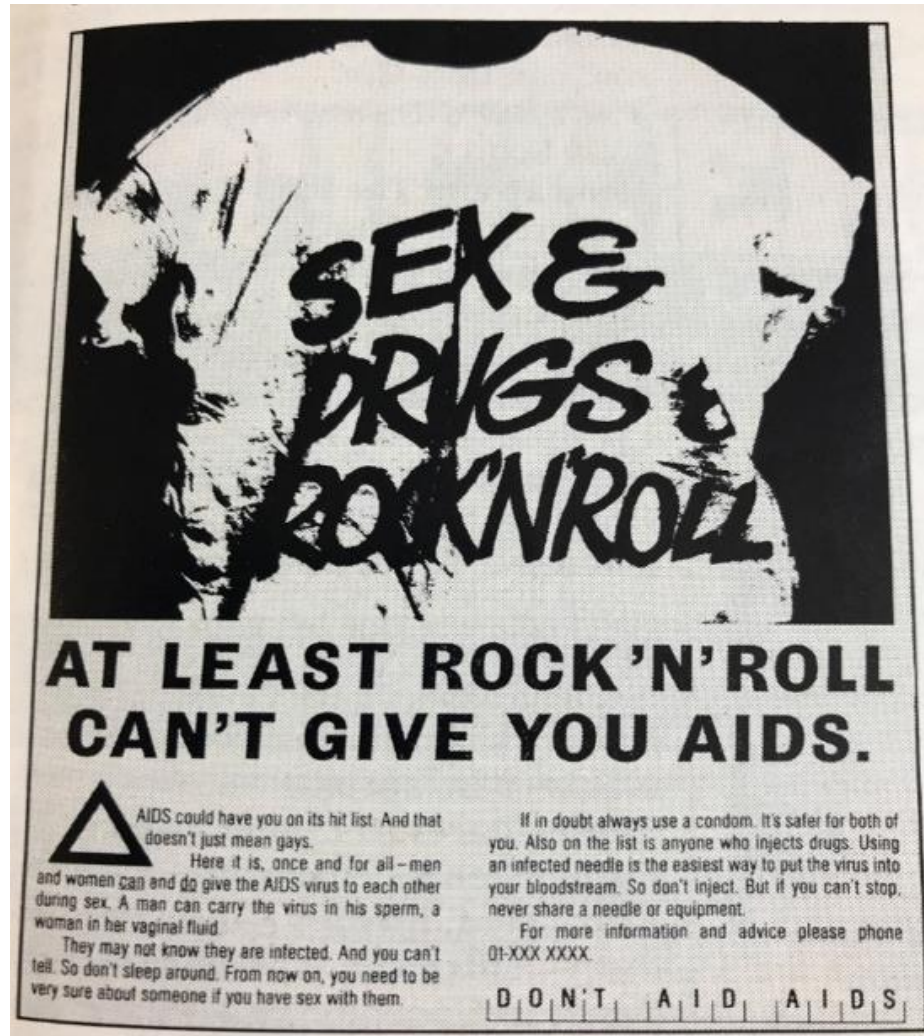


Fig 7.20 DAA, Rock and Roll, 1986

Another advertisement from DAA featured a black heart shape, inside the heart was bold white text that read ‘Your next sexual partner could be that very special person’ (Fig 7.21). Underneath the ‘love heart’ symbol was the copy that read ‘the one that gives you AIDS’. This provided the audience with the signal that AIDS could have an active role in their love life and in their sexual practices. A moral tone featured within this sexual health advertisement. The audience were told that you take a risk with your health with a sexual partner, therefore sex should be with someone special—a notion further enforced by the copy that read ‘have as few partners as possible’. The act of sexual intercourse also featured, with the headline ‘now it can cause death as well as life’ (Fig 7.22). The image

depicted the feet of a couple lying side-by-side, a depiction that the audience could interpret as a representation of the act of sexual intercourse. The copy that accompanied the image told the audience that sexual activity could now result in both life creation and life cessation.



Fig 7.20 DAA, Special person 1986⁷⁶¹

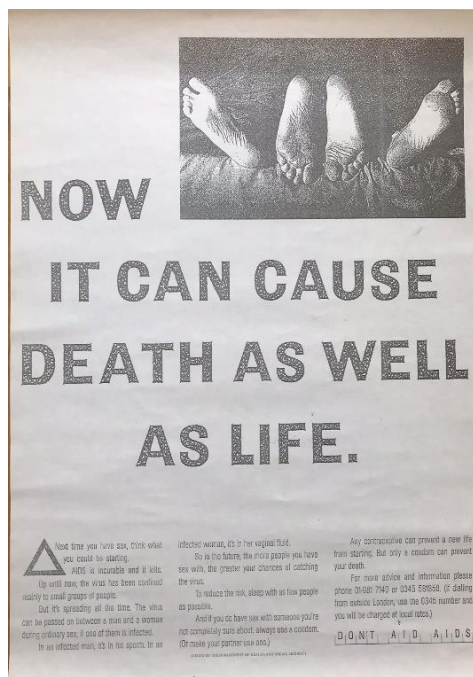


Fig 7.21 DAA, Cause 1986

⁷⁶¹ Don't Aid AIDS, Sian Cook Archive.

At the time DAA was in production some members of the network of stakeholders were critical of the campaign—none more so than members of the advertising industry.⁷⁶² Throughout 1986 several critical articles, editorials, letters, and commentary pieces appeared within the pages of the industry's trade newspapers *Campaign* and *Marketing*.⁷⁶³ SDP peer Lord Young was quoted by *Campaign* stating that that the advertisements were 'very austere and more like a journal for doctors'. Young argued that the campaign needed to change direction.

It has not been hard-hitting enough. It has not been explicit and frank enough. But, above all, it has not got on to television yet.⁷⁶⁴

The success of DAA was also questioned by sections of the academic community and medical profession. For example, *The British Medical Journal* openly questioned the impact of the campaign and described its contents as unimaginative.⁷⁶⁵ Attempts were made by academics to assess the impact of the DAA campaign and they were the subject of two identical questionnaires conducted on members of the public in Southampton. The first questionnaire was conducted directly before the DAA campaign of March to April 1986, and the second directly after this period. The government would no doubt have been disappointed that the results of these questionnaires showed that public knowledge surrounding AIDS had actually decreased after the DAA campaign.⁷⁶⁶

It was not just the success of the DAA campaign that was questioned, the chosen language within the advertisements was also scrutinised. The DHSS distributed draft copies of the DAA advertisements to its medical advisors and several of these were returned with annotations that made suggested changes to the copy. This reveals an editing process that took in to account the opinions of volunteers and advisors to the DHSS. This was in addition to the input from other actors such as TBWA and central government.⁷⁶⁷ The scrutiny of the language used also came from a wide range of stakeholders whose opinion was not directly sought in the way the medical volunteers had been. Stakeholders such as: members of the public; gay activists; religious groups; and members of parliament all

⁷⁶² Fowler himself has since reflected that 'it did not deliver the goods' in: Norman Fowler, *Aids: Don't Die of Prejudice*, (London: Biteback Publishing, 2014), p5.

⁷⁶³ 'Health body in call for 30 million pounds TV blitz to combat AIDS', *Campaign*, (1st August 1986).

⁷⁶⁴ Ibid.

⁷⁶⁵ 'Aids: Act Now, Don't Pay Later', *BMJ*, (Clinical research ed.), vol.293, (1986), p.348-48.

⁷⁶⁶ S. Mills, M. J. Campbell, and W. E. Waters, 'Public Knowledge of Aids and the DHSS Advertisement Campaign', *BMJ*, (Clinical research ed.), Vol.293, (1986), p.1089-90.

⁷⁶⁷ Annotations on draft DAA advertisements in NA/JA/235/55.

provided their thoughts. For example, MP Robin Maxwell-Hyslop forcefully suggested that the names that condoms went by in the advertisements would not be recognised and suggested that ‘French letters’ would be more appropriate.⁷⁶⁸ The DHSS staff argued that Maxwell-Hyslop’s was ‘arrogant and represents a view that is ill informed’.⁷⁶⁹ Although the official response was not as stern but it did point out that the language had been settled upon after consultation with groups from within the intended audience.⁷⁷⁰ The annotations on the DAA drafts, and the Maxwell-Hyslop exchange—including the justification for the eventual word choice—helps to illuminate the wide range of actors from within the network of stakeholders that had varying degrees of influence on the eventual advertisements. Some of these were subtle, and some proved unsuccessful, but the process shows the contested nature for the language that was eventually presented in the sexual health advertisements.

Despite the criticism, Fowler argued that DAA had met its initial objectives. He acknowledged that some people believed the advertisements had not been explicit enough in nature, but he dismissed these critiques by claiming this initial campaign was simply to raise awareness across the population of the disease.⁷⁷¹ Nevertheless, by August 1986 DHSS discussions were being held over the merits of a continuation of the DAA campaign, or if the central campaign needed ‘a fresh start’.⁷⁷²

In October 1986 the advertising industry press were reporting that the government had ceased a search for an advertising agency to replace TBWA for the AIDS campaign.⁷⁷³ This change of heart coincided with Sammy Harari joining TBWA as Managing Director.⁷⁷⁴ Harari had previously worked with Fowler on an anti-heroin campaign for the advertising agency Yellowhammer.⁷⁷⁵ It was decided that the ‘fresh start’ for the AIDS campaign would require a new central slogan. Fig 7.23 shows the cross-over point between the two campaign slogans. The sexual health advertisement was published in November 1986 as a

⁷⁶⁸ Letter from Maxwell-Hyslop to Fowler, (11th August 1986), NA/JA/235/55.

⁷⁶⁹ Internal discussion regarding Maxwell-Hyslop’s letter to Fowler, (11th August 1986), NA/JA/235/55.

⁷⁷⁰ Letter from Fowler to Maxwell-Hyslop, (15th August 1986), NA/JA/235/55.

⁷⁷¹ Fowler to H (A), NA/CAB/134/5005.

⁷⁷² ‘AIDS Points Arising from the Advertising Brief 86/87’, NA/JA/235/55.

⁷⁷³ ‘COI holds fire on new AIDS shop’, *Campaign*, (3rd October 1986), p.5.

⁷⁷⁴ *Ibid*

⁷⁷⁵ Berridge (1996) p.112.

full-page advert in several national newspapers.⁷⁷⁶ The advertisement retained the DAA slogan at the bottom of the page but marked the end of that initial campaign. Prominent in the advertisement was the phrase that would be at the centre of the next round of government advertising on AIDS. Arguably, what became the most recognisable sexual health advertising campaign phrase of the twentieth-century—‘Don’t Die of Ignorance’.

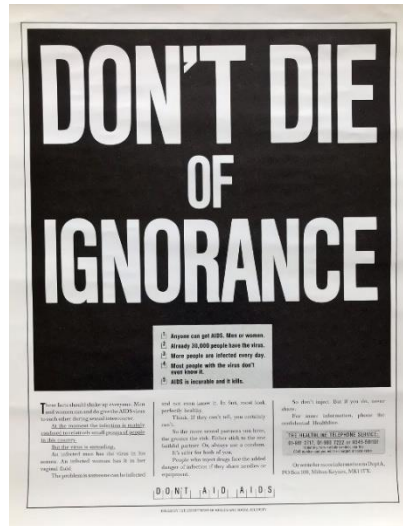


Fig 7.23 Don't die of ignorance slogan in DAA campaign, November 1986.

Don't Die of Ignorance

The new campaign had a significantly increased budget of £20 million and the new strapline ‘Don’t Die of Ignorance’ (DDI). The campaign utilised a much broader range of methods to disseminate the AIDS message. In addition to using national newspaper advertising DDI also included a billboard campaign (Fig 7.24a, & b), and a nationwide leaflet drop to all households in the country. Further, in a significant development, moving image sexual health advertisements were produced for cinema and television.



Fig 7.24 a & b Billboards c.1987

⁷⁷⁶ For example: ‘Don’t Die of Ignorance’, *The Guardian*, (29th November 1986), p.5.

The leaflet drop commenced in January 1987 and this was supported by an initial television advertising campaign.⁷⁷⁷ Fowler suggested that this was an appropriate juncture to assess the government's campaign for both 'direction and tone' and suggested that the campaign should be thought of as a three-phase strategy: the first phase (DAA) was to raise public awareness of AIDS; the second phase was the current campaign (DDI) and aimed to change attitudes in respect of sexual behaviour; and a third future campaign was proposed, that phase to be aimed at actual behaviour change.



Fig 7.25 DDI, Monolith', 1987

On the 8th of January 1987 the DDI campaign commenced in earnest with the first televised sexual health advertisement—titled *Monolith* (Fig 7.25).⁷⁷⁸ The advert was

⁷⁷⁷ Minutes of H (A) committee, (14th January 1987), NA/CAB/134/5135.

⁷⁷⁸ '4,000 doomed to die of AIDS, Fowler warns', *Times* (9th January 1987), p.1.

broadcast throughout January on both the BBC and on independent television channels such as ITV—this airtime had been negotiated free of charge.

The colour palette in the cinematography was very dark featuring primarily black and white colours, this was in keeping with the tone of the advertisement, which was full of signs and codes of danger and death. The advertisement opened with a heavy rumbling noise which was closely followed by the image of a dramatic explosion, fire was depicted as rocks flew through the air and into water below. Whilst this imagery was presented to the audience, John Hurt's chilling voiceover proceeded to tell the audience that there was no known cure for this new disease. The most obvious signs for the audience to interpret within this advert was that this disease was fatal. These signs included the tombstone itself, the direct message from the voiceover, and the use of white lilies—a flower closely associated in Britain with funerals. In addition, the output was full of more subtle signs, for example throughout the advertisement the tombstone was being chiselled with the word AIDS, this act was shown through the image of a hammer striking a chisel, each time the hammer struck a bell noise was heard—a subtle sign open to be interpreted as the solemn tone of a funeral bell. The signs in the advertisement indicated that the infected subject could be anyone of the audience. For example, Hurt stated the disease 'had become a threat to us all', and despite the engraving of the acronym AIDS, the tombstone remained anonymous. Hurt further heightened the obscure and mysterious nature of the infected subject through the declaration that 'anyone can get it' and 'If you ignore AIDS, it could be the death of you. So, Don't Die of Ignorance'. Overall, the tone was aimed at eliciting a sense of fear within the audience.

A second advert designed for cinemas was also released in January 1987, titled *Iceberg* (Fig7.26). As with *Monolith* the tone attempted to elicit fear in the audience. The sound effects played a key part in setting this tone. The advertisement opened with the sound of wind and was followed by the noise of a boat eerily moving through water. On the screen, copy was placed over the depiction of an icy water scene, as the camera moved slowly from left to right. The copy read 'there is now a deadly virus.', and again the infected subject remained unidentifiable. The copy continued, 'anyone can catch it from an infected person'. A sense of urgency was also provided to the audience with 'unless we act now it's going to get much worse'. Next the camera descended beneath the water line and revealed the bottom of the iceberg which was made up with the word AIDS. This sexual health advertisement closed with a shot of the DDI leaflet and the advertiser's call-to-action of 'read this leaflet, it could save your life'.



Fig 7.26 DDI, Iceberg, (cinema version), 1987

The DHSS were presented with a late opportunity to fill a free BBC airtime slot in February. The quick turnaround represented a production challenge with a totally new advertisement being unrealistic to produce in the time available. This quandary led to the suggestion that the cinema Iceberg advert should be released as a television advert. It was agreed by the Cabinet sub-committee on AIDS that the advert would need to be developed further for a television audience—it was decided to add a voiceover and adapt the script.⁷⁷⁹ The result once again contained a John Hurt voiceover (Fig 7.27).⁷⁸⁰ Understandably this sexual health advertisement was similar but also slightly different to its cinema version counterpart. The voiceover and copy in the television version mentioned that an increase in the number of sexual partners increased the risk from AIDS. Also, in a first for the DDI advertisements, both the copy and voiceover suggested to the audience it was safer to use a condom. The signs and codes in both Iceberg advertisements were not significantly different to one-another. Although on one hand the television version did adopt a slightly more moralistic tone by advising the audience to have less sexual partners, but simultaneously introduced the notion of safer sex through condom use.

⁷⁷⁹ Cabinet Home and Social affairs committee, Subcommittee on AIDS minutes Vol 1, (14th January 1987), NA/CAB/134/5135.

⁷⁸⁰ Invoice for this work in NA/JA/235/53.

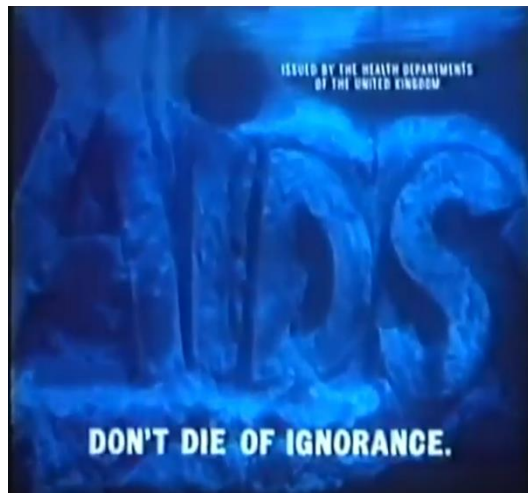


Fig 7.27 DDI, Iceberg, (Television version), 1987

A fourth moving image sexual health advertisement was also proposed by TBWA and the DHSS. This was to have a voiceover warning the audience not to ignore the health advice that was being provided on AIDS. A description of the proposed advertisement reveals that infected subject was set to play a central role and also be identifiable within this output. This was to be done through a visual montage of ‘faces progressively displaying the disfiguring skin conditions characteristic of AIDS’. The proposed fourth DDI moving image advertisement did not proceed, yet the description of it and its proposal at senior government level helps illuminate the direction that some stakeholders wished to take the DDI campaign.⁷⁸¹

The DDI advertisements received a mixed reception, with some arguing they had struck the correct tone, whereas others believed the advertisements were not effective or that the content was not appropriate. As with DAA the language used within DDI came under scrutiny. For example, a debate in the House of Lords saw the language deemed ‘distasteful, insensitive and in some cases downright offensive’.⁷⁸² Conversely it was observed that ‘some young people do not think the campaign is explicit and straightforward enough’.⁷⁸³ The government defended the choice of language used by pointing out that there had been over 20 million leaflets distributed and ‘we have received 41 letters of complaint, so I feel that we have got it just about right’.⁷⁸⁴ The government also acknowledged the importance of addressing an audience in a way that they could

⁷⁸¹ Cabinet Home and Social affairs committee, Subcommittee on AIDS minutes Vol 1, (14th January 1987), NA/CAB/134/5135.

⁷⁸² ‘Aids Publicity ‘Offensive’, *Times*, (1987).

⁷⁸³ AIDS publicity debate House of Lords, *Hansard*, Vol.485, (3rd March 1987).

⁷⁸⁴ *Ibid*.

understand, but argued that ‘being explicit does not necessarily have to mean using four letter words.’, and that using profanities ‘can stand in the way of communication’.⁷⁸⁵

Alternative AIDS campaigns put forward by the advertising industry

In addition to the policy-makers another group of stakeholders that offered a critique of the DDI campaign was the advertising industry. The argument these stakeholders put forward was furthered by suggestions of alternative campaigns.

The criticism of the DDI campaign was no less fierce from the wider advertising industry than the criticism its predecessor DAA had received. The pages of advertising industry newspapers *Campaign* and *Marketing* had commentary from those working within the industry criticising the campaign for not going far enough, not being explicit enough, and not taking the right approach to the subject matter. This was particularly evident in the editorial column of *Marketing* on 8th January 1987. This piece was critical of the lack of government engagement with the wider advertising industry and claimed this was needed to secure the best ways of tackling AIDS through advertising.⁷⁸⁶ *Marketing* was impassioned enough to invite rival marketing companies to set out alternative campaigns to the official government campaign designed by TWBA. The companies all focused on condom promotion and all ‘tried to dispel fear’.⁷⁸⁷

For the exercise the team at Davis Wilkins (DW) looked at the type of approach that could deliver ‘the necessary change in sexual behaviour’.⁷⁸⁸ DW ruled out advertising through monogamy or fidelity arguing this tactic was counterproductive as the target audience may feel patronised. DW concluded that advertising should stick to what did well, selling. Safe sex was the ‘product’ that DW chose to sell in their alternative campaign. The strapline ‘AIDS, it wouldn’t kill you to use a condom’ was devised and the central advertisement was proposed as a film advert that featured a water tap (Fig 7.28). The imagery was to show a condom covering the spout of a tap, with water dripping into the condom. A voiceover would declare ‘no one knows how AIDS started. To begin with there was just a trickle of cases’.⁷⁸⁹ The sexual health advertisement would use signs and codes to show that this trickle was in danger of becoming a flood. The imagery would depict the

⁷⁸⁵ Ibid.

⁷⁸⁶ ‘AIDS: Straight Talking’, *Marketing*, (8th January 1987), p.15

⁷⁸⁷ Ibid.

⁷⁸⁸ ‘The Aids Ad Debate’, *Marketing*, (1987), p.25-29.

⁷⁸⁹ Ibid.

condom filling with water and the voice over would state that ‘the dividing line between living and dying is as thin as this piece of rubber’. The proposed advertisement closed with the slogan ‘AIDS it wouldn’t kill you to use a condom’.⁷⁹⁰

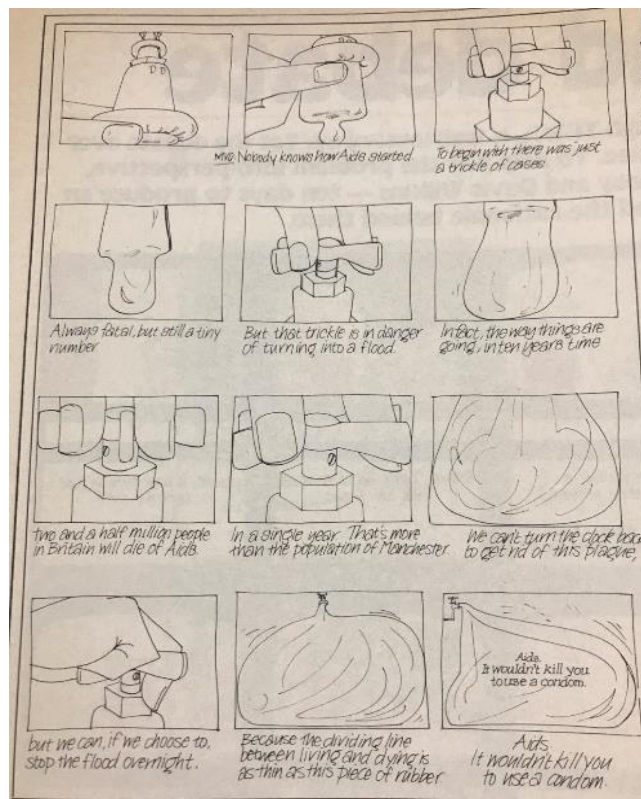


Fig 7.28 Davis Wilkins ‘Tap’, *Marketing*, 1987

DW also produced a number of drafts for poster style adverts. One version featured a condom on a fingertip, (Fig 7.29) the copy used a contemporary reference to the high-profile charity campaign that a number of popular musicians had supported and declared that ‘this could save more lives than Band Aid’. DW addressed the gravity of the AIDS crisis through the depiction of a used condom for another proposed poster—the copy stated, ‘the contents of this could kill more people than the whole of the US nuclear arsenal’ (Fig 7.30). This advert would have provided the audience a clear sign about the potential threat to life of the disease, but the proposed image would no doubt proved too controversial to have got past any censorship check. A similar theme of nuclear war was used in the third DW poster (Fig 7.31), this time the British nuclear deterrent was used, the advertisement used the estimated number of British carriers of AIDS to declare ‘20,000 men could be carrying a deadlier weapon than Trident’.

⁷⁹⁰ Ibid.



Fig 7.29 DW 'Band Aid', 1987

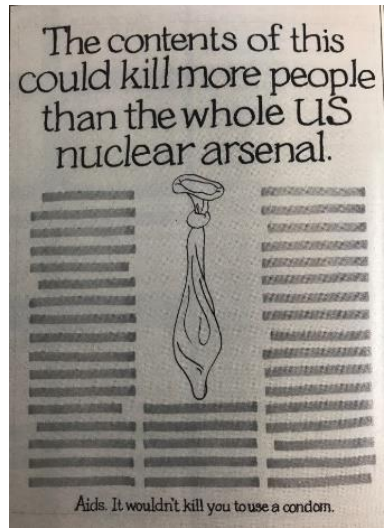


Fig 7.30 DW 'Arsenal', 1987



Fig 7.31 DW 'Trident', 1987

An alternative approach was also proposed by the advertising agency SCC&B. They argued that the biggest threat from AIDS was that it was seen as a homosexual disease. Therefore, the advertisements that they proposed featured a heterosexual couple and targeted those that did not consider themselves to be promiscuous. In an attempt to elicit behaviour change, the team proposed sexual health advertisements that attempted to change attitudes to wearing a condom so that people would want to use them, ‘for reasons of personal sexual enjoyment’ rather than the perceived attitude towards condoms ‘as smutty and a passion killer’.⁷⁹¹ Further, SCC&B argued that the government campaign had been cold and impersonal, they argued for an alternative that suggested ‘You can still have a good time in bed, simply by using condoms, without running the risk of contracting AIDS’. SCC&B chose to use Gray Joliffe’s comedy cartoon character Wicked Willie (WW) as the central character in the advertisement (Fig 7.32) and argued that using a cartoon character allowed a very direct and open message to be presented in a positive and palatable way—one of the many reasons that advertisers used signs and codes.⁷⁹² Further, the character could plausibly act as a rational spokesperson in the advert even when his owner may be blind to reason. The designers acknowledged that the humour in the advert would cause disagreement in the advertising industry but argued that this humorous approach allowed the sexual health advertisement to depict the use of a condom with an erect penis. SCC&B believed this to be a crucial moment to depict as this was ‘the time when most people’s self-control wanes’.⁷⁹³

SCC&B’s advertisement featured a male and female couple at a party. After some flirtatious small talk, Wicked Willie appeared with the comment ‘Aha things are looking up’. The advert continued by showing the couple’s naked midriffs before WW appeared again, this time he said ‘Hold it. Before we get carried away. It’s just not on’. The couple looked down at WW with a confused look on their faces, and the male asked, ‘what’s not’, WW replied, ‘the condom! you don’t want to get AIDS, do you?’. Both the male and female responded with a firm ‘no’. WW then explained to the audience that ‘you can’t have a long sex life unless it’s a safe sex life’, the couple supported this statement through a depiction of them nodding. The advert concluded by showing WW on his own with the theme from the film ‘*The Dam Busters*’ playing in the background as he declared ‘keep me covered I’m going in’, followed by the copy ‘Be a clever dick, protect yourself from AIDS’.

⁷⁹¹ Ibid.

⁷⁹² Ibid.

⁷⁹³ ‘The Aids Ad Debate’, *Marketing*, (1987)

This light-hearted style was in stark contrast with the fear-laden TBWA approach and shows the alternative direction some in the advertising industry wished to take with the government's sexual health advertising AIDS campaign.

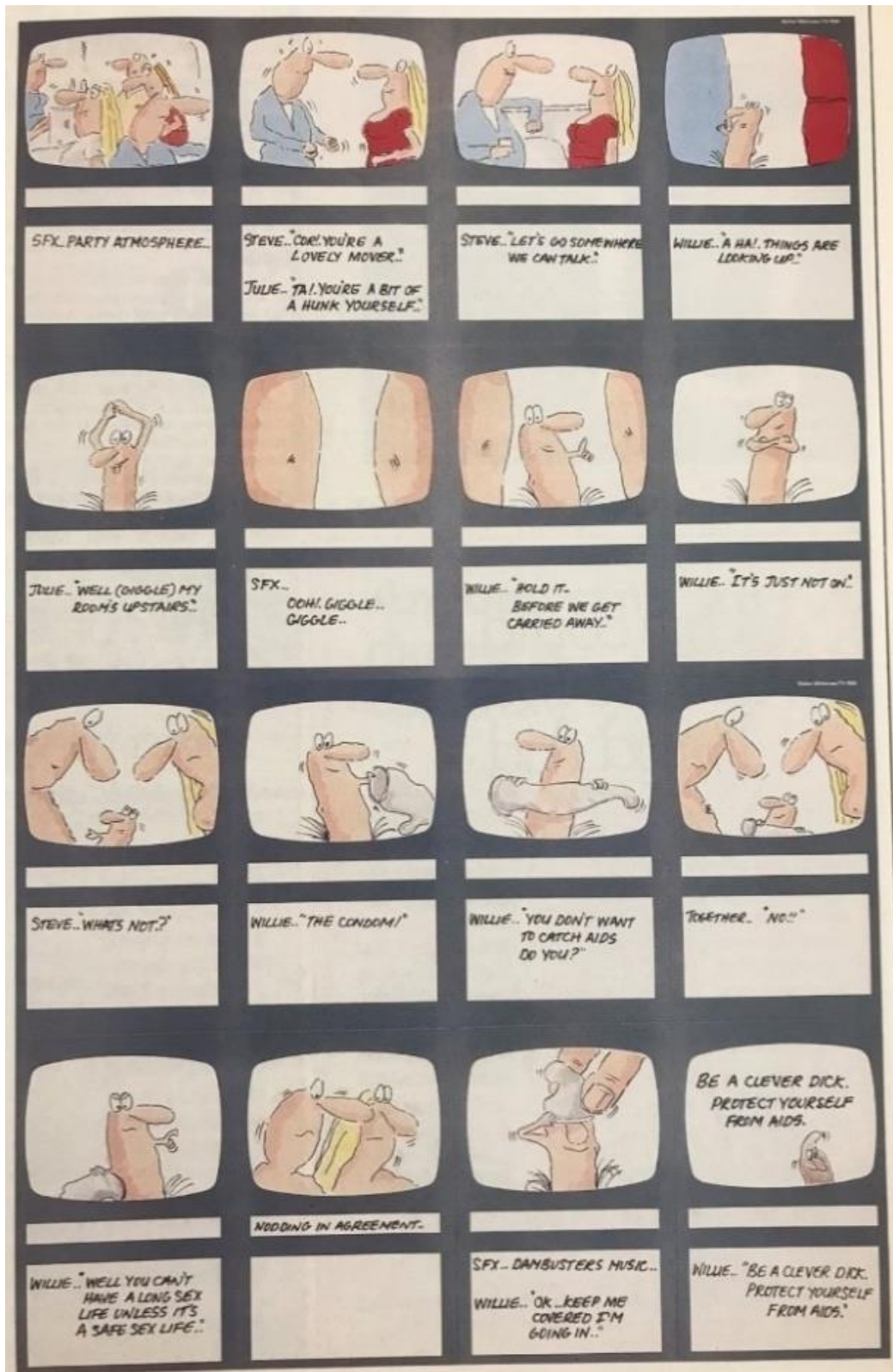


Fig 7.32 Be a clever dick, SSC&B Lintas, 1987

Advertising agency Grey argued that the government campaign and the wider media coverage of the AIDS crisis had given rise to feelings of intolerance and fear. The Grey team argued that it was the role of advertising to attack the problem, to change attitudes and change behaviour.⁷⁹⁴ To do this they presented the proposition to the audience as more of a choice of 'live' rather than 'don't die'. The resulting slogans that Grey proposed included: 'if he really cares about you, he'd wear a condom, if you really cared about him, you'd ask him to'; 'Have you actually got any?'; and 'The condom- a simple defence against AIDS'.

National AIDS week: an opportunity for alternative sexual health advertising.

Although these advertisements were only designed as draft proposals, some of these suggestions would get the opportunity to be aired on national television. This came about due to unprecedented television industry efforts to raise awareness of the AIDS crisis.

On the evening of 27th February 1987 week-long cooperation commenced between the BBC and the independent television channels (ITV and Channel 4) on the topic of AIDS.⁷⁹⁵ The cross-channel cooperation was heralded as exceptional by the BBC's Head of Daytime Programming (Roger Laughton) 'This is an unprecedented week of public health programmes. But AIDS is an unprecedented health problem'.⁷⁹⁶ The launch programme was in the style of a sketch-show (*First AIDS*) and contained contributions from many popular artists with the youth of society, such as contemporary comedians, Radio One DJ's, and current pop musicians. AIDS week also became a topic for sexual health advertising itself—Fig 7.33 shows a newspaper advert for *First AIDS* and National AIDS week. The image and copy contained signs and codes for the gravity of the issue, they combined to allow the audience to make the link between death and sex. The phrase used in the copy and the image of a graveyard played on the concept of the 'earth moving', a phrase that was commonly associated with the act of sex but was open to be interpreted as the earth being moved to dig a grave.

⁷⁹⁴ Ibid.

⁷⁹⁵ 'BBC and ITV Link to Put Spotlight on Aids for Week', *Times*, (18th February 1987), p.3.

⁷⁹⁶ Ibid.

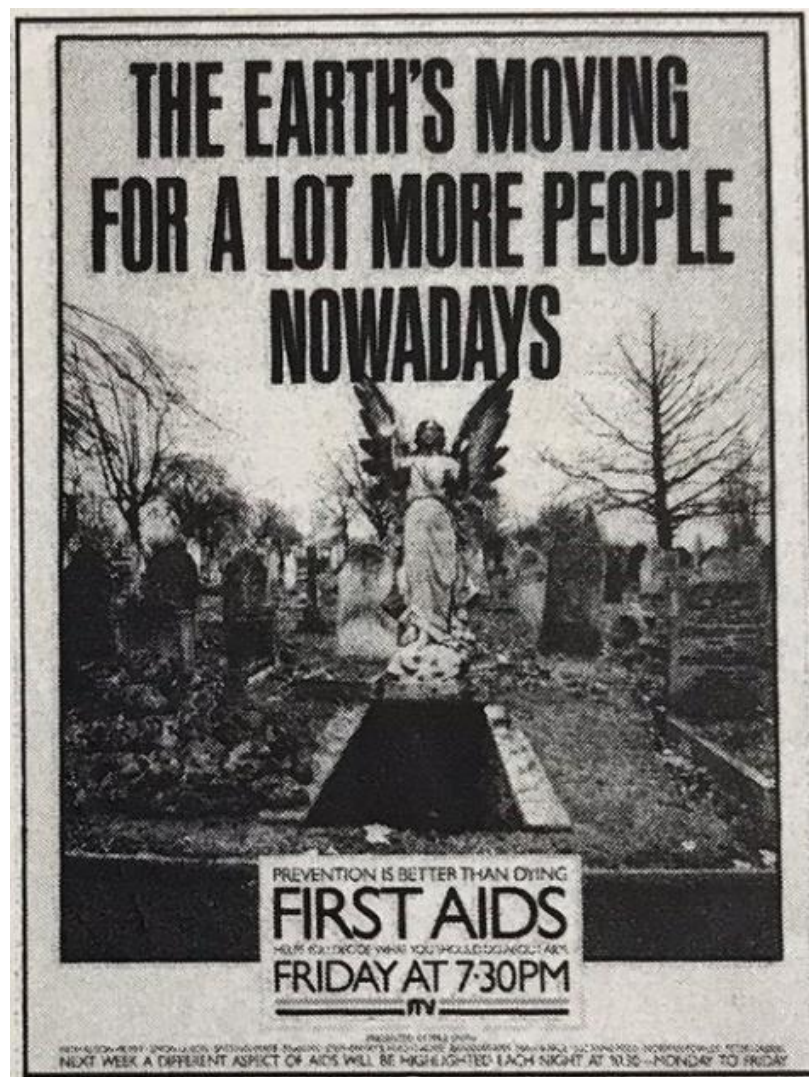


Fig 7.33 First AIDS, *Marketing* 27th (February 1987), p.3

During the weeklong television event offerings came from popular documentary and current affairs teams such as *Horizon*, *QED*, *Panorama*, and *Diverse Reports*. The latter of these directly addressed the question of sexual health advertising. *Diverse Reports* was Channel 4's flagship current affairs programme and took up the alternative campaigns that had been initiated by *Marketing* magazine. The advertising agencies responsible for the concepts were asked to elaborate on their projects, and the results were aired within the programme. One example was the 1 min 8sec long cartoon advertisement SSC&B Lintas created based on their Wicked Willie story board (Fig 7.34).⁷⁹⁷

⁷⁹⁷ The commercial has been uploaded on: Tom Banks, 'Quite Early One Morning', (blog written 18th November 2015) <http://quiteearlyonemorning.com/wicked-willie-resurrected-excuse-the-puterile-pun/> [accessed 20/11/2018]



Fig 7.34 Be a clever dick, SSC&B in *Diverse Reports*, 1987.⁷⁹⁸

These advertisements also drew criticism, although some of this criticism was misdirected at the government campaign. The government wished to distance themselves from these proposed advertisements commissioned by the advertising industry 'which of course do not have anything to do with the Government'.⁷⁹⁹ However, Government Ministers also praised the TV channels for the cooperation during AIDS week and declared that it had been a great success.⁸⁰⁰ Further additional DDI advertising was placed in national newspapers to reinforce the messages within AIDS week. The advertisement in Fig 7.35 had the copy 'after the 19-hour warning, the 5 second warning,' and was accompanied by an image of TV schedules.

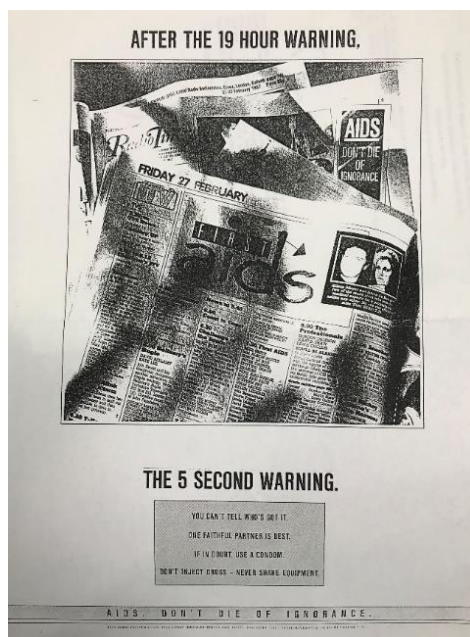


Fig 7.35 5 second warning, DDI, 1987



Fig 7.36 For whose benefit, DDI, 1987

⁷⁹⁸ Ibid

⁷⁹⁹ 'AIDS publicity debate House of Lords', *Hansard*, Vol.485, (3rd March 1987).

⁸⁰⁰ *Times*, (18th February 1987), p.3.

Fig 7.36 had copy that asked the audience ‘For who’s benefit did ITV and the BBC broadcast 19 hours on AIDS?’ beneath this question two television sets were depicted, side-by-side. The one on the left had text on the screen reading ‘The rest of the country?’. The TV set on the right had text that simply read ‘you?’. This advertisement posed a question for the audience to associate the television event directly with their own actions. This was reiterated in the copy that recommended to the audience ‘One faithful partner is best. If you’re in any doubt, use a condom. Finally, at the conclusion of the sexual health advertisements was the strapline ‘AIDS. Don’t Die of Ignorance’.

Conclusion

Chapter 7 began by following the story of the Unicorn private clinic’s bid to be granted dispensation from the 1917 VD Act. It remains unclear whether this bid to allow unicorn to legally produce sexual health advertising was successful or not. However, investigating the case, which began with responses to a sexual health advertisement, demonstrates the important role that sexual health advertising can play as a research topic. Unicorn’s appeal came amidst a seemingly favourable set of circumstances— a willing government, a private company ready to supply a service, and sufficient market demand—yet the process was still lengthy and complex. The case highlighted some of the discussions, deliberations, and dilemmas held amongst DHSS staff and healthcare professionals that centred on the benefits and drawbacks of private sexual health provision. These illuminated issues surrounding the wider use of private healthcare and how it interfaced with NHS provision. The Unicorn case came at a time when the private healthcare sector was growing, supported by the Thatcher administration. The Unicorn story demonstrates that the growth of private health care provision was not always as straightforward as one might at first assume.

In 1985 dispensation was granted to Regent’s Park Clinic and the emergence of AIDS was no doubt a contributing factor in the eventual return of sexual health advertising from commercial enterprises. Following Regent’s Park, more private clinics began to produce their own sexual health advertisements. The chapter investigated the content of these advertisements and how they contributed to the discourse of AIDS as a disease that required urgent and covert treatment.

The sexual health advertising response to AIDS did not just come from commercial stakeholders. Rather, volunteers/activists led the way in the early advertising response to the disease with content used to inform and elicit behaviour change particularly within the gay community. Since budgets were small, a degree of creativity was required to maximise

impact. In addition to using signs and codes to convey a message—the importance of safer sex—these sexual health advertisements also promoted a form of semiotic communication within the gay community—for example, the safety pin motif for safer sex.

The policy-makers and advertising industry stakeholders were the next groups of stakeholders to become involved with AIDS sexual health advertising. The government's initial campaign DAA was heavily criticised, and the language used was contested. A close reading of the advertisements has revealed some of the codes and signs that were used within this campaign, and how these built into national discourse of the emerging disease—including the use of contemporary language to convey the fatal nature of the disease. The second iteration of AIDS sexual health advertising from the government was the big budget DDI campaign. This used a tone that primarily aimed to elicit fear. This tactic had its supporters within the network of stakeholders but was also criticised by several other stakeholders.

Members of the advertising industry were particularly vocal in their criticism of the direction and tone used in the government's AIDS campaigns. They put forward alternative campaigns to show the different directions possible in central sexual health advertising. These advertisements were intended as draft proposals, but during an unprecedented television event on sexual health—National AIDS Week—some of these proposed advertisements were aired. These advertisements all centred on the use of condoms to prevent AIDS. Unsurprisingly, the prophylactic benefits of condoms in preventing AIDS transmission had not gone unnoticed in the commercial enterprise stakeholder group. The ability to offer products that could potentially prevent the spread of the disease was seen as a commercial opportunity by some—Chapter 8 begins by looking at the UK condom market's response to AIDS.

Chapter 8: (1987-1996)

The move away from fear in sexual health advertising

Chapter 8 is the last chapter in the thesis and covers the period 1987-1996. The chapter begins with discussion of the UK condom market's response to the AIDS crisis. The prophylactic benefit of condoms in preventing the transmission of the HIV virus led to an expansion of the UK condom market. A new brand was launched—Mates condoms—and the chapter examines their attempt to compete with the near monopoly held by market-leader Durex. As part of this competition for market share both Durex and Mates utilised television as a platform, and sexual health as a topic, to promote their commercial aims. This was enabled when the Independent Broadcasting Association permitted commercial advertising of condoms for the first time ever on British television in 1987.⁸⁰¹

Also, in 1987 a new Health Education Authority (HEA) was established to replace the HEC. The new body was part of the political strategy for the government to have 'an acceptable out' of AIDS sexual health advertising.⁸⁰² The HEA inherited the partnership with TBWA and before the new body could look to replace the existing agency a new campaign was launched. This campaign began in early 1988 and utilised television and the tactic of fear once again. Following this campaign, a further TBWA campaign was proposed, these proposals are examined to reveal how some stakeholders wanted to use the infected subject in sexual health advertising.

The chapter then moves to investigate a change of style in the policy-maker led campaigns, influenced by the advertising industry who argued that the fear element should be toned down. In 1988 this change was facilitated by a switch in advertising agency for centrally run sexual health campaigns when the HEA commissioned a new advertising agency to replace TBWA for the sexual health element of the central AIDS campaign—BMP. The switch of agencies gave rise to a new approach in sexual health advertising—moving away from a fear-based message, meaning that it was increasingly difficult for the infected subject to be utilised in its previous guise. Therefore, one of the questions this chapter will address is whether this change in sexual health advertising strategy signalled the death of the infected subject, or whether the infected subject persisted in new ways within sexual health advertising.

⁸⁰¹ Geoffrey Watson, 'Durex to score condom TV first', *Marketing*, (16th July 1987), p.5.

⁸⁰² Berridge (1996), p.125

The third area of investigation in this chapter is the use of film/television as a medium for sexual health advertising by volunteer/activist stakeholders. The THT led the way in this regard and chose a light-hearted approach to their advertisements (for example, using impersonations of the Prime Minister, Margaret Thatcher, and cartoons shaped like penises) This highlights a contrasting style to centrally produced sexual health advertisements of this time.

The final investigation in this chapter illuminates a perhaps unexpected phenomenon—the use of sexual health in advertising to sell goods/products that were unrelated to sexual health. By the early 1990s awareness of HIV and AIDS had become ubiquitous within society, and knowledge of the issue could be used as a universal cultural reference point. Some commercial enterprises that had no primary connection with sexual health used this universal cultural reference point to expand their commercial reach. Thus, sexual health advertising was opened up to a much wider group of commercial stakeholders.

The condom wars 1986-7

In January 1987 it was acknowledged that condoms had prophylactic benefits that could prevent transmission in the fight against AIDS.⁸⁰³ This led to significant growth in the UK condom market.⁸⁰⁴ At that time (and for many years previously) the London Rubber company's Durex brand held a near monopoly in the UK condom market.⁸⁰⁵ However, advertising for branded condoms in the UK had been a problematic task for companies for many years.

Condom advertising in the UK.

The 1889 Indecent Advertisements Act, and the 1917 VD Act had prevented any legal reference to the prophylactic benefits for sexual health, leaving only contraception as the most commonly used angle in which to address potential consumers—although this path was also restricted. The 1955 *Principles for Television Advertising* had established a total ban on advertising of contraceptives on the broadcast media.⁸⁰⁶ Alternative methods of

⁸⁰³ Perre P Van de, D Jacobs, S Sprecher-Goldberger, 'The latex condom, an efficient barrier against sexual transmission of AIDS-related viruses', *AIDS*, (1987), 1, p.49-52.

⁸⁰⁴ Steve Redmond, 'Are Condom Companies About to Clean Up?', *Marketing*, (22nd January 1987), p.20-23.

⁸⁰⁵ Borge (2020) p.234.

⁸⁰⁶ Jessica Borge., 'Propagating Progress and Circumventing Harm', *Reproductive Rights Issues in Popular Media: International Perspectives*, (2017), p.12.

advertising, such as newspapers, and sports sponsorships, were also not without their own problems. Newspaper historian Adrian Bingham has argued that ‘most daily newspapers’ refused to take advertisements for any form of contraception ‘until well after’ WWII, for fear of upsetting their readers.⁸⁰⁷ In 1976 Durex, the UK’s long-time market-leader in condoms, thought they had found a way of promoting their brand through sport sponsorship: they sponsored the Surtees Formula One motor racing team for the season in a deal that would include their brand appearing on British television screens during races.⁸⁰⁸ However, the sponsorship ran into problems when the BBC declared that the word Durex was too visible on the racing cars to be broadcast. Indeed, the BBC reportedly felt so strongly about its presence that they withdrew much of that season’s races from television viewing altogether.⁸⁰⁹ Nevertheless, Durex were reported to believe that the sponsorship deal had been worthwhile, thanks due the publicity surrounding the BBC’s decision.⁸¹⁰

During the mid-to-late twentieth century, Durex’s dominance was such that the Monopolies and Mergers Commission held three separate investigations into the UK condom market.⁸¹¹ At the start of the AIDS crisis in the UK, Durex held a reported 91% of the British market.⁸¹² By 1984 global condom rivals were looking to the UK as a potential marketplace into which to expand, such as the American company Warner Lambert with their condom brand ‘Lifestyles’.⁸¹³ Lifestyles found that newspaper advertising was still a problematic task in the UK. Lifestyles had wished to run adverts in the *Daily Mail*, but the advert had been refused by the national newspaper on the grounds that the topic was not socially acceptable.⁸¹⁴ In order to resolve these issues of taste condom brands adopted scenarios of romance, heterosexual couples, and family planning

⁸⁰⁷ Bingham, (2009), p.42

⁸⁰⁸ Durex was established by the London Rubber Company; this later became The London International Group.

⁸⁰⁹ Alan Jewell, 'British Grand Prix 1976: How a Condom Manufacturer Forced F1 Off Tv', *BBC sport*, [Online], (2016) <<https://www.bbc.co.uk/sport/formula1/35748458>> [accessed 31/1/2019].

⁸¹⁰ Graham Murdock., ‘Embedded persuasions: the fall and rise of integrated advertising’, in Dominic Strinati and Stephen Wagg (eds.), *Come On Down?, Popular Media Culture in Post-War Britain*, (London: Routledge, 2004), p.215.

⁸¹¹ The three investigations occurred between 1975 and 1994. Borge (2020), p.234.

⁸¹² 'LIG's Price Control Lifted: Government Forces Durex Maker to Abandon Exclusive Supply Agreements', *Independent*, (31st March 1994), p.137.

⁸¹³ Jonathan Hunt, 'Lambert Versus LRC', *The Observer*, (17th June 1984), p.26.

⁸¹⁴ Margaret Hood., 'How to Market Products No-One Will Talk About', *Campaign*, (14th November 1986), p.43-45.

within their advertising.⁸¹⁵ An example of this was the everyday scenes that Durex used in their 1985 advertisements. These new advertisements were comprised of cartoons by Grey Jolliffe and depicted ‘everyday’ scenarios such as remembering the condoms alongside mundane activities such as switching the TV off and shutting the windows (fig 8.1).

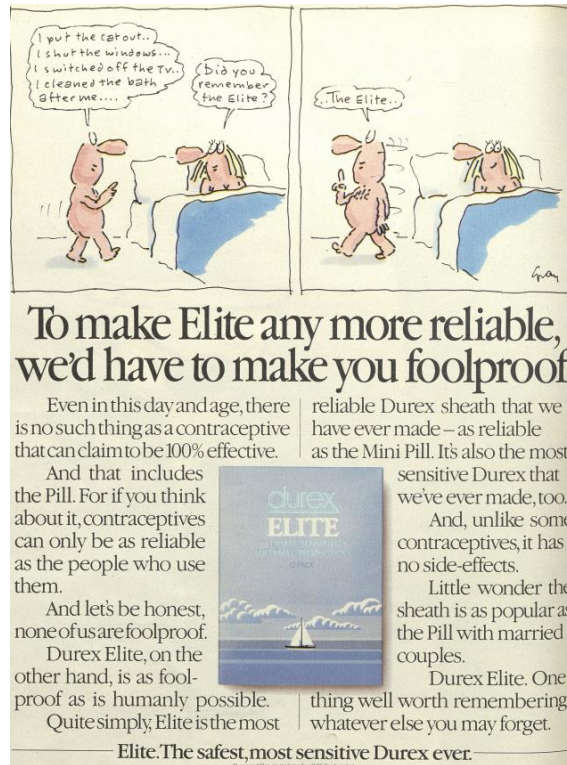


Fig 8.1 Foolproof, Durex, 1985.⁸¹⁶

The condom market's response to AIDS

The Jolliffe campaign was Durex's main advertising throughout the remainder of 1985 and 1986. Strikingly, Durex at this time did not use AIDS or sexual health as an aspect in their advertisements. Clive Kitchener, Director of products for the London Rubber Company (LRC), explained that the Durex brand had spent many years ‘normalising’ the condom and shifting the public image from that of an ‘under the counter’ product.⁸¹⁷ For Durex there was a twofold danger in promoting their brand through its ability to prevent AIDS. Firstly, the move could be seen as not in keeping with their family image. Secondly, that using the

⁸¹⁵ Ben Mechen, “‘Closer Together’: Durex Condoms and Contraceptive Consumerism in 1970s Britain”, In: Jennifer Evans, Ciara Meehan., (eds) *Perceptions of Pregnancy from the Seventeenth to the Twentieth Century. Genders and Sexualities in History*, (Cham, Switzerland: Springer International, 2017).

⁸¹⁶ As seen in: *She* (November 1985), p.56

⁸¹⁷ Redmond, *Marketing*, (22nd January 1987), p.20-23

AIDS crisis in this way could be perceived as opportunistic by their customers, by making sales on the back of those suffering from AIDS.⁸¹⁸

The fight for market share saw various new condom brands emerge and these pursued alternative methods of advertising such as celebrity endorsements campaigns. For example, in 1986 popular music band The Pet Shop Boys distributed packets of Red Stripe Condoms and bottles of champagne as Christmas presents.⁸¹⁹ The contrast with Durex approach was deliberate, Red Stripe hired a PR firm (Patrick Lilley) who pointed to the different strategies ‘the only place you hear about Durex is your older brother. We are starting with the most modern and influential people and spreading that way’.⁸²⁰ Giveaway campaigns were another strategy attempted. In November 1986 Lifestyles condoms arranged that the first 20,000 *Woman’s own* readers to respond to agony aunt Claire Raynor’s article would receive a free packet.⁸²¹ Unfortunately for Lifestyles Durex managed to pre-empt this move.⁸²² One week earlier than Claire Raynor’s article Durex gave 60,000 free samples to *Sun* readers.⁸²³ LRC backed up this offer by taking out a double page advert in the rival newspaper the *Daily Mirror* entitled ‘Durex has always been for safer sex’.⁸²⁴ This indicated that although Durex may have been wary of using sexual health in their advertising, it was a move they were willing to make.

In contrast to Durex reticence to embrace sexual health, other condom brands used the topic prominently in their advertisements. Lifestyles had created controversy in the USA with an advertisement featuring the notion that their condoms prevented AIDS. The advertisement featured a picture of a woman placed adjacent to the statement ‘I enjoy sex, but I’m not ready to die for it’ (Fig 8.2a). Back in the UK *Campaign* magazine praised the controversy, with the extra publicity said to be worth an estimated \$8million.⁸²⁵ The content of the Lifestyles advertisement also drew British attention. Robin Wright, CEO of the advertising agency WRCS admitted that he was ‘green with envy’ about the Lifestyles advertisement. Wright was particularly impressed with the use of a woman being frank

⁸¹⁸ ‘From contraceptive to prophylactic overnight’, *Chemist and Druggist*, (25th July 1987), p.191.

⁸¹⁹ Redmond, *Marketing*, (22nd January 1987), p.21

⁸²⁰ Ibid.

⁸²¹ Hood, *Campaign*, (14th November 1986), p.44.

⁸²² ‘TV plays hard to get’, *Marketing*, (22nd January 1987), p.23.

⁸²³ *The Chemist and Druggist*, (25th July 1987), p.191.

⁸²⁴ ‘TV plays hard to get’, *Marketing*, (22nd January 1987), p.23.

⁸²⁵ ‘The death of a print craft’, *Campaign*, (27th March 1987), p67-68.

about her sexual desires, a move he suggested would make for a more persuasive safer sex message to the heterosexual members of the audience. In addition, Wright argued that fear was used to the correct level within the advertisement, declaring that the tactic was applied with the precision that a brain surgeon uses a scalpel.⁸²⁶ The Lifestyles advertisement was eventually softened, a new version replaced sex with love (8.2b).⁸²⁷



Fig 8.2a I enjoy sex, lifestyles. ⁸²⁸



Fig 8.2b I'll do a lot for love, Lifestyles.

Some of the smaller condom brands that had emerged such as Jiffy and Red Stripe were proving popular with under 25-year-olds. These brands were launching catchy and contemporary marketing campaigns like Jiffy's 'real men come in a jiffy', and 'where all the big knobs hang out'—slogans they also placed on t-shirts.⁸²⁹ Alternatively Red Stripe was promoted amongst the male gay community for its superior strength which made it more suitable than rival brands for anal sex (Fig 8.3).⁸³⁰

⁸²⁶ R Wright, 'Green with envy: LifeStyles condoms', *Campaign*, (6th November 1987).

⁸²⁷ As seen in *Cosmopolitan*, Vol.203, Issue. 1, (New York: July 1987) p.217.

⁸²⁸ as seen in *Campaign* (27th March 1987), p.68.

⁸²⁹ V Matthews, 'The race to sell a safer way of sex', *The Guardian*, (3rd August 1987), p.11.

⁸³⁰ 'New condom has backing of 'safe sex' advisers', *Gay Times*, Issue 88, (1st December 1985), p.13.

'Red Stripe'
The Gay
Condom

'RED STRIPE' is a strong
teatless condom that
has been develop-
ped specially
for the needs
of the Gay Market.
'RED STRIPE' satisfies

the special demands of
Gay sex, and strong
condoms have
been recognised
as an effective
protection against the
spreading of the AIDS virus.

Prophytex
'Red Stripe'

The **TERENCE HIGGINS TRUST** recommends that if you must have intercourse, use a strong condom.

If 'RED STRIPE' is not available in your area yet, cut out this coupon and hand it to your local chemist.

PLEASE STOCK 'RED STRIPE'

FTC
2 Ladbroke Grove
London W11 5DC
Tel. 01 227 7975

Please send 2 pks of 6 'RED STRIPE' and safe sex guide plus a complimentary tube of SENSITAL lubricant. I enclose a cheque/postal order for £4.25 (p + p inc.). Please make payable to FTC.

Name _____
Address _____
Code _____

FTC
Dept. GT
2 Ladbroke Grove
London W11 5DC

© 1986 FTC. All Rights Reserved.

Fig 8.3 Red stripe, *Gay Times*, July 1986, p.107

In June 1987 a new UK brand entered the marketplace—Richard Branson's 'Mates' condoms. Branson launched Mates condoms to great fanfare, recruiting a number of celebrities such as Elton John to support his latest venture.⁸³¹ Branson's concept for the new condom was to pitch the product as a cheaper, but equally reliable, alternative to Durex. Furthermore, Branson declared that the profits from the sale of Mates would go to support AIDS causes through his newly established Virgin Healthcare Foundation—a charitable organisation that would operate as a not-for-profit AIDS charity.⁸³² At launch it was claimed that Mates would retail at 10-12p per unit (30-36p per pack of three), at approximately half the price at which Durex retailed (57-62p for a pack of three).⁸³³ This proposed price point relied on the vendors selling Mates condoms with very little profit margin.⁸³⁴ Perhaps understandably, this was undermined by chemists, who were reluctant to stock and sell the product for free.⁸³⁵

⁸³¹ 'News In Brief: Branson Launches Condom', *The Guardian*, (27th June 1987), p.4; 'Elton's boost for AIDS charity', *Daily Mirror*, (27th July 1987), p.13.

⁸³² 'A Virgin Approach', *The Chemist and Druggist*, (25th July 1987), p.189.

⁸³³ Matthews, (3rd August 1987); 'Durex dozens', *The Chemist and Druggist*, (11th July 1987), p.68.

⁸³⁴ David Rowe*, 'Condom crisis looms as chemists veto Mates', *Marketing*, (9th July 1987). *Not the same person as the author of this thesis.

⁸³⁵ Ibid

Mates overcame this issue in two ways. First, they slightly increased their price point, while keeping it below the Durex brand (at 45-53p per pack of three).⁸³⁶ Secondly, they increased the range of locations that their product would be sold, marketing it through supermarkets, record shops, restaurants, nightclubs, garages, and concert-halls. Mates also increased the use of vending machines so that Mates could be bought without embarrassment—one of Branson’s stated aims.⁸³⁷ Indeed, Branson declared that he wanted to make buying Mates ‘as easy as buying brown bread’, and the range of purchase points promoted the normalisation of condoms which he was espousing.⁸³⁸

The Mates brand was supported with a reported large advertising budget of £8-10 million, and agency Still Price Court Twivy de Souza was chosen to put this budget to use pitching the product as one for sexual health.⁸³⁹ This venture was helped by the removal of a long-standing problem for branded condom advertising—the ban on television advertising.

TV ban lifted

Although the Durex brand was not using AIDS as a selling point for its product, there were signs of increased demand for condoms due to the advice within sexual health advertising of gay activists—such as the safer sex message.⁸⁴⁰ Rival branded condom companies wanted to eat into Durex’s market share, and one way that this was thought achievable was by television advertising. Positive noises were made by the Independent Broadcasters Association, but despite condoms being mentioned on television within the DDI campaign the ban on branded condom advertising remained.⁸⁴¹ Eventually in mid-1987—after mounting evidence of the prophylactic benefits of condoms against AIDS the IBA reacted.⁸⁴²

Contrary to previous claims that the IBA followed the instructions of government, it was in fact the IBA that drove lifting the ban, and that government approval was a formality. (This emerges from a letter which discussed this topic, sent from within the

⁸³⁶ S Redmond., ‘Mates’ AIDS promotion wins it few friends’, *Marketing*, (5th November 1987).

⁸³⁷ Feona McEwan., ‘Creating an Image for the Unmentionable’, *Financial Times*, (27th August 1987), p.12.

⁸³⁸ ‘Branson Condoms on Sale’, *Daily Mirror*, (27th June 1987), p.5.

⁸³⁹ McEwan (1987)

⁸⁴⁰ V Matthews, ‘Revived by that renaissance in rubber’, *The Guardian*, (14th August 1987), p.21.

⁸⁴¹ ‘TV plays Hard to Get’, *Marketing*, (22nd January 1987), p.23

⁸⁴² ‘Condom ads only weeks away’, *The Chemist and Druggist*, (11th July 1987), p.57.

DHSS.⁸⁴³) The ban was lifted on 1st August 1987, opening the door for the UK's two biggest condom brands (Durex and Mates) to explore this new advertising platform—and initiating a new era in British sexual health advertising.⁸⁴⁴

Durex TV sexual health advertisement

Durex became the first brand to launch a television advertising campaign. Their advertisement was put together in 10 days and was played during an advertisement break on LWT at 9:15pm on the very day the ban was lifted.⁸⁴⁵ Although the theme centred around signs and codes for love, a sexual health element was also evident throughout the 40 second commercial.

The whole advertisement was set to the sound of *The Power of Love* by Frankie Goes to Hollywood. The opening scene depicted a male/female couple at first gazing at each other between the gaps in a wire fence that separated them, then walking in unison either side of the fence. This imagery was interspersed with depictions of newspaper headlines some covering topics such as unwanted pregnancies, cervical cancer, and AIDS, and others providing signs and codes for love (such as the questions 'Can love survive?' and, 'Is the age of romance dead?'). In addition, the use of Frankie Goes to Hollywood's music as the advertisement theme tune subtly aligned the Durex brand with the gay community, a community that Durex had been accused of failing to engage with. (Durex's slowness to acknowledge AIDS at all, and its failure to produce condoms suitable for the gay community, had been noted and criticised in the gay press.⁸⁴⁶) Frankie Goes to Hollywood were a popular mainstream act, having scored several top ten hit records, but they were also widely recognised as a band with strong links to the gay community, with lead singer Holly Johnson an openly out gay activist.⁸⁴⁷ Further, their 1984 song *Relax* had contained lyrics about fellatio and the music video that accompanied the record had contained images of gay life (from the leather scene) that were not always appreciated by everyone within the gay community.⁸⁴⁸ Both the video and the record itself were banned by broadcasters such

⁸⁴³ Letter from Tony Newton (DHSS) to Willie Whitelaw, (26th June 1987), NA/JA/235/29.

⁸⁴⁴ D Barker., 'First screening of condom ad brings threat of court action', *The Guardian*, (3rd August 1987), p.2.

⁸⁴⁵ Ibid; For production time see Matthews (3rd August 1987), p.11.

⁸⁴⁶ 'Condomania!', *Gay Times*, Vol. 4, Issue 103, (April 1987), p.14.

⁸⁴⁷ Craig McLean., 'Holly Johnson: 'I was never very good at sucking up – it's just not my style'', *The Guardian* [Online], 21st September 2014, <https://www.theguardian.com/music/2014/sep/21/holly-johnson-new-album-tour-interview> (accessed 12th August 2021).

⁸⁴⁸ Ibid.

as MTV and the BBC, but this only increased their profile and record sales (Relax reached No.1), an outcome resembling that of the USA Lifestyles advertisement controversy discussed above.⁸⁴⁹

In addition to the theme tune's subtle connection to the gay community, the Durex television advertisement also addressed male/female sexual encounters. Further, the signs and codes implied that any sexual relations would be as part of a loving relationship, supported through the headlines, and the lyrics of the music—both of which provided significant readings of love. The advertisement closed with the couple eventually finding their way to each other and embracing before a voice over and copy announced to the audience that 'Together you are safer with Durex'—in one final nod to safer sex.



Fig 8.4a Durex 1987



Fig 8.4b Durex, 1987



Fig 8.4c Durex, 1987

⁸⁴⁹ Following the banning of the first video a second version of the video was made with the band playing in front of laser beams.

Despite being praised in some quarters for being the first advertisement of its kind, the Durex advertisement also had its critics. Some were general protests against the topic appearing within television advertising at all. One infamous arbitrator of moral censorship, Mary Whitehouse, wrote to the Independent Broadcasting Association claiming the advertisement did not meet the code of honesty, as the advertisement had made no reference to condom failure rates.⁸⁵⁰ Others criticised the style of the advertisement, suggesting that it was reminiscent of a pop video—despite the popularity of pop videos and neglecting to consider if this was Durex’s intention.⁸⁵¹ The advertisement was also criticised for not being a strong enough message in the fight against AIDS, with The Family Planning Association reportedly claiming that the advertisement was too oblique, they argued ‘you don’t know whether they are advertising barbed wire or not’.⁸⁵²

Mates TV sexual health advertisements

Mates also took the opportunity to advertise its goods through television advertisements. In contrast to the subtle sexual health messages used by Durex, Mates wholeheartedly adopted the prevention of sexually transmitted diseases as a selling point. They designed a series of television adverts, all of which carried the message that Mates condoms could prevent AIDS. In stark contrast to the government’s ‘Don’t die of ignorance’ campaign, most of these ads were light-hearted and based around humour. The structure of the Mates advertisements was the same throughout the campaign: the characters in the advertisements would say something but subtitles presented to the audience would indicate that the character was thinking something else.⁸⁵³ The imagery in the adverts was accompanied by a voiceover that made four central points about the Mates brand, namely: [1] it was a new brand; [2] it was just as reliable as the established brand; [3] it was cheaper than the established brand; and finally [4] it could prevent sexually transmitted diseases. Some of the adverts just mentioned sexually transmitted diseases in general, but most of them singled out AIDS specifically.

⁸⁵⁰ Barker, *The Guardian*, (3rd August 1987), p.2.

⁸⁵¹ Sean French., ‘As I Please’, *New Society*, Issue 83, 1307, (15th January 1988), p.4; Matthews (3rd August 1987), p.11.

⁸⁵² Steve Redmond., ‘New Mates panic Durex’, *Marketing*, (29th October 1987).

⁸⁵³ This style to show the audience what the central characters were really thinking had appeared in the 1977 film *Annie Hall*.

On the 10th of November 1987 the first Mates television advertisement aired.⁸⁵⁴ It played on the concept of embarrassment in purchasing condoms—an area Branson had specifically pointed to as cause for concern.⁸⁵⁵ The advertisement commenced with a young man entering a chemist shop, and his first subtitle told the audience of his disappointment that the person serving him was a woman (Fig 8.5a). The man and the woman entered an exchange in which the central male character attempted to buy condoms, only for him to change his mind through embarrassment at the last second changed—for instance ‘I want some cccc...cotton wool’. The subtitles made it clear that [a] the customer was there to buy condoms, and [b] the shop worker had no embarrassment with the situation at all. The customer eventually gave up and began to walk away, only to be shown instantly returning and finally had the courage to whisper, ‘and a packet of condoms’. In what was set up as a humorous twist the shop worker destroyed the attempted covert purchase by shouting to someone in the back of the shop ‘Mr Williams how much are the Mates condoms?’. The advertisement closed with a shot of the packets of Mates, and the strapline ‘Mates condoms, you make love, they make sense’.

The signs open to the audience in this sexual health advertisement included the notion that the transaction of purchasing condoms was a normal one. For example, the shop assistant did not display any signs of prudishness or embarrassment. Further, the depictions of the customer could have been read as displaying unnecessary cautious behaviour, perhaps even immaturity in the transaction—traits that the audience may have wished to avoid mimicking.

The advertisement did receive criticism especially for the twist at the end. The advertising press reported the view that this punchline undermined the advertisement’s aim of normalising condom purchasing—as the advertisement showed an instance when the transaction was indeed embarrassing to the purchaser.⁸⁵⁶ A different kind of criticism was voiced in the mainstream press, the Pharmaceutical Society of Great Britain argued that the advertisement portrayed pharmacies as ‘devoid of tact and confidentiality’.⁸⁵⁷ Conversely, the advertisement’s use of humour did have its supporters, for instance, one advertising industry observer claimed that the humour was likely to get the ‘condom message’ through

⁸⁵⁴ Andrew Veitch, ‘BBC spreads condom message with doctored ads’, *The Guardian*, (11th November 1987), p.7.

⁸⁵⁵ ‘Branson Condoms on Sale’, *Daily Mirror*, (27th June 1987), p.5.

⁸⁵⁶ Letter from Paul Wilmot, Creative director at Madell Wilmot Pringle, to *Campaign*, (20th November 1987).

⁸⁵⁷ ‘A bit tactless Mates!’, *Aberdeen Press and Journal*, (20th November 1987), p.8.

to the intended audience, arguing that previous sexual health advertising had failed to do this.⁸⁵⁸ The advertising agency behind the advertisement defended the work, arguing that ‘the campaign works by acknowledging the embarrassment, observing it and thus defusing it’.⁸⁵⁹ Further scenes were depicted in the initial Mates series these included awkward moments during dates (Fig 8.5b), Mother and daughter conversations (Fig 8.5c), and post-coital conversations (Fig 8.5d). All these scenes included signs and codes for condom normalisation.



Fig 8.5a Mates, Chemist, 1987



Fig 8.5b Mates, Restaurant, 1987/88



Fig 8.5c Mates, Carol, 1987/88



Fig 8.5d Mates, Regret, 1987/88

At the same time that the Mates advertisements were being aired on commercial channels, Branson had persuaded the BBC to play unbranded versions of the same advertisements as public health announcements (Figs 8.6a-d). On 10th November 1987 during the launch of Virgin Healthcare Foundation—of which he was a trustee, the BBC’s programme director Michael Grade announced the plan to air the advertisements as public education films on the BBC.⁸⁶⁰ Grade defended the decision against accusations that this

⁸⁵⁸ Lisa O’Kelly., ‘Sensitive humour wins the day’, *Campaign*, (20th November 1987).

⁸⁵⁹ ‘A bit tactless Mates!’, *Aberdeen Press and Journal*, (20th November 1987), p.8.

⁸⁶⁰ Veitch (1987).

move would be in contravention of the BBC's strict no advertising policy, he argued 'the BBC is not in the business of selling Mates condoms. We are in the business of changing attitudes to condoms'.⁸⁶¹ In what some no doubt saw as a weak argument Grade suggested the Mates advertisements brought a specialism that was needed because 'we have no one at the BBC who knows how to make 60-second films'.⁸⁶²



Fig 8.6a Mates, 'Chemist' branded



Fig 8.6b Mates, 'Chemist' unbranded



Fig 8.6c Mates, 'Restaurant' branded

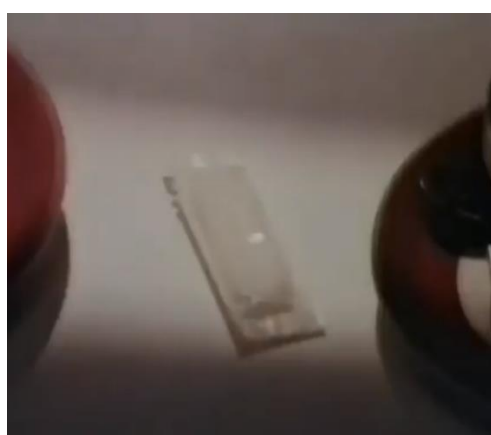


Fig 8.6d Mates, 'Restaurant' unbranded

The 'public health announcements' were exact copies of the advertisements running on the commercial channels, with the exception that all the branding had been removed. Additionally, the copy at the end of each advertisement was different, the branded Mates sign off was replaced in the BBC versions with the slogan 'Condoms. It goes without saying they make sense'. Understandably, the move infuriated those in charge at Durex, with one source reported as suggesting that 'The BBC is merely running the ITV Mates ad with the end chopped off,' and that 'The corporation has given Branson an unacceptable

⁸⁶¹ Ibid

⁸⁶² Ibid; and 'Positive Bodies', *Pink News*, (19th November 1987), p.2.

commercial advantage because viewers will see it as advertising'.⁸⁶³ Durex responded by offering to remove the branding from their own television commercial for the BBC. The BBC declined this offer and argued that Mates' position as a charitable venture made their advertising a special case.⁸⁶⁴ Yet, despite this initial defence of their position by the end of 1987 the BBC had taken the decision to cease airing the original Mates advertisements.⁸⁶⁵ Instead the BBC began airing totally different public education films.⁸⁶⁶

The use of comedy and romance in the branded condom campaigns from Durex and Mates was in stark contrast to the fear-based government's 'Don't die of ignorance' campaign. This is perhaps unsurprising, as not all stakeholders in the advertising industry agreed with the use of fear in sexual health advertising (discussed in chapter 7). The choice of advertising tactic to use in the AIDS advertisements was the topic of much debate, and a new voice would be pivotal within that debate—the Health Education Authority (HEA).

HEC to HEA

On 1st April 1987 the HEA was established in England and replaced the HEC. Berridge has described the creation of this new institution as part of an overall strategy to provide the government a 'respectable out' of AIDS sexual health advertising.⁸⁶⁷ Ministers wished to avoid the possibility of damaging involvement with 'intimate sexual matters' but were also aware of the need to be seen to be involved with the issue of AIDS.⁸⁶⁸ The new body would operate outside the government but would be under greater government supervision than HEC—that had fallen out of favour with government ministers who 'didn't trust it on AIDS'.⁸⁶⁹ The HEA worked in collaboration with the Scottish Health Education Group and their counterparts in Wales and in 1988 the HEA began their AIDS campaigns in earnest.

TBWA proposed gay sexual health advertising campaign

In June 1987 TBWA proposed a new campaign targeted at the gay community. Although this proposed campaign did not run, it provides a useful point of comparison with the way

⁸⁶³ J Tylee., 'Durex likely to press BBC to run TV ads', *Campaign*, (13th November 1987).

⁸⁶⁴ 'Durex presses BBC to screen ad', *Marketing*, (17th December 1987).

⁸⁶⁵ 'BBC may drop Branson's Mates', *Campaign*, (27th November 1987).

⁸⁶⁶ Richard Brooks., 'Auntie walks a knife edge', *Campaign*, (5th February 1988).

⁸⁶⁷ Berridge (1996), p.125.

⁸⁶⁸ Ibid p.123.

⁸⁶⁹ Civil servant quoted in Berridge (1996) p.126.

the infected subject was inflected within later sexual health advertising covered in this chapter.

TBWA was advised by the Chief Medical Officer Donald Acheson, who cautioned that the approach taken for this campaign should reflect the way that the message was delivered to the target audience. Specifically, Acheson wanted to know in which publications TBWA intended to place the advertisements—whether they would be mainstream or ‘specialist press’—with the intimation that the message ought to be amended depending on the particular locations and publications the advertisements were placed.⁸⁷⁰ To answer Acheson’s question, TBWA produced a report listing the gay ‘specialist press’ titles where they proposed to place the advertisements. The campaign was proposed to run from August to December of 1987 at the cost of £150,312.⁸⁷¹ The imagery in the proposed drafts shows how TBWA planned to utilise the infected subject motif.

In one proposed output (Fig 8.7a) a letter is depicted addressed to 116 traditionally male names, stating ‘sorry I’ve just found out I’ve got AIDS’.⁸⁷² This draft used a moralised sexual behaviour approach: the audience was given clear signs that the infected subject was a promiscuous character, who had many sexual partners. (A similar strategy had been used in 1973 for heterosexual audiences in Project Icarus, as we saw in Ch 6). The theme of causal sexual encounters was also covered within another draft (Fig 8.7b). The copy asked the audience ‘What have you got to lose by going to bed with a stranger?’⁸⁷³ The answer was provided by way of a list of symptoms that the infected subject would suffer and included ‘strength’, ‘looks’, and ‘your life’.⁸⁷⁴ The infected subject’s symptoms were presented inside a triangle, which was reminiscent of the pink triangle motif that had been reappropriated and adopted by the gay community, and although the drafts were in black and white this code would have been recognisable to many in the gay community.

The premature aging side effects of AIDS was the topic in two proposed sexual health advertisements. One posed the question ‘how old will you be next year?’ and showed an image of a weathered-faced male, with visible rashes on his face—that depicted

⁸⁷⁰ letter from Donald Acheson to TBWA (19th June 1987) NA/JA/235/29.

⁸⁷¹ TBWA proposal document, NA/JA/235/29.

⁸⁷² TBWA proposed Gay campaign (1987), NA/INF/12/1524.

⁸⁷³ TBWA drafts NA/INF/12/1524.

⁸⁷⁴ Ibid.

the infected subject as prematurely ageing (Fig 8.7c).⁸⁷⁵ Another had a quiz for the audience to guess the age of the central character (Fig 8.7d). In a further proposed sexual health advertisement a gaunt figure was represented that showed depictions of disease and infection, with accompanying copy 'some people who get AIDS are lucky, they die very quickly'(Fig 8.7e).⁸⁷⁶

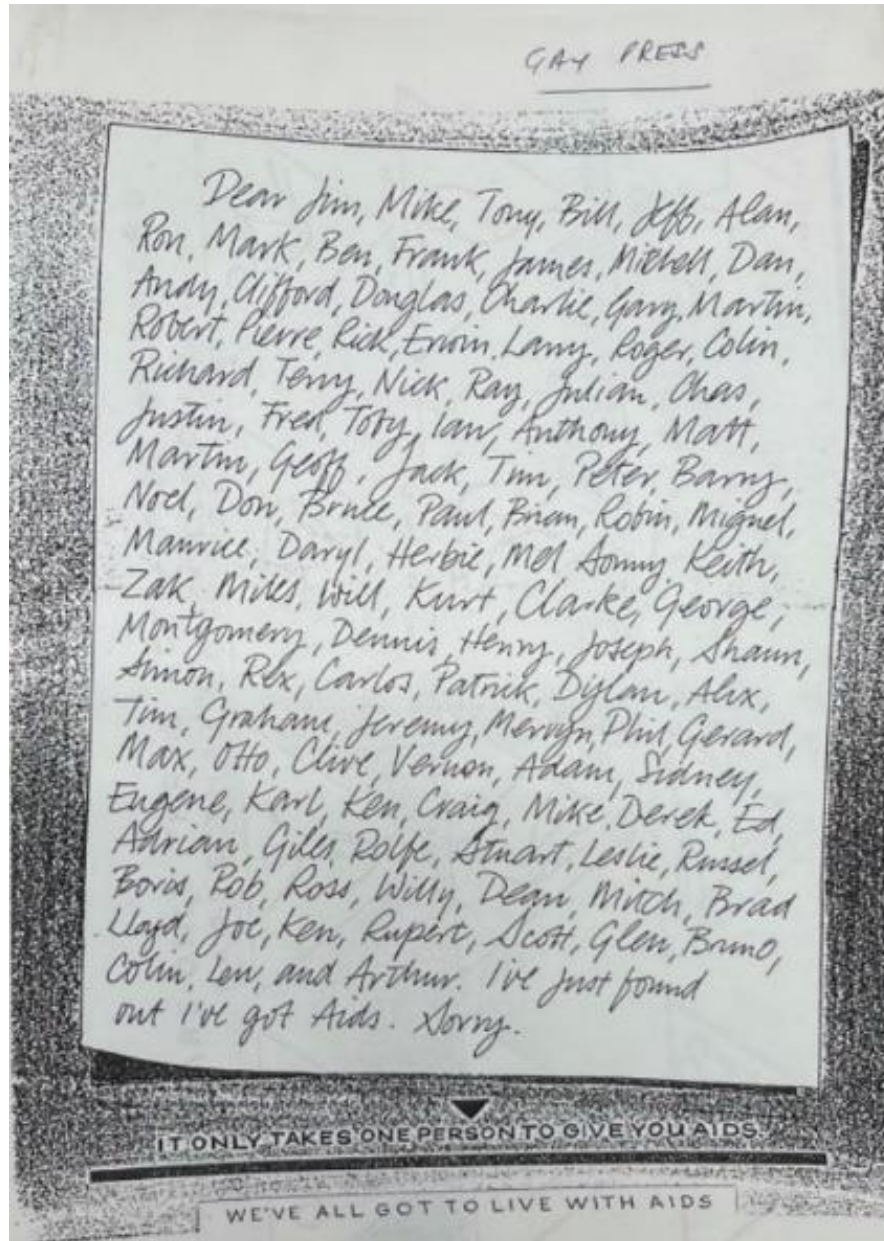


Fig 8.7a 'names' draft

⁸⁷⁵ Ibid

⁸⁷⁶ TBWA drafts NA/INF/12/1524.

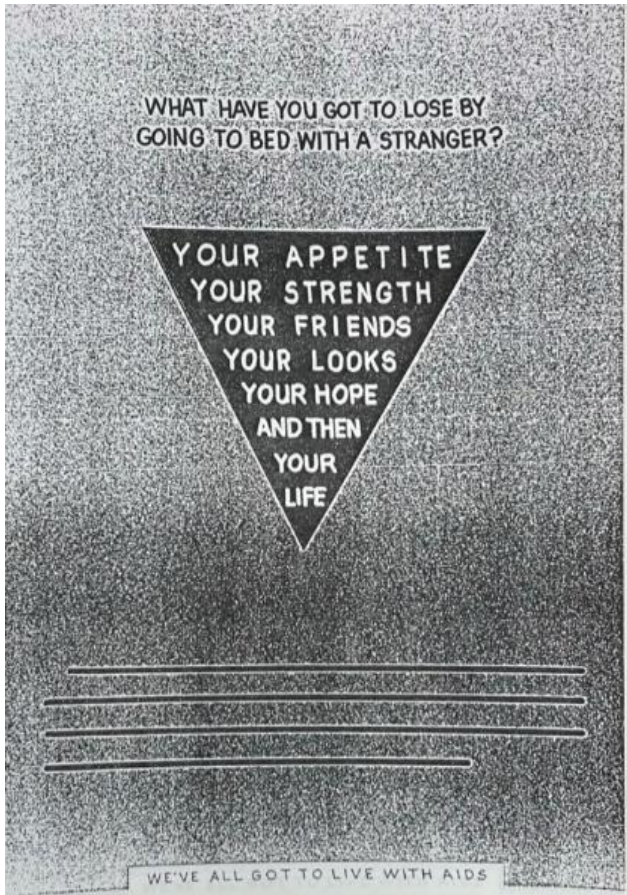


Fig 8.7b 'triangle' draft

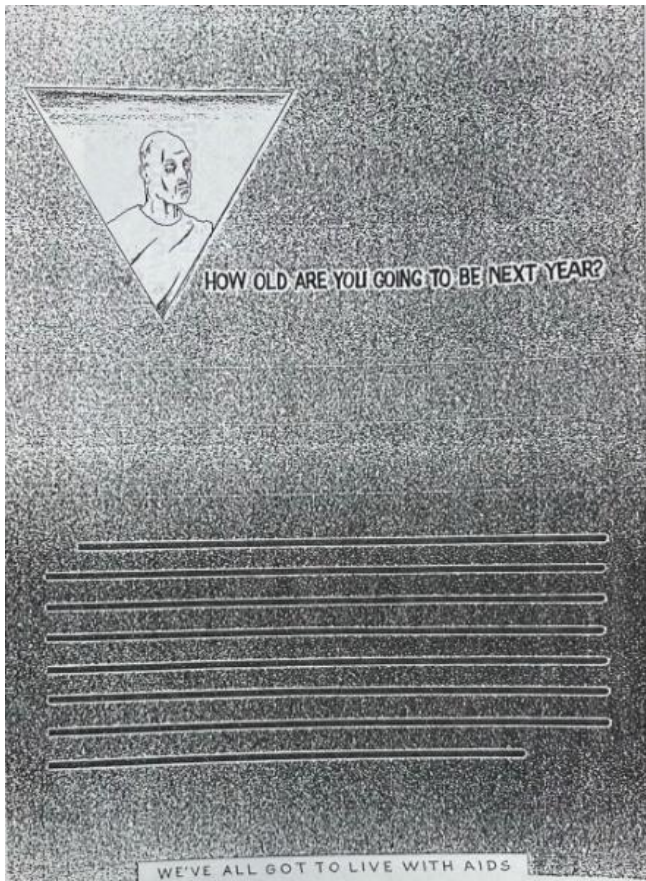


Fig 8.7c 'next year' draft

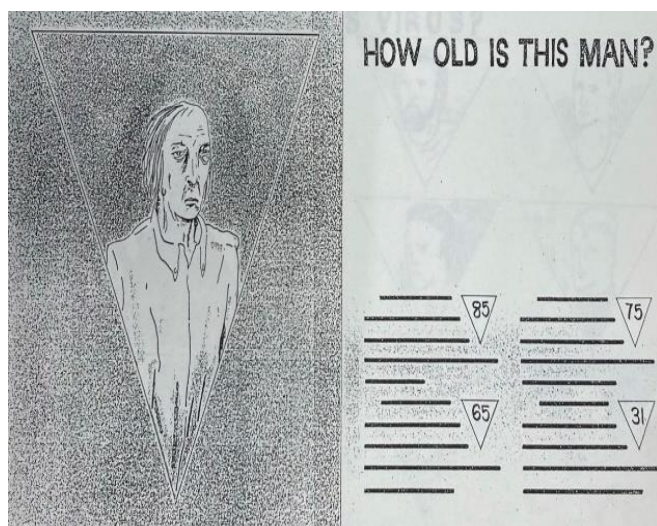


Fig 8.7d 'how old' draft

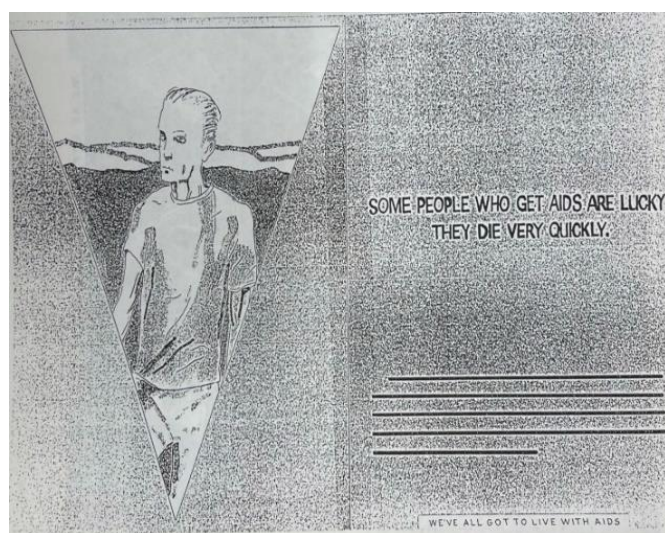


Fig 8.7e 'lucky' draft.

Given the death rate from AIDS within the intended audience it is arguable that these portrayals of infection and disease may have faced some resistance had they gone ahead, particularly because the gay community took an interest in the visual representation of AIDS sufferers portrayed in the media.⁸⁷⁷ No doubt the copy would also have proved controversial, for instance the statement in Fig 8.7e was likely to have been seen as insensitive and incendiary—given the many friends and partners of people within the audience lost to the disease. It could be speculated that the potential reaction from the target audience may have been one reason why these proposals did not go into production.

⁸⁷⁷ Cooter & Stein, (2013), p.125.

Nevertheless, these depictions of disease and infection were put forward by stakeholders and as we will see later contrasted with other portrayals of the infected subject.

TWBA: Flat and Disco

In the spring of 1988, the first television sexual health advertisements were released under the control of the new HEA. The work was produced by TBWA and consisted of two 60-second television sexual health advertisements, entitled 'Flat' and 'Disco'. As with DDI the use of fear was a prominent feature within the advertisements.

'Flat' depicted a late-night scene, with a male and female couple as the only characters. The advertisement opened with a depiction of a dinner table where seemingly a meal has been finished, gentle jazz music played in the background. The fear element was introduced throughout the advertisement by the scene being repeatedly interrupted with white copy on black background. These intersections related a message to the audience and were accompanied with a piercing noise (reminiscent of a horror film) that replaced the soft jazz music. The advertisement depicted sexualised imagery of the female character, with shots of her legs, lips, clothing, whereas the male character was only visible in small sections such as his eyes. The advertisement continued in the same vein, with sexualised depictions of the woman followed by signs of sexual desire in the male. For example, after one image of the woman, the camera flashed to the man, his eyes looking up and down as though he was watching the woman's movement. The abruptly placed copy had messages for the audience such as 'there is still no cure for AIDS', 'you can't tell by looking who's infected', 'the more partners you have, the greater the risk', and 'Using a condom could help save your life'. All these messages were accompanied with the abrupt piercing noise. The advertisement concluded with the female character looking directly at the camera as she stated, 'it's quite late' and asks, 'will you stay?'. The camera quickly panned to the male figure and for the first time the full face of this character was shown. The male character's gaze followed the camera as it moved away and was positioned directly above his head. The man looked up at the camera and had a facial expression that indicated contemplation—this shot was accompanied with an even greater screeching noise. Before a final copy was placed on the screen that had the logo of the HEA and read 'AIDS know the risks. The decision is yours'.

This advertisement was full of signs and codes concerning sexual behaviour, sexual morality, sexual risk, and sexual infection. The advertisement had several signs of the female character seducing the male character, and the man is depicted as the one making a risky decision. So, despite the copy suggesting that either of the central characters could be

the infected subject, these signs presented the woman as a *femme fatale* character and provided the audience with a greater number of indicators that the woman was the infected subject.

The other television advertisement in this campaign, 'Disco' depicted a scene inside a discotheque, and followed the same structure as 'Flat', but with the gender roles at first glance seemingly reversed. Here, the male character did all the talking and the female stayed quiet. Once again there was background music, this time disco music, and again the scene was abruptly and repeatedly interrupted by copy accompanied by the same fear-laden piercing noise as in Flat.

Yet, the signs and codes that were presented to the audience differed to those in 'Flat'. The male character was not overtly sexualised, no shots of his legs, or him provocatively rubbing his knees, instead the images were of his hand on the waist of the female character. Further, a third character was introduced in Disco, with the male character portrayed having caught the eye of another female character. Again, moralistic copy interrupted the scene with statements such as 'The more partners you have, the greater the risk'. The advertisement closed with a similar ending to 'Flat', with the male character asking the female 'do you fancy coming back to my place?'. The camera moved above the female character and showed her pensive face. Although Disco did have some indicators that the infected subject was male, this was much less explicit than the gendered role of the infected subject in Flat. This ambiguity in Disco could have led some of the audience to view the female central character as the infected subject, or even the female on the dancefloor who was casting admiring glances. The audience were left with unclear signs of contagion and infection in Disco. This resulted in the potential for audiences to conclude the danger of AIDS infection came from the female characters within both these advertisements.

'Disco' was evaluated as a failure; 'Flat' was deemed more successful. Murray Partridge, TBWA's creative director, was reported to claim that in recollection tests 'Disco' performed badly whereas for eight weeks Flat 'had the highest recall of any commercial in the *Marketing* magazine awareness survey'. Partridge argued that the reason for Disco's failure was 'a reticence among some involved in the production to show the man's sex appeal to the woman'.⁸⁷⁸

⁸⁷⁸ Meg Carter, 'They're putting condoms on in your living room', *The Independent*, (18th December 1991), Media, p.11.

New direction for sexual health advertising: moving away from fear

As we saw in chapter 7, the government-led DDI campaign drew criticism from several stakeholders, some specifically critical of the use of fear. As a result of these concerns, in 1988 the centrally produced sexual health advertisements began to abandon fear as a technique and to employ other methods to elicit behaviour change in the audience. In the summer of 1988, this change of tactic was assisted by a change in advertising agency for HEA's sexual health campaigns.⁸⁷⁹ The new agency was Boase Massimi Pollitt (BMP), a British advertising agency behind many popular and successful advertisements such as Cadbury's Smash instant mash potato.⁸⁸⁰ TBWA retained the anti-drug abuse element of the AIDS campaign, which continued to be controlled centrally by the DHSS. This transition period provides a useful comparison in the different strategies adopted by the rival agencies.

The final two TBWA sexual health advertisements and their proposed gay campaign can be contrasted with the first advertisements from BMP. The new agency was briefed by the HEA that the sexual health advertisements should influence the way that AIDS was reported in the wider media.⁸⁸¹ The suggestion that the media could be influenced in this way drew some critique—in particular from those working for newspapers.⁸⁸² BMP made the deliberate decision to move away from fear as an advertising tactic and instead to use positive representations of the infected subject, in order to show the audience that HIV and AIDS did not have visible outward signs.

This was a change of direction in the way that the infected subject had been utilised. Hitherto, albeit with exceptions, the infected subject had been portrayed in sexual health advertisements as an outwardly sinister, poorly, and/or threatening figure, or someone with negatively portrayed character traits such as promiscuity. Some of these attributes continued to be signalled in the BMP advertisements, but the tone was very different from that of the proposed gay campaign from TBWA.

BMP used the infected subject in a very different, stylised way, which emphasized the unknown features of the infected subject. For instance, the advertisement reproduced in

⁸⁷⁹ Chris Baker, (ed.), *Advertising Works 8: Papers from the IPA Advertising Effectiveness Awards, Institute of Practitioners in Advertising, 1994*, (London: NTC Publications, 1995), p.51.

⁸⁸⁰ A Garrett, 'BMP clinches £4 Million AIDS', *Campaign*, (8th July 1988); In 1989 BMP was bought by Doyle Dane Bernach agency and operated under the name of BMP DDB. HAT archives

⁸⁸¹ B Delancy, 'Victims of Ad Industry Hype', *Times*, (20th July 1988), p.28.

⁸⁸² Ibid

Fig. 8.8 depicted the infected subject by placing white letters on a black background to make up words that presented the representation of a face. The strapline also emphasised the unknown outward features of the infected subject, presenting as it did a representation of the infected subject that could have been almost everyone in society.⁸⁸³ This was supported by copy that informed the audience that the infected subject could look and feel healthy for years. The copy also struck a moralistic tone by suggesting that ‘the more people you sleep with the more chance you have of becoming infected’ and that safer sex included using a condom for penetrative sex or having non-penetrative sex.

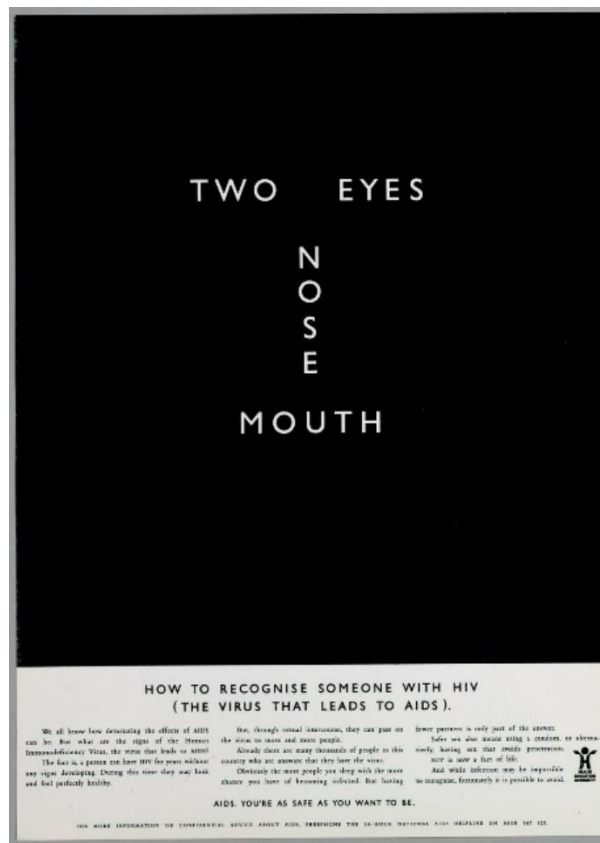


Fig 8.8 Two eyes, BMP/HEA, 1989

This theme was continued in other sexual health advertisements devised by BMP published in March 1989. The advertisement entitled ‘Saskia’, is typical, and provides an example of this utilisation of the infected subject. ‘Saskia’ was a two-page advertisement that featured the head and shoulders photograph of a young woman. On the first page (Fig 8.9) the audience was told that ‘if this woman had the virus which leads to AIDS, in a few years she could look like the person over the page’. The second page (Fig 8.10) was a

⁸⁸³ DDB London Un-bound Guard books HEA 1980-1999, HAT Archives

duplicate image with the copy 'Worrying isn't it'.⁸⁸⁴ The copy in the small print had subtle differences to 'Two Eyes' (Fig. 8.8) but the substantive content remained the same.



Fig 8.9 Saskia part-one BMP/HEA, 1989

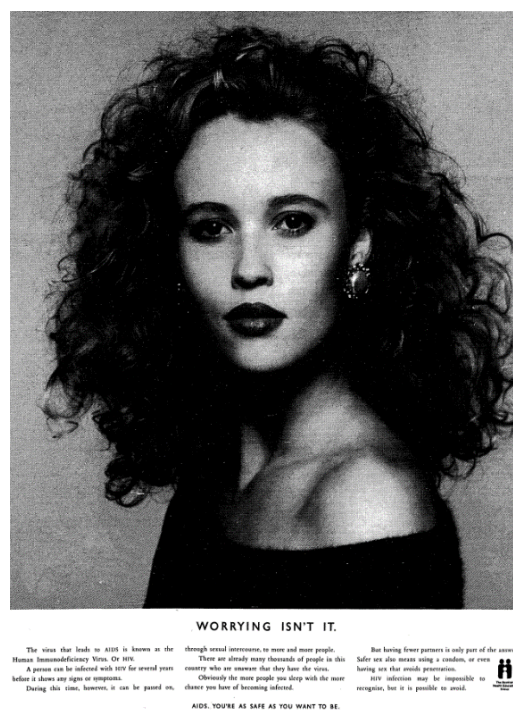


Fig 8.10 Saskia part-two BMP/HEA, 1989

The infected subject was presented as unknown and mysterious, suggesting widespread danger; yet the ads included other signs and codes which provided positive representations of infection and disease, namely the use of healthy, handsome, and young models to portray infection—a move which was in stark contrast to the proposals from TBWA. These representations from BMP and the HEA offered a much more positive perspective on the AIDS sufferer—and the opportunity to take this interpretation away into the discourse of AIDS.

Condom normalisation

BMP continued their work for the HEA on sexual health into the 1990s, covering a range of topics such as travelling abroad (Fig 8.11), condom strength (Fig 8.12), and when to mention condom use (Figs 8.13 & 8.14). All these advertisements depicted condom use as part of normal behaviour.

⁸⁸⁴ Ibid



Fig 8.11 Don't Forget BMP/HEA, C.1990-1996



Fig 8.12 Is yours up to it? BMP/HEA, 1992.⁸⁸⁵

⁸⁸⁵ As seen in *The Pink Paper*, (15th November 1992, p.12)



Fig 8.13 Say you want to use a condom, BMP/HEA c.1990

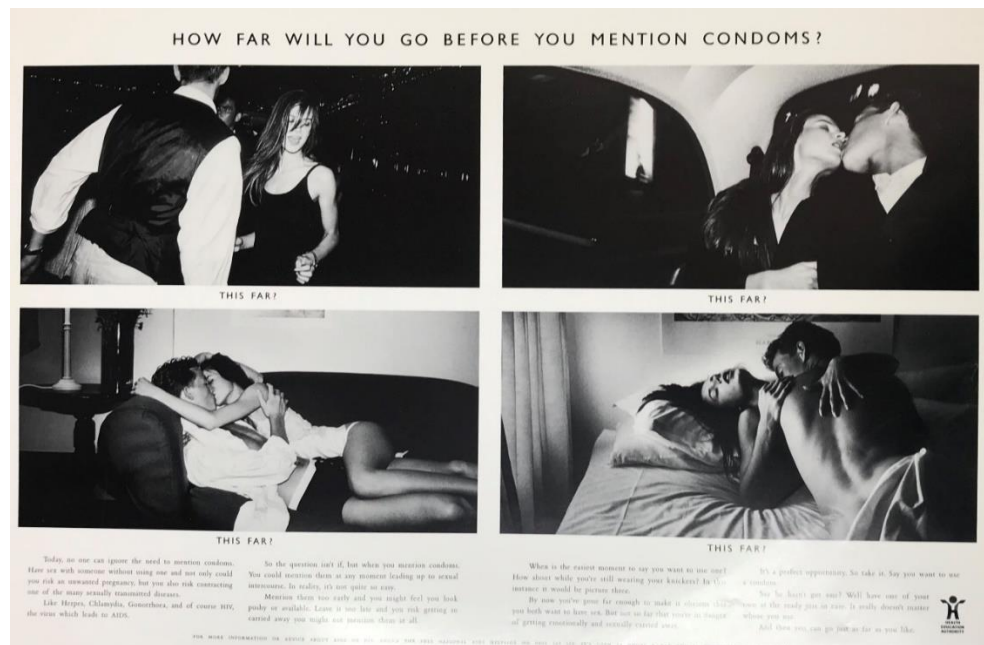


Fig 8.14 How far, BMP/HEA, c.1994

A double entendre was used within the sexual health advertisement ‘is yours up to it?’ (Fig 8.12). The key message was to raise awareness that not all condoms were made to the same standards, some were weaker than others. Yet, there can be little doubt that the playful way that the question was posed combined with the image of a stretched condom drew reference to the various sizes of a penis. A playful approach was again adopted in ‘sex hasn’t changed much’ (Fig 8.15), this time taking the audience on a historical journey. The pictorial element depicted several sheaths and the copy explained to the audience ‘Sex hasn’t changed much. Fortunately, condoms have’. The copy linked the fatal nature of AIDS with pre-penicillin syphilis before resuming the light-hearted approach by

referencing Casanova, claiming that one of the sheaths was of the type used by him and reasoned with the audience that ‘if the world’s greatest lover made do with sheep gut, surely you can use a condom’.



Fig 8.15 Sex hasn't changed much BMP/HEA, 1992

The same condom normalising theme was also used in two of the HEA television sexual health advertisements produced in the early 1990s—‘Mrs Dawson’ (Fig 8.16), which began in cinemas at the end of 1990 and (following the ITV Association’s decision to approve the showing on screen of unwrapped condoms in December of 1991) was moved to television.⁸⁸⁶ This allowed a second advertisement to replace her on the cinema screens—‘Mr Brewster’ (Fig 8.17) this was also transferred to television after about a year.⁸⁸⁷

‘Mrs Dawson’ depicted a middle-aged woman working in a factory manufacturing condoms. The voiceover in the advertisement was portrayed as Shelia Dawson herself and proclaimed that due to AIDS:

Young people can't afford to take chances these days. It seems they've got their head screwed on though. After all I've never been so busy.⁸⁸⁸

⁸⁸⁶ Carter, *The Independent*, (18th December 1991), Media, p.11.

⁸⁸⁷ Baker (1995), p.54-55.

⁸⁸⁸ Voiceover script from Mrs Dawson advertisement. (HAT).



Fig 8.16 Mrs Dawson, 1990



Fig 8.17 Mr Brewster, 1992.

'Mrs Dawson' used appeals to human behaviour traits. First an appeal to social group belonging was subtly signed through Mrs Dawson's observations in the behaviour traits of the young. This was followed by an appeal to intellect 'but at least they have their heads screwed on'. This line implied a degree of peer pressure through the code that young people that did not use a condom for sexual activity were not acting in the same manner as their more sensible peers. Finally, the advertisement used an advertiser's call-to-action, by asking the audience to keep Mrs Dawson busy.

The Mr Brewster advertisement utilised the same history of condoms theme used in ‘sex hasn’t changed much’ (Fig 8.15). It depicted an octogenarian male—Fred Brewster—urging the audience to ‘look what we had to put up with’ as he held up to the camera and discussed ‘Geronimo’—his reusable condom. The advertisement finished with the strapline ‘If Mr. Brewster put up with Geronimo you can use a condom’. Both these advertisements were light-hearted attempts to normalise condom use.

Testimonies and Experts

In addition to the light-hearted approach, the HEA used advertising techniques such as audience empathy, and expertise appeals.

To elicit audience empathy a series of advertisements used five different testimonies from people with HIV and AIDS. This provided the audience with ‘real life’ representations of the infected subject and thus offered a personal depiction of those that were infected. The testimony advertisements (Fig 8.18a, b,) all had the same structure: a voiceover told the story of how the person contracted the disease and was accompanied with imagery of everyday settings such as walking through the streets. The advertisements featured the testimonies of three women and two men and covered both heterosexuals and homosexuals. The imagery did not show the faces of the infected subject, so an air of mystery still surrounded the figure. Yet, this mystique was somewhat eroded through the narrative and accompanying personal details about the central character such as their name, age, and sexual orientation. The 20-second advertisements were designed so that any three from the series could be played within one commercial break.⁸⁸⁹ To emphasise the ‘real life’ nature of the narrative the audience was told (through copy) that ‘this is not the voice of an actor’.



Fig 8.18a Testimonies John, 1990

⁸⁸⁹ ‘HEA shows real face of AIDS’, *Campaign*, (7th December 1990).

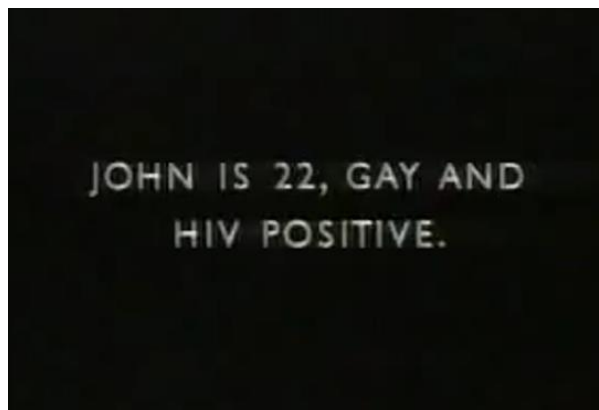


Fig 8.18b Testimonies John 1990

The expertise based campaign urged the audience to consider the seriousness of the AIDS crisis through a display of knowledge. The campaign was called ‘Experts’, and featured figures from within the field of medicine such as Sir Donald Acheson—the CMO for England, and Dr Anne Johnson—a medical researcher of AIDS at Middlesex hospital. ‘Experts’ utilised an advertising technique that depicted a display of superior knowledge in a topic than the majority of the audience would have. The aim was to make the audience believe it would be foolhardy to think differently to an expert on the subject. The campaign also had elements that were reminiscent of previous sexual health advertising campaigns seen in this thesis. ‘Experts’ contained anecdotal evidence such as a woman who had caught HIV from her ‘first boyfriend’. This evidence was supplied through a doctor’s experience similar to the ‘From a Doctor’s Diary’ campaigns of the 1940s.

Bisexual campaign

So far, we have seen how the BMP/HEA sexual health advertisements in this period contributed to discourse on the infected subject and condom normalisation. Discourse about the infected subject also included sexuality in the two-advertisement campaign on bisexuality (Figs 8.19 & 8.20).

In one of these advertisements two men were depicted holding hands and at first glance this could have been interpreted as a seemingly homosexual romantic picture (Fig 8.19). However, on closer inspection at least one of the men was wearing a wedding ring. As at the time marriage was illegal between same sex couples, the implication was that the ring-wearing individual was married to a woman. This was reinforced by the copy in the advertisement, which stated that ‘if a man has an affair, it might not be with a woman’.⁸⁹⁰

⁸⁹⁰ DDB London Un-bound Guard books HEA 1980-1999, HAT.

This presented the message that (due to AIDS) a man's affair with another man was more dangerous for sexual health than an affair with a woman.



Fig 8.19 Hands, 1990

In a similar bisexual-based advertisement (Fig 8.20) two naked torsos were depicted with copy that posed the question ‘which do you find more attractive?, if you’re not certain, read on’. The audience was told that if they were to experiment with same-sex sexual encounters, then the practice of safe sex was important to protect against HIV and AIDS.



Fig 8.20 Torsos, BMP/HEA, C.1994

These advertisements contributed to the discourse of a ‘bisexual bridge’ of contagion.⁸⁹¹ At the time these advertisements were in circulation, the notion that certain individuals were vectors of infection was common. In addition to bisexuals, prostitutes and drug addicts were also depicted as providing a passage for HIV and AIDS to cross over from the gay community into the heterosexual population. These claims stigmatised certain sectors of society, and once labelled conduits of infection, members of these groups were subjected to social vilification.⁸⁹² It is worthy of note that although the advertisements targeted bisexuals, the advertisements were seen by all the audience, thereby promoted to a wide range of people the notion that bisexuals were one of the groups responsible for the spread of HIV and AIDS.

Volunteers use television/film.

Just as with the emergence of sexual health advertising on AIDS in general, the voluntary stakeholders led the way with moving imagery, starting in 1986 with a two-minute sexual health advertising film produced by the THT for broadcast in cinemas and via video libraries.⁸⁹³ This advertisement ‘You know it makes sense’ (Fig 8.21) used a light-hearted approach, featuring an impersonation of the Prime Minister Margaret Thatcher and mimicking a No.10 Downing Street public address.⁸⁹⁴ The character stated to camera that ‘working for you keeps me well, but you know there are some people who simply cannot take care of themselves’, and went on to inform the audience that her health minister is worried about ‘this AIDS virus’, and was then shown unwrapping a condom, unfurling it, and blowing into it as if it was a balloon.

Opinion was split on the merits of using this approach, and of course the range of platforms was at the time restricted due to the unwrapped condom. *The Guardian* reported that ‘a former cabinet minister in Mrs Thatcher’s administration’ had called the advertisement ‘very good indeed’.⁸⁹⁵ Conversely, the advertising press published critiques of the approach, for instance advertising industry spokesperson, Sue Ward-Davies

⁸⁹¹ James G Kahn, et.al, ‘How many HIV infections cross the bisexual bridge? An estimate from the United States’, *AIDS*, vol.11, (August 1997), p.1031-1037.

⁸⁹² Various newspaper stories appeared on bisexuals being a vector of infection such as Townsend, Kevin., ‘AIDS risk from Bisexual donors’, *Reading Evening Post*, (22nd December 1986), p.9; and ‘Gay warns of AIDS treat to Women’, *Lynn Advertiser*, (28th April 1987), p.2.

⁸⁹³ Nicholas De Jongh, ‘Thatcher’ stars in video on AIDS’, *The Guardian*, (29th November 1986), p.2.

⁸⁹⁴ THT, *You know it makes sense*, (1986) BFI Archives no. 328822

⁸⁹⁵ Nicholas De Jongh, Censors restrict AIDS film, *The Guardian*, (16th January 1987), p.2

argument that ‘The message needs to be direct, rather than try to amuse’.⁸⁹⁶ Ward-Davies argued that ‘humour doesn’t always work’, and that as the advertisement ridiculed Thatcher, the ‘audience could be forgiven for believing the condom message, too, is being ridiculed’.⁸⁹⁷



Fig 8.21, THT, *You Know it Makes Sense*, 1986

Undaunted by this mixed reaction, THT continued to adopt a light-hearted approach. They produced two more television advertisements in the 1990s, and both used light-hearted phallic symbolism. In ‘Hopping Pecker’ (Fig 8.22), a small cartoon penis was denied entry through a doorway until it put a condom on, and in ‘Big Bang Theory’ (Fig 8.23a& b) a spaceship shaped like a penis approached a black hole, only for it to disappear. The spaceship then covered itself with a condom and was seen successfully entering the black hole.

⁸⁹⁶ Sue Ward-Davies, ‘The need to divorce facts from fear in the Anti-AIDS fight’, *Campaign*, (27th March 1987).

⁸⁹⁷ Ibid



Fig 8.22 Hopping Pecker, THT, c.1991



Fig 8.23 a, The Big Bang Theory, THT, c.1995



Fig 8.23 b, The Big Bang Theory, THT, c.1995

In the 1990s the use of humour was not the only growing trend in sexual health advertising, there was an increased interest from commercial enterprises in the subject too.

Increased commercial use of AIDS

By the early 1990s the press and broadcast media's interest in AIDS, together with efforts to raise awareness from activists, and the government had made AIDS a familiar subject to the wider public. This meant that AIDS had become a universal cultural reference point, which allowed references to AIDS to be used in a wider range of situations, including commercial advertising. Previous obstacles to mentioning the topic in taste, law, and ethics had been removed by the anti-AIDs campaigns giving commercial marketing a new freedom to shock the public.⁸⁹⁸

Further, such marketing was not limited to those that had products directly linked to the crisis—such as condom brands. Amongst many others, the fashion company The United Colours of Benetton (Benetton) stood out as arguably the most fervent and controversial in their use of this tactic in the 1990s.

Benetton

In 1991 Benetton art director Oliviero Toscani designed an advertisement using a range of colourful and unfurled condoms (Fig 8.24). This marked the start of the relationship between sexual health and the Italian fashion brand.



Fig 8.24 Condoms United Colors of Benetton, 1991

In 1992 Benetton moved away from this light-hearted style and struck a more serious tone when they ran a campaign featuring AIDS activist David Kirby (Fig 8.25).

⁸⁹⁸ Aubrey Wilson, and Christopher West., 'Commentary: Permissive Marketing – the Effects of the Aids Crisis on Marketing Practices and Messages', *Journal of Product & Brand Management*, Vol.4. 5 (1995), p.34-48.



Fig 8.25 AIDS—David Kirby, United Colors of Benetton, 1992

Kirby was pictured surrounded by his family as he was in his final moments prior to dying of an AIDS-related illness. The advertisement used the powerful and evocative image of David dying in his father's arms. The image also showed the grief of David's sister and niece, who were also at his bedside. The photograph by Therese Frare was originally published in black and white in the November 1990 edition of *Time* magazine. In 1992 Benetton coloured the image and used it as part of a marketing campaign that had deliberately intended to shock the audience.⁸⁹⁹ The image was used with the sanction of Kirby's family, who hoped that the shocking visualisation of the horrors that surrounded AIDS would help humanise the disease.⁹⁰⁰ The use of the image met with opposition both from gay activists and from at least one of the publications Benetton planned to advertise in. THF called the advertisement 'offensive' and the UK branch of the gay activist group ACT-UP designed and released their own advertisement that specifically responded to the United Colours of Benetton's advertisement.⁹⁰¹ ACT-UP argued against the commercial use of the image and proposed that the only valid use for the Kirby picture was to promote condoms (Fig.8.26).

⁸⁹⁹ Walsh, Georgina., 'Benetton in its true colours', *Daily Mirror*, (20th February 1992), p.9.

⁹⁰⁰ 'Aids Victim's Family Approves Benetton Photo', *The Guardian*, (25th January 1992), p.3.

⁹⁰¹ 'Using AIDS to sell jumpers', *Daily Mail*, 24th (January 1992), p.15.

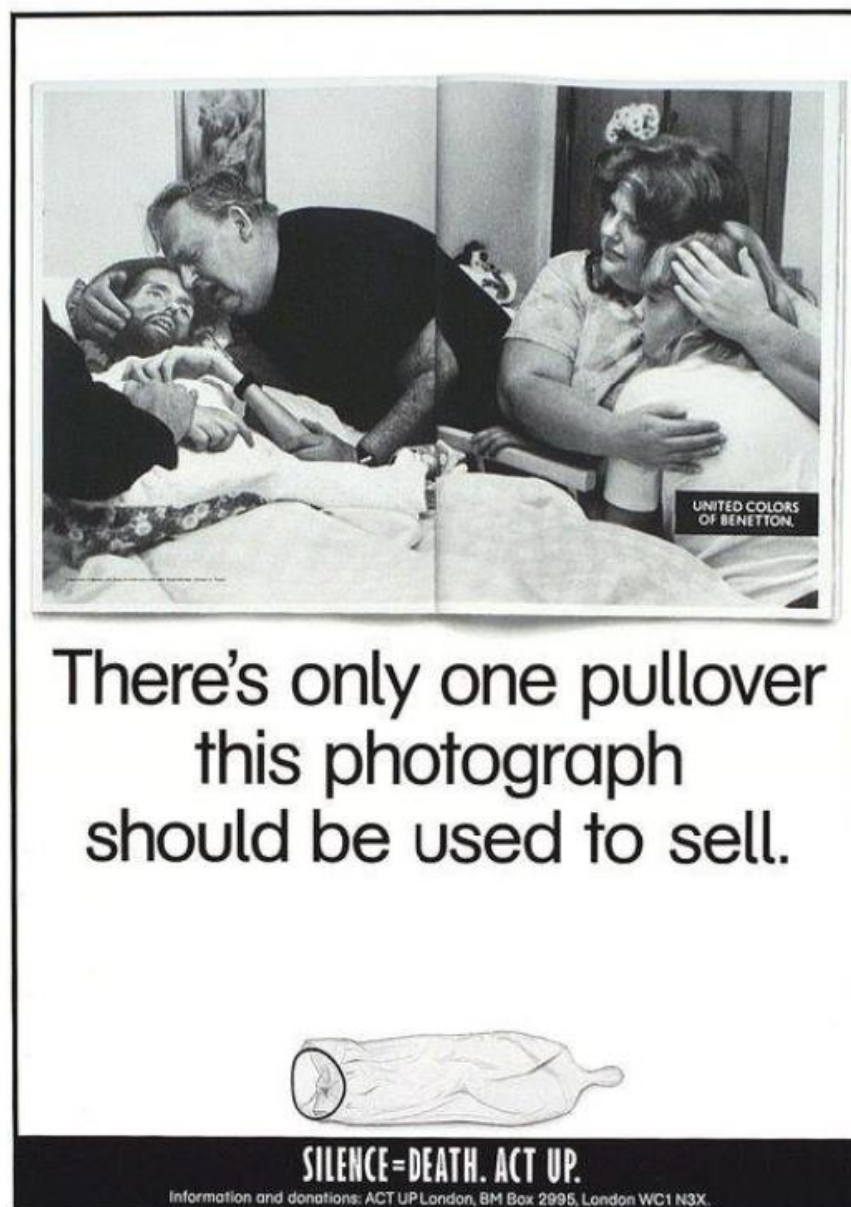


Fig 8.26 Pullover, ACT-UP London, 1992

The advertisement was due to run in *Elle* magazine, but was pulled by the editor Maggie Alderson when she eventually saw the advertisement.⁹⁰² Alderson conceded that ‘in the right context’ the image was ‘incredibly moving’, but ‘to use it as an advertisement...is incredibly insulting’, and that the ‘AIDS victim resembles Jesus Christ’.⁹⁰³

A year later in 1993, Benetton used the subject of HIV and AIDS again in their advertising that depicted naked sections of bodies. These bodies were branded with a message that simply read ‘HIV positive’ (Figs 8.27a, b & c). The infected subject was

⁹⁰² ‘Journals Ban Dying Aids Victim Advertisement’, *The Guardian*, (24th January 1992), p.22.

⁹⁰³ Ibid.

depicted as a mysterious and unknown figure but the resemblance to the tattoos placed upon homosexuals in WWII prisoner of war concentration camps did not go unnoticed within the gay community.⁹⁰⁴

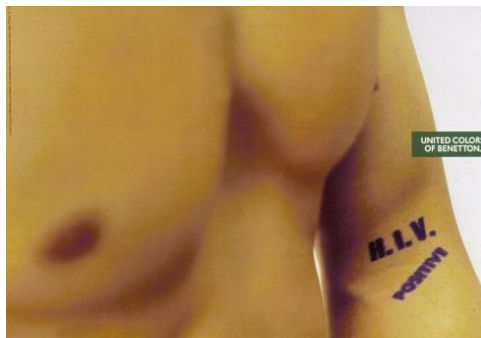


Fig 8.27a HIV positive arm Benetton, 1993



Fig 8.27b HIV positive bottom Benetton, 1993

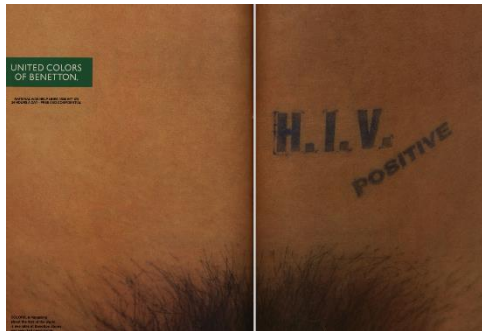


Fig 8.27c HIV positive groin Benetton, 1993

Finally, also in 1993, Benetton released an advertisement that at first glance merely depicted a crowd scene (Fig 8.28), but within which closer inspection revealed the word AIDS spelt out by a subtle change of colour within the faces of the individuals inside the crowd scene—suggesting both that AIDS was in and amongst the crowd, and that it was hard to tell who was infected.

⁹⁰⁴ 'Aids to selling or selling AIDS', *The Pink Paper*, (24th September 1993), p.14.



Fig 8.28 Faces, Benetton, 1993

Nike

Benetton may have been a pioneer and the most controversial, but they were not the only company to use the universal cultural reference of HIV and AIDS within their marketing campaigns. Another company to use this tactic was Nike, who in 1995 released an advertisement featuring marathon runner Ric Munoz (Fig 8.29)—aired in the UK on the 1st of December 1995—to coincide with world AIDS day.⁹⁰⁵



Fig 8.29 Ric Munoz, Just Do It, Nike, 1995

⁹⁰⁵ Paul Burstn, 'This man is a marathon runner and Nike ad star', *The Independent*, (1st December 1995), World AIDS Day supplement, p.6; and Jill Turner, 'The Marathon Man Running for His Life in the Shadow of Aids', *The Guardian*, (1st December 1995), p.29.

The advertisement opened with a shot of a lone man running on a path lined with trees, adorned in a training top, shorts, and training shoes—typical signs and codes of health, nature, clothing, and physical prowess that were characteristic of sportswear advertisements. The next frame (white copy on a black background) named the runner: ‘Ric Munoz, Los Angeles’. The advertisement continued to expand the knowledge of the audience about the physical abilities of the protagonist through copy interspersed by imagery of Ric running through the park. The messages read ‘80 miles every week’ and ‘10 marathons every year’. Having spent the first 20 seconds of the 30-second commercial building up the representation of a healthy and physically fit central character the copy presented in white text on a black background simply read ‘HIV positive’ (Fig 8.30). The use of this copy instantly changed the tone of the advertisement; the point to notice is that its powerful effect depended on a very traditional motif, namely the infected subject.

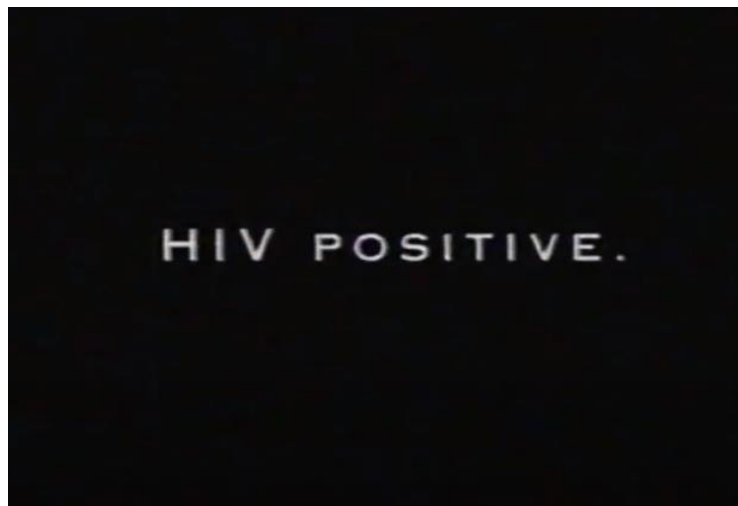


Fig 8.30 HIV Positive, Nike, 1995.

As we have seen throughout the thesis, the infected subject was often used in sexual health advertising as a negative and fear-inducing figure. We have seen how some of BMP’s work for the HEA had used the infected subject differently, and that this had included some positive imagery of the infected subject. Nike’s 1995 advertisement expanded further on this use of the infected subject by providing signs and codes for a healthy person—such as running, nature, and sunshine—offering to an unprecedented degree a positive representation of the infected subject. The advertisement closed with the Nike tag line ‘just do it’, but before it did the advertisement showed one last image: Munoz seen from behind running towards open land and a blue sky, thereby suggesting that (rather than being at a journey’s end), there was an onward journey of promise for this infected subject.

Conclusion

This chapter commenced by examining the condom market's response to the AIDS crisis showing that sexual health was used by new brands in their advertising. The increased competition for the condom market saw Durex go head-to-head with its new rival Mates. Following the lifting of a ban that allowed condom brands to advertise on television for the first time, this competition for market share was in-part played out through the television sexual health advertisements produced by both companies. Both brands chose to use a tone in their advertisements that differed from the fear-laden DDI campaign, instead, utilising notions of romance (Durex) and humour (Mates).

In April 1987 the new HEA replaced the HEC, this was part of the government strategy to have an 'acceptable out' of AIDS sexual health advertising.⁹⁰⁶ As the HEA was taking over, TBWA were completing their last sexual health advertising campaigns—a proposed gay targeted campaign, and a television campaign. The proposed gay campaign presented the infected subject as a highly diseased and prematurely aged figure and the television campaign maintained the predominant use of fear as the central tactic. Following these last campaigns, the HEA commissioned a new agency (BMP) to take the AIDS campaign in a new direction.

This new direction was a reaction to stakeholders that claimed fear-laden sexual health advertising was the wrong choice—such as the argument that this tone had become increasingly ineffectual from the gay press.⁹⁰⁷ The new collaboration between BMP and the HEA used the infected subject in an alternative way and adopted representations with positive imagery of the infected subject, such as youth and beauty. The HEA also utilised humour and a light-hearted tone, such as 'Mrs Dawson'—which marked another significant moment for British sexual health advertising (in that it showed an unwrapped condom within television advertisements for the first time). Humour was not the only approach adopted by the HEA/BMP. Typical examples from each of these alternative campaigns were analysed revealing the use of 'real life' infected subjects, the use of 'experts' to deliver messages, and a contribution to the notion of a 'bisexual bridge' of infection.

The period saw a continuation in the use of the moving picture as a platform for delivering sexual health advertising. As with general sexual health advertising the volunteer/activist stakeholder group led the way in this regard. Perhaps understandably,

⁹⁰⁶ Berridge (1996), p.125

⁹⁰⁷ Edward King, *Exploding Myths, The Pink Paper*, (28th April 1995), p.10.

their advertisements stayed away from using representations of the infected subject, instead opted for humorous impersonations and cartoon penises.

The period covered in this chapter was also notable for an increase in the influence of the commercial stakeholders, as seen above, the condom brands had produced sexual health advertisements, but the commercial interest in HIV and AIDs was not limited to enterprises that had sexual health interests within their core business. HIV and AIDS had become a universal cultural reference, and companies such as Benetton and Nike could utilise the topic in their commercial advertising—thus creating a new type of sexual health advertising. The Ric Munoz Nike advertisement provides an example of how sexual health advertising helped guide visual representations of sexual health and infection. The signs and codes presented a positive representation for the infected subject and a normalisation of HIV. The commercial use of sexual health in the Nike advertisement presented an infected subject as a healthy—even extremely healthy—figure. This episode demonstrated some of the ways that the commercial enterprise stakeholder group contributed to the discourse of infection and disease through their sexual health advertising.

Thesis Conclusion

This thesis argues that a complex and changing network of stakeholders was active in both shaping and responding to sexual health advertising between 1913 and 1996. Stakeholders within this network interacted in complex, shifting ways with both direct and indirect consequences for the content and context of sexual health advertising. Further, there were various shifts in power and influence within the stakeholder network over this period. Techniques of advertising sexual health changed over time, and both reflected and influenced these shifts of power. Evidence presented in each of the chapters has contributed to the conclusions drawn in this thesis. In addition to this central argument the thesis opened by posing a series of questions. How and why did sexual health advertising campaigns develop in the way they did? What kinds of signs and codes were present in sexual health advertisements? Which of these signs and codes (if any) persist over time? How were these signs and codes deployed? Who deployed these signs and codes? For which different audiences were sexual health advertising messages developed? The remainder of the conclusion will outline cross-cutting answers and responses to these questions and reflect on the implications of the thesis findings for both existing scholarship and possible future avenues of enquiry.

Questions addressed

Each substantive chapter mobilised evidence to progress the central argument and address the opening questions. All the periods investigated engaged with the question 'how and why did sexual health advertising campaigns develop in the way they did?'. One example of this was the investigation of the Games Hand series of sexual health advertisements (Chapter 4). This case study illustrated that the content within sexual health advertising became increasingly reliant on copy, and away from pictorial communication, during the 1950s, due to a number of reasons relating to the network of stakeholders. These included policy-related budgetary restraints, a decreased involvement of graphic designers, and an increased involvement of civil servants. The Games Hand case illustrates a period where sexual health advertising had lowered salience throughout the network of stakeholders. Levels of sexual health advertising salience in each of the stakeholders influenced who was active in the creation of sexual health advertising. As this thesis shows, levels of salience for sexual health advertising shifted over the time period in question and related to the shifts in the network of stakeholders.

Throughout, this thesis also discussed the content of sexual health advertisements, thus addressing the questions, 'What kinds of signs and codes were present in sexual health

advertisements?’ And ‘Which of these signs and codes (if any) persist over time?’ Each chapter outlined in detail various and multiple signs and codes employed within sexual health advertising, especially those relating to infection, contagion, and disease; death and mortality; sexual morality, promiscuity and innocence; gender and sexuality; and norms of family life. Several of these signs and codes persisted, or at least recurred, across multiple and quite different historical contexts. For example, the signs and codes used to indicate the need for parental responsibility in the area of sexual health were visible in different forms from at least as early as the 1920s right through to the AIDS campaigns of the mid-1980s. Some specific instantiations of parental responsibility were within the NCCVD and BSHC sexual health advertisements of the 1920s and 30s (Figs 2.4 and 2.12), the WWII sexual health outputs (Figs 3.13 and 3.28), the post-war Games Hand era (Fig 4.6), and the local area sexual health campaigns of the 1970s (Fig 6.15). Further, these signs and codes were present in the government’s 1986 Don’t aid AIDS campaign (Fig 7.13) and also within the United Colors of Benetton AIDS advertisements of 1992 (Fig 8.26). Addressing questions about the kinds, and persistence, of signs and codes within sexual health advertising helps highlight two important aspects of British sexual health advertising. First, which signs and codes were favoured by different actors within the network of stakeholders in sexual health advertising, and second, which of these continued to be deployed over time despite changes in conditions for sexual health advertising and various shifts in power within the network of stakeholders.

The second of these points allows us to see that some ideas of contagion and disease have been obdurate in society despite significant political and social change over this period. Observing this phenomenon is one of the benefits to a systematic historical review that has developed a continuous narrative of sexual health advertising from the British state for the twentieth-century. Further, previous historical investigations into sexual health advertising within the twentieth-century would not have been able to illuminate phenomena of this type, due to the somewhat piecemeal fashion of engagement with the topic.

Advertisers’ tools and techniques were examined to investigate the question of “How were these signs and codes deployed?” within sexual health advertisements over the period. Principal amongst the tools used to deploy these signs and codes was the depiction of an infected subject. This thesis has put forward the concept of an ‘infected subject’ motif in sexual health advertising, a central and persisting motif, inflected in different ways throughout the study period. Evidence has been seen throughout the investigation of the deployment of this motif by different groups within the network of stakeholders. How the

infected subject was utilised has differed drastically throughout the study period. Some uses provided what could be described as negative representations of specific groups in society—such as the heavily gendered ‘Sandra Croft’ 1970s poster (Fig 6.33). Other representations have indicated to the audience an unidentifiable, mysterious, or unknown element to those infected—visible especially prominently in the use of silhouettes in the early 1960s (Fig 5.2). Further depictions have arguably provided a more positive representation, allowing the audience to see that the infected subject possessed positive characteristics—such as the Nike sexual health advertisement of 1995 (Fig 8.30). The network of stakeholders inflected the motif of the infected subject in different ways over time, leading to different possible audience interpretations of sexual health and disease, and feeding into broader societal discourses. Advertisers were central to this process, guiding these interpretations through the use of techniques such as the notion of an ‘imagined future’ (see ‘Tomorrow’s Citizen’ Fig 3.13); appeals to human emotions (such as guilt see ‘Family’ Fig 6.32); and an advertiser’s ‘call-to-action’ (see Mrs Dawson Fig 8.16). By seeking to convey a certain message, the creators of sexual health advertising needed to encourage a specific interpretation from their audience. However, we have seen something quite different: that guiding these interpretations would not always have been possible due to the variety of ways signs and codes could have been interpreted. This was further complicated through the codes and signs available for interpretation that were not placed within sexual health advertisements intentionally by the creators, such as the questions over the gender of the infected subject in ‘disco’ the HEA 1988 AIDS output, or Abram Games’ use of ‘the safety colour’ green as the background for ‘man’ (Fig 4.7).⁹⁰⁸ Nevertheless, all these codes and signs within sexual health advertising made up the possible interpretations available to a range of audiences, enabling them to build ideas around sexual health.

The penultimate of the questions, ‘who deployed these signs and codes?’ relates directly to the concept of the network of stakeholder in sexual health advertising introduced by this thesis. The network of stakeholders was conceptualised by examining historical actors that had an active input and interest into the construction of sexual health advertisements. These actors were then placed into loose groupings of various stakeholders by placing them into parent groups. Four of these parent groups were identified and defined as: **policy-makers**, this included actors such as government officials, civil servants, and local authorities; **volunteers/activists**, including actors such as NCCVD, gay activists, and sexual health charities; **the Advertising Industry**, such as advertising agencies,

⁹⁰⁸ Letter from Betty Cawter to Mr Watson (COI), (23rd April 1958), NA/MH/55/2189.

copywriters, and graphic designers; and **commercial enterprises**, actors such as prophylaxis manufactures, chemists, and private sexual health clinics. It is important to note that these groups were not homogeneous. For example, during the prophylaxis debate of the 1920s groups within the volunteer/activist parent group had strongly differing views on the content of sexual health advertising. Similarly, members of the advertising industry disagreed over the best approaches to take during the 1987 DDI AIDS campaign. Further, some stakeholders could arguably belong to more than one parent group or even move between the groups, such as HEC, set up as an independent volunteer body but still heavily influenced by government in terms of its membership, and heavily reliant on funding from policy-makers.

Notwithstanding this, loosely grouping stakeholders into parent groups has allowed the power dynamic in the network of stakeholders to be examined in greater detail than would have been otherwise possible. This was important as shifts in this power dynamic often led to changes in sexual health advertisements. Further, the power dynamic within the network of stakeholders also impacted on the conditions that sexual health advertising emerged from—and these changes in turn underpinned the power shifts. For example, in 1916-17 when policy-makers and volunteers created and implemented legislative changes around sexual health advertising, following the recommendations of the RCVD, commercial enterprise lost significant power within the network of stakeholders. The resulting legislation and its enforcement strengthened the position of both the government and the NCCVD as providers of sexual health advertising. Simultaneously, chemists and other commercial groups found themselves legally locked out of creating and distributing any sexual health advertising of their own. Changes in conditions for sexual health advertising were not always caused by power shifts in the network—although, as we have seen, changes to the conditions did often lead to power shifts within the network. For example, the emergence of a new sexually transmitted and fatal disease in the early 1980s saw a change in the conditions from which sexual health advertising emerged. The initial sexual health advertising response was from the volunteers/activist group through gay activists. This resulted in this parent group growing in strength and influence within the network of stakeholders. What this shows is that the question ‘who was responsible for the codes and signs within sexual health advertising?’ has no single answer. Rather, it changed significantly as different stakeholders were prominent at different periods because the power dynamic within the network of stakeholders ebbed and flowed.

Previously, sexual health advertisements have been viewed by some scholars as the creative output of a talented graphic designer, an inspired advertising agency, or ideas

brought to life of a particular sexual health policy. What the concept of the network of stakeholders in sexual health advertising allows us to see is that the construction of sexual health advertising was more subtle and complex than one might have imagined - the product of complex interactions between a range of actors operating in different socio-cultural contexts. Examination of the role of the actors within this network has revealed many of these interactions, and shown for the first time how inputs from across the network impacted on the kind of sexual health advertising that emerged.

Finally, to address the question ‘for which kinds of different audiences were the messages developed?’ the notion of targeted audiences and the notion of a number of different publics were considered.⁹⁰⁹ Within the substantive chapters evidence has been presented to suggest that different audiences were targeted within some sexual health advertising. This was particularly evident during the 1940s with the “Hello Boyfriend” (Fig 3.12) campaign targeted at sailors, and in the 1960s and 70s when sexual health advertisers wanted to connect with ‘the youth of society’. This continued throughout the remainder of the twentieth-century with different campaigns designed to address specific audiences, such as AIDS campaigns that specifically targeted the gay community. This question was further investigated by looking at the use of signs and codes and the ways in which they were deployed to address specific groups rather than more general public audiences. One way that this was done was through the use of signs and codes that were only likely to be interpreted by particular audience members. These were members of the audience that possessed prior knowledge of how to decode these often-subtle messages. For example, the subtle signs for ‘cottaging’ that could have been interpreted from within the 1970s sexual health advertisement that declared ‘it could help your sex life to read what’s on lavatory walls’ (Fig 6.26), or the safety pin motif that was evident in some early AIDS sexual health advertising, both in Britain and elsewhere.

Periodisation

Each of the periods considered had identifiable characteristics that set them apart from the other periods in the thesis. Each of the chapters has therefore focused on a significant period for British sexual health advertising. The ways that each period was deemed to be significant to British sexual health advertising was seen through the evidence presented within each chapter and the ways that each period is distinctive can be observed through a direct comparison of the periods. As an example, chapter 1 focused on the period from 1913-1919 and showed that this was a time when British sexual health advertising was

⁹⁰⁹ Mold (2017), p.614-616.

heavily dominated by the investigations of the RCVD and genesis of the 1917 VD Act. In comparison, chapter 3 (1939-1948) illustrated that during WWII the growing influence of professional advertising through graphic artists input had come to displace these primary concerns with legislative frameworks. A further example was chapter 4 (1949-1959) which outlined a period of depression in sexual health advertising when outputs were both sparse in quantity and dull in content—for this reason this period was distinct from all the other periods in the thesis. Furthermore, each of these periods was also significant in some way for British sexual health advertising—such as chapter 6 that saw a significant legislative change as the laws governing sexual health advertisements were refashioned.

Inflection on the existing historiography

The content of sexual health advertising has hitherto been significantly underutilised by historians. The historiography of sexual health advertising shows that when this research object is examined it is often as an adjunct to social and/or political history. Sexual health advertising has also been used as a supplement to studies that had a central focus set within a wider field—such as sexual health more generally or sexual health education. It is true that some studies have considered sexual health advertising at a more in-depth level, yet, even within these studies sexual health advertising has often been discussed regarding the wider policy implications for sexual health—with individual advertisements presented to the reader as a physical embodiment of (or evidence for) those policies.

Even within historical studies that engaged with sexual health advertising, it is extremely rare for design and content to be closely studied, and even more scarce for audience interpretations of this content to be considered—and the wider implication for those interpretations. This thesis suggests that a close reading of sexual health advertising content can enrich not only histories of sexual health, but also histories of contagion, infection, and communication, which have similarly overlooked the importance of these source materials.

By carefully considering the content of sexual health advertising this thesis has also uncovered some consistencies and reoccurring broader themes in twentieth-century British sexual health advertising. Reconstructing these changes and continuities through different periods has resulted in greater depth of knowledge in advertising techniques, sexual health output content, and the influencing actors of twentieth-century British sexual health advertising. This study has also put forward potential interpretations of signs and codes that were within these advertisements, revealing how these interpretations had the potential to build into public discourses of contagion, infection, and disease. Members of the

audience were then able to go about their daily lives and reverberate these interpretations. Representations of infection and diseases in sexual health advertising were therefore significant factors in shaping the discourse of contagion and infection throughout the twentieth-century, chiefly through these audience interpretations. Of course, sexual health advertisements were not the only source for this discourse, and no argument is made here for an exclusive relationship between sexual health advertising and these discourses. Rather, these outputs were a significant and hitherto neglected influencing factor.

With the above in mind, the research in this study has inflected in some way back to the existing historical body of work in a number of areas such as sexual health, sexual health education, histories of contraception, histories of public health, and histories of contagion and disease. For instance, Berridge has discussed policy development for AIDS in the UK in her important work, she also engaged with sexual health advertisements within this work, but only briefly engaged with the content of the advertisements.⁹¹⁰ This thesis has expanded on her work through engaging with the content of sexual health advertisements. This provides greater context for policy implementations and how these policies were disseminated to the public. This study has shown sexual health advertising often played a crucial role in this dissemination—for example the safety pin motif for safer sex.

This study has expanded existing historical investigations on specific topics within sexual health histories by highlighting the impact that sexual health advertisements themselves had in shaping policy—rather than simply being a product of policy, as the previous historical engagement tends to describe. One example is the inter-war ablution centres episode that historians such as Davidson, Hall, Tomkins, and most recently Hanley have engaged with.⁹¹¹ This thesis has been able to illuminate the important role that sexual health advertising played in the ablution centres story showing that policy regarding these centres was shaped by sexual health advertising content (Chapter 2).

This study also demonstrates potential uses of sexual health advertising as a tool for historians in their future endeavours. Further, there is potential to widen the scope and utilise advertising from other fields as sources—which would provide one potential route to expand this area of study in the future. Therefore, the use of advertising content could deepen understanding in wider fields than have hitherto been considered.

⁹¹⁰ For example: Berridge (1996), p.34.

⁹¹¹ Davidson (2000); Hall (2004); Tomkins (1993); and Hanley, (2020).

Discussion of wider use for this thesis

The specific form of analysis of sexual health advertisements at the heart of this thesis provides a window into a range of areas, including social relations, advocacy, power dynamics, gender, and sex. However, there remain many other ways that this valuable primary source base could be put to use for future studies. To pick just two examples, the influence of race and ethnicity within British sexual health advertising, and the form and function of sexual health advertising in other national or transnational contexts, might be especially productive lines of enquiry. The latter is especially promising since we have seen within the study that there are examples from other national and transnational contexts which would merit reinterpretation along similar lines. What the research does show is that within a well-trodden academic area such as sexual health there can still be ways to shed new light by further utilising the approach adopted in this study.

Within this thesis many different advertising techniques and approaches have been discussed and it is possible that an investigation of how these techniques were utilised may enrich future historical studies beyond sexual health. How the notion of imagined futures was evident in some of the individual sexual health advertising e.g., ‘Tomorrow’s Citizen’ (Fig 3.13) is one example. A future study of health advertising, beyond sexual health, might find exploring the technique of imagined futures a useful departure point, providing better understanding of the ways aspiration and desirability were experienced by or portrayed to an audience. This and other advertising techniques discussed may prove to be of use to a broad range of historians in their pursuits, such as the different appeals to elicit a range of human emotions (patriotism, guilt, paternal instinct, self-preservation etc.), or investigation into the different ways an advertiser’s ‘call-to-action’ has been utilised. This could illuminate the different routes that health campaigns took their audience in attempts to modify their behaviours. This thesis shows that investigation of the ways advertising tools such as these were deployed renders the images of advertising useful in new kinds of ways to a historian and beyond the ways that these sources are currently put to use.

This raises a question that asks in what ways could the research within this particular study be of use to future studies beyond sexual health. The core themes explored here in the network of actors involved in British sexual health advertising can provide new ways of interrogating the role of advertising in breaking down audiences, the formulation of public health campaigns more generally, health activism, and visual culture and visual coding within public domains.

One way that this study could be used by those interested in breaking down audiences is the example of subtle codes and signs within sexual health advertisements that

only those with prior knowledge could interpret. This may be one angle to further illuminate their studies on how specific members of the audience were reached with messages. This could be of interest to those studying visual communication, as their studies might benefit from findings that show some of the different approaches taken to address multiple publics or targeted audiences.

Historical studies that concern other wider health topics, including those of public health, might look to the ways sexual health advertising influenced discourse on contagion and infection. In particular the concept, introduced by this thesis, of an infected subject motif in sexual health advertising may be of use in their own studies when thinking about how infection and contagion has been depicted, and how these depictions have been interpreted. This may help better understand how discourses of infection, contagion, and disease have been built in their own research areas. Of course, this concept is not just useful within a British or twentieth-century settings but could be put to use in other geographical settings, or time periods.

International studies in particular is one area that could prove fruitful for future historical enquiries. We have already seen the influence on British sexual health advertising of the early 1980s from American gay activists (chapter 7), a transatlantic study might make use of this and expand further to incorporate other timeframes, such as WWII propaganda of the allied forces. Another example could be investigation of the crumbling British Empire to see whether vestiges of the British sexual health advertising approaches were also seen in locations such as Australia or India.

Alternative timeframes themselves could be potentially productive—for instance, this study drew to a close as the internet was becoming established as a place to advertise and a study that investigates how the internet was utilised by the network of stakeholders for sexual health advertising may prove to be a unique, interesting, and worthwhile study. The findings from this thesis would no doubt contrast or complement that future study.

Those interested in health activism might examine the role of gay activists and the way they led the sexual health advertising response to AIDS. Signs and codes within these advertisements show how these activist groups disseminated the notion of safer sex. The 1920s prophylaxis debate showed that health activism groups with similar aims were not always harmonious on the content that health advertising should contain. By closely examining the advertising in their own field it may be possible to find other such examples of these types of conflicts within health promotions beyond sexual health.

Finally, historians of advertising might be interested in the interactions between multiple stakeholders within the construction of sexual health advertising. It may be that the concept of a network of stakeholders in sexual health advertising, introduced in this thesis, can illuminate the actors that impacted on advertising. Further, examining power shifts within a network of stakeholders similar to those uncovered within this study, may show how they facilitated changes in the conditions that their particular advertising emerged from.

Through the research in this thesis, it can be seen that a complex and changing network of stakeholders was active in both shaping and responding to sexual health advertising. Further, the various interactions between these stakeholders was often complex, and occurred in shifting ways throughout the period studied. Evidence presented in this thesis shows that both the actions and interactions of this network of stakeholders impacted on the content and context of sexual health advertising. The research has also illuminated that there were various shifts in power and influence within the stakeholder network, that techniques of advertising sexual health changed over time, and these shifts were often related to the shifts of power within the network of stakeholders. This was important because this thesis has found that sexual health advertising contributed to the cultural and national discourses that shaped the visual and commercial lives of infection in twentieth-century Britain.

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