ual liberty." In other words, if the authoritarian state of the **Middle Ages** had the right to legislate personal morality, it has not bequeathed it to the majority in a modern democratic one, though conservatives may in this case appeal to the tradition-minded majority against the reformers.

Hart summarized: "Whatever other arguments there may be for the enforcement of morality, no one should think even when popular morality is supported by an 'overwhelming majority' or marked by widespread 'intolerance, indignation, and disgust' that loyalty to democratic principles requires him to admit that its imposition on a minority is justified."

Conclusion. Although National Socialist and Communist totalitarians have repressed both religion and sexual freedom, the history of the struggle for homosexual rights within democratic societies has been in some sense a duel between the sexual reform movement on the one hand and the church and its heirs and allies on the other. The latter have been able to win not a few victories at the polls and in the legislatures by appealing to the residue of medieval "intolerance, indignation, and disgust" in the electorate. Gay liberation is confronted with the task of fighting an uphill battle against the defenders of traditional sexual morality, in no small measure because in the English-speaking world classical **liberalism** long shirked its task of reforming criminal laws of sexual offenses.

On the positive side, President Reagan's nominee, Robert Bork, failed to gain confirmation by the Senate to the Supreme Court (1987) in large part because he was regarded as the leading exponent of attempts to legislate morality in the Judeo-Christian tradition of Stephen and Devlin, against the pragmatic tradition of minimizing societal control over the individual embodied in the American Bill of Rights and later amendments, and so eloquently supported by Bentham and Mill in the nineteenth century and Hart in the twentieth. Modifying his views, Devlin himself was later to write in *The Judge* (1979): "It is generally agreed that there was no consensus, probably not even a bare majority, . . . for the reformation of the laws against homosexuality. Nevertheless [the change was made and] has surely helped to promote a more tolerant attitude to homosexuals." He thus conceded that legislative reform could justifiably be enacted in advance of changes in public opinion, and that the effect of such legislation might feed back onto that public opinion in a salutary way.

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Sexually Transmitted Diseases

Sexually transmitted diseases (STDs), also called venereal diseases, are among the most common infectious disorders in the world at the end of the twentieth century. They affect men and women of all backgrounds and economic levels. However, they are most prevalent among teenagers and young adults; nearly one-third of all cases occur in teenaged subjects. Homosexual men suffer disproportionately from STDs, while lesbians are scarcely affected by them, for reasons having to do with the anatomical and

physiological differences in their manner of sexual intimacy and greater male promiscuity.

The incidence of STDs in the general population is rising; after World War II young people began to cross the threshold of sexual maturity earlier, becoming sexually active at an earlier age, and having multiple sexual partners. The tendency of homosexual men to engage in promiscuous sexual activity was reinforced by the freedom that came in the liberal 1970s, when much of the illegality and clandestinity attached to the search for partners of the same sex vanished. But the new condition called Acquired Immunodeficiency Syndrome (AIDS), first reported in the United States in 1981, struck down thousands of homosexual men until studies of the etiology and transmission identified the specific practices that were responsible for its spread. Since then, the greater number of new cases has shifted to intravenous drug abusers. However, no effective immunizing agent or therapy for the condition had been discovered as of 1989. Lesbians, on the other hand, were no more subject to AIDS than they had been to the classical STDs.

Gonorrhea. The classic venereal disease is gonorrhea, attested since classical antiquity; it was, down to the appearance of AIDS, the most common STD among homosexual men. It is caused by the gonococcus, a bacterium that grows and multiplies rapidly in moist, warm areas of the body such as the urinary tract or the rectum (it does not survive long in the mouth, but can sometimes lodge in the throat), while in women the cervix is the most common site of infection. Gonorrhea is usually localized; however, the disease can spread to the ovaries and fallopian tubes, resulting in pelvic inflammatory disease, which can cause infertility and other serious conditions. The early symptoms of gonorrhea are mild, and some infected individuals display no symptoms of the disease; this is one reason why it is so readily transmitted. Men infected in the urinary tract usually have a discharge from the penis and a burning sensation during urination that may be severe. Symptoms of rectal infection include discharge, anal itching, and sometimes painful bowel movements. The disease is treated with antibiotics such as penicillin, though there is increasing concern about the emergence of new strains of penicillin-resistant gonorrhea. Regardless of the drug prescribed, the patient should take the full course of medication and then return to the clinic for a follow-up test to determine whether the infection has been completely eliminated. In the 1970s, because of the ease with which gonorrhea could be treated, not a few homosexual men developed a nonchalance about the frequency with which they contracted gonorrhea and an indifference to prophylactic measures, so that the incidence of the disease was far higher than among heterosexuals of the same race and social class.

Syphilis. The disease of syphilis made its appearance in the first stage of the formation of the global metasystem, which is to say, the network of economic and political relations that includes all of the regional subsystems. This initial stage occurred in the years 1480–1520, when the voyages of discovery reshaped the image of the world and laid the foundation for the global economy that was to be created in the following centuries. Although the matter is still disputed by medical historians, the weight of the evidence inclines to the view that syphilis was confined to the Caribbean until the sailors of Columbus brought it back to Spain on their return voyage in 1493. Carried by sailors and soldiers—even today high-risk groups for STDs—syphilis rapidly spread to the other end of the Old World, so that by 1522, when Magellan's ships arrived at the Philippine Islands, it was already known there as "the Frankish [= European] disease."

Syphilis is today readily treated with antibiotics, but if left untreated, in its tertiary stage it can cause mental disor-

ders, blindness, and death. It is caused by a corkscrew-shaped bacterium called *Treponema pallidum*. The systemic infection is acquired by direct contact with the sores of someone who has an active infection. Though usually transmitted through the mucous membranes of the genital area, the mouth, or the anus, the bacterium can also pass through lesions on the skin of other parts of the body. A pregnant woman with syphilis can give the disease to her unborn child, who may be born with serious damage to the central nervous system. Also, in the sixteenth and seventeenth centuries, when the practice of bleeding was common, syphilis was occasionally transmitted by shared cupping glasses, much as AIDS is now contracted by the shared needles of IV-drug users.

Because the early symptoms of syphilis may be quite mild, many people fail to seek treatment when they first become infected. Such untreated carriers can infect others during the primary and secondary stages of the disease, which may last as much as two years. The first symptom of *primary syphilis* is an open sore called a chancre, which can appear from 10 days to 3 months after exposure (usually 2–6 weeks). Ordinarily painless and sometimes even inside the body, the chancre may go unnoticed. It is usually found on the area of the body exposed to the bacteria, such as the penis, the vulva, or the vagina. A chancre may also develop on the cervix, tongue, lips, or fingertips. Within a few weeks it disappears, but the disease continues its progress, and if not treated in the primary stage, may evolve through three further stages.

Secondary syphilis is marked by a skin rash that appears from 2 to 12 weeks after the chancre disappears. The rash may extend to the whole body or be confined to a few areas such as the palms of the hands or the soles of the feet. In these sores active bacteria are present that may spread the infection through contact with the broken skin of the infected party. The rash may be accompanied by influenza-like symptoms such as mild fever, fatigue, headache, sore throat, and patchy hair loss, swollen lymph glands throughout the body, and other disorders. The rash usually heals within several weeks or months, and the other symptoms subside as well. The signs of secondary syphilis occasionally come and go over a period of one to two years; like those of the previous stage, the symptoms of the secondary one may be mild enough to go unnoticed.

If untreated, syphilis lapses into a latent stage during which the patient is no longer contagious. Many individuals who are not treated will suffer no further consequences of the disease. However, 15 percent to 40 percent of those infected go on to develop the complications of late, or tertiary syphilis, in which the bacteria inflict damage on the heart, eyes, brain, nervous system, bones, joints, or almost any other part of the body, sometimes causing paralysis. This stage can run into years or even decades.

There are three ways of diagnosing syphilis: a physician's recognition of its symptoms, microscopic identification of syphilitic bacteria, and blood tests, of which the last are not always reliable, as they can result in false positive results in people with autoimmune disorders or certain viral infections.

Syphilis is treated with penicillin, administered by injection; for patients allergic to penicillin other antibiotics can be used. Twenty-four hours after beginning therapy a carrier of syphilis usually can no longer transmit it. A small number of patients fail to respond to the standard doses of penicillin, so that it is necessary for patients to have periodic repeated blood tests to ascertain that the infectious agent has been completely destroyed and that there is no further trace of the disease in his organism. Proper treatment will cure the disease at any stage, but in late syphilis the damage done to body organs is irreversible.

AIDS. Acquired Immunodeficiency Syndrome made its appearance in the last phase of the formation of the global metasystem—the period after 1960. Somewhat hypothetically, scientists have reconstructed its origins as follows. When the former African colonies were emancipated from the tutelage of the metropolitan countries and a network of commercial air lines was established that brought hitherto remote areas of Central Africa within 36 hours' flying time of the major cities of the globe, a rare condition that had been found in isolated cases in the neighborhood of Lake Victoria began to spread to the United States, Brazil, and Western Europe. Others dispute this theory of African origin.

Individual cases occurred in the United States in the late 1960s and 1970s, but only in 1981 was the condition recognized and named. The majority opinion was that it was caused by a virus (Human Immunodeficiency Virus; HIV) that destroys the body's ability to fight off infection, so that the victim becomes susceptible to many fatal diseases, called opportunistic infections, and to certain forms of cancer, as well as a characteristic malignant form of Kaposi's sarcoma.

At the outset, most victims of the condition in the United States were homosexual men in their late twenties or thirties, though in Central Africa it is principally an affliction of heterosexuals. After some floundering, researchers ascertained that passive **anal** intercourse was at the highest risk in sexual transmission, though many continued to assert that all exchange of bodily fluids must be avoided. Health officials, the media, and gay organizations vigorously promoted **"safe sex"** techniques as a means of avoiding **AIDS.** The gay community voiced urgent demands for more funds for research, therapy, and care for people with AIDS, but an effective cure eluded the best efforts of medical science. Other victims of AIDS were intravenous (IV) drug users, hemophiliacs, and children born to women who had contracted the condition mainly by sharing needles with other IV-drug users. Lesbians remained essentially untouched by the epidemic because of the different techniques which they employed to achieve sexual gratification.

Other STDs. Other sexually transmitted diseases include chlamydial infections, genital herpes, and genital warts. Chlamydial infections are now the commonest of all STDs, with some three to four million new cases occurring each year. They often have no symptoms and are diagnosed only when complications develop. Occurring in both men and women, they are treated with an antibiotic drug such as tetracycline. Genital herpes is a disease primarily of heterosexuals that has remained incurable; the major symptoms are painful blisters or open sores in the genital area. Even though the sores disappear in two or three weeks' time, the virus remains in the body and the lesions may recur. Genital warts are caused by a virus related to the one that causes common skin warts. They are generally treated with a topical drug applied to the skin, or by freezing. If the warts are very large, surgery may be needed to remove them.

Infectious hepatitis, a disorder of the liver, may be transmitted through poor sanitation and infected food. For this reason its additional status as a sexually transmitted disease, was for a long time ignored. Yet it was commonly acquired by gay men, sometimes through oral–anal contact ("rimming"). In fact, until the introduction of a vaccine in the early 1980s, the gay male rate of hepatitis was ten times the United States national average.

Prevention. The danger posed to the gay male community—and to a sexually more permissive society—by STDs has led to the adoption of "safe sex" guidelines for intimacy with casual partners or complete strangers, and to the revival of the condom, a sheath for the penis which was invented in England about 1705. Originally it was made of animal intestine, but now it is usually fashioned of very thin

rubber. As a simple, cheap, and largely effective if not aesthetically pleasing device it was used in heterosexual intercourse earlier in this century mainly to prevent conception, but found little application in homosexual pairing since the chance of impregnation was non-existent. In the 1980s this attitude changed, and the gay media paid much attention to condoms. Special models appeared that are claimed to be superior for anal (as distinct from vaginal) penetration, and fear of disease has inspired the use of the sheath even for oral–genital contact. In any event, the sexual abandon that characterized much homosexual life in the 1970s has become fraught with danger, and the adage "An ounce of prevention is worth a pound of cure" has gained renewed meaning.

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SHAKESPEARE, WILLIAM (1564–1616)

Playwright and poet, often considered to be the greatest writer in the English language. Of tenant farmer stock and the son of a glover, Shakespeare was born in the provincial town of Stratford-upon-Avon in **England**; however, the very few facts known about his life are derived from various legal documents. In 1582, he married Anne Hathaway, with whom he had three children within the next three years; the following five years are unaccounted for, but by 1594 he was involved in the **theatre** world in **London** as both an actor and a playwright. He enjoyed an increasingly successful theatrical career until his retirement in 1612 and his return to Stratford.

With so few substantiated facts about his biography, one can only turn with some reservation to his works for insight into the man. An undisputed master of both **poetry** and human nature, Shakespeare is the author of some of the most enduring classics in world literature: *Richard III* (1591), *Romeo and Juliet* (1595), *As You Like It* (1599), *Hamlet* (1600), *Twelfth Night* (1601), *Othello* (1604), *King Lear* (1605), *Macbeth* (1606), and *The Tempest* (1611), among his 37 plays. Given the almost complete range of human experience chronicled in these works, one can state little about the author's own character and personality without conjecture.

Shakespeare's prolonged separation from his wife and the stipulation in his will that she inherit his "second best bed" has, however, sparked much debate about his sexuality.

The Plays. A search of the plays reveals little advocacy for homosexuality, if much tolerance and compassion for all types of benign variations of human behavior. While his plays are peopled with many passive and introspective men (such as Hamlet and Richard II) as well as aggressive and independent women (such as Rosalind in *As You Like It* and Beatrice in *Much Ado About Nothing*), no distinctly gay characters are evident. Some critics have singled out the sensuous and seemingly asexual Enobarbus of *Antony and Cleopatra*, the effete fop who incites the aggressively masculine Hotspur in *1 Henry IV*, or the doting and infatuated Sebastian of *Twelfth Night* as prototypes, but such designations are inconclusive.

Historically, however, theatrical companies of Shakespeare's time did not employ women; instead, their roles were played by boys, apprentices to the companies. In adherence to the laws and sympathies of the times, the plays were, therefore, unable to display any overtly sexual