



The British Army's fight against Venereal Disease in the 'Heroic Age of Prostitution'*

by Richard Marshall

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There were well over a hundred and fifty men waiting for opening time, singing Mademoiselle from Armentières and other lusty songs. Right on the dot of 6 PM a red lamp over the doorway of the brothel was switched on. A roar went up from the troops, accompanied by a forward lunge towards the entrance' (Coppard 1969: 56).

The British popular memory of the First World War has traditionally made little room for sex. The lingerie prints by Raphael Kirchner that decorated dugouts, the endemic prevalence of Sexually Transmitted Diseases in the armed forces, the 'Khaki Fever' that swept young women into the arms of any soldier in uniform, have largely been suppressed in popular mythologies that dwell upon the futile sacrifices made by innocent youth. Many young men did meet their deaths as virgins, but most were far from nave. As in the case of the then seventeen-year-old George Coppard, quoted above, the war opened the eyes of many more.

During the First World War, VD caused 416,891 hospital admissions among British and Dominion troops (Mitchell & Smith 1931: 74). Excluding readmissions for relapses, roughly 5 % of all the men who enlisted in Britain's armies during the war became infected. In 1918, there were 60,099 hospital admissions for VD in France and Flanders alone (*ibid.*: 73). By contrast, only 74,711 cases of 'Trench Foot' were treated by hospitals in France and Flanders *during the whole of the war* and this total also includes those suffering from Frost Bite (*ibid.*: 88). Although Trench Foot has come to symbolise the squalor of the conflict in the popular imagination, a man was more than five times as likely to end up in hospital suffering from Syphilis or Gonorrhoea.

While almost never fatal, venereal cases required on average a month of intensive hospital treatment. The greatest number of venereal patients in hospital at any one time in 1918 was estimated to be 11,000 (*ibid.*: 75) 'enough men to supply the effectives of a division. VD caused a huge and preventable drain on the army's resources, but all too often, military counter-measures were poorly conceived or hampered by moral objections from home.

In British military law, only the concealment of VD, not the contraction of a disease itself, was punishable as a crime (Manual of Military Law 1907: 278, 285). Nevertheless, soldiers who were hospitalised with VD found themselves penalised by an antiquated system of 'hospital stoppages'. In the days before a National Health Service, any man admitted to hospital for reasons not connected with his military service was liable to have money stopped from his pay to help cover the cost of his treatment. Although 'hospital stoppages' were finally abolished in October 1917, a levy was retained in cases where a man was deemed to have been admitted 'through his own fault?', VD patients and alcoholics being the principle targets (Hogge & Garside 1918: 325).

'Hospital stoppages' became, in effect, a fine.

This system had numerous disadvantages, not least of which was the injustice of levying stoppages according to the length of time spent in hospital. Different diseases took longer to treat than others, hardly the fault of the patient. Stoppages were of questionable use as a deterrent, as men could hope to avoid Army sanctions by seeking treatment secretly from sympathetic doctors, and from a clinical point of view they could be positively harmful if they encouraged men to take quack remedies or to conceal the disease. The latter was especially problematic as the longer such diseases went untreated, the longer the patient eventually had to spend in hospital. Hospitals and treatment might themselves form part of the problem. Treatment was invasive and painful, and VD hospitals, set up in 1915 to concentrate expertise and keep VD patients away from their 'honourably' wounded comrades, often had a poor reputation for quality of care (Harrison 1995: 140).

Besides targeting pay, the authorities originally counselled self-control and Christian chastity, hoping that by providing men with recreational facilities they could be kept occupied with clean and wholesome activities. There were never enough such amenities, however, and by 1916 it was clear that existing policy was not working. Attention therefore shifted to providing sexual health education and 'early treatment' centres for disinfection following intercourse. Until the end of the war, however, moral pressure from home prevented the British authorities from taking the most basic counter-measure, that of issuing prophylactics to their troops: the army feared a public-relations disaster if they were seen 'to afford opportunities for unrestrained vice' (NA WO32/5597).

Illustrative of this dilemma is the treatment received by a remarkable New Zealand woman, Ettie Rout (Tolerton 1992). Rout became aware of the problems posed by VD while serving as a nurse in Egypt, but in contrast to many feminists of her time, grew convinced that VD should be treated as a medical issue, not a moral one. In 1917 she designed and began selling prophylactic kits to the troops on her own initiative. A letter to the *New Zealand Times* advocating condoms and clean brothels caused such outrage that for the rest of the war her name was forbidden to appear in print on pain of a 100 fine, and a deputation of society women called for her activities to be immediately suppressed. Her letter nevertheless persuaded the New Zealand authorities to sanction the free issue of her kits to the troops abroad, but this was carefully kept secret from the populous at home. Despite being decorated by the French for her war work, which included the establishment of a hygienic brothel for New Zealand troops in Paris in 1918, her activities were deliberately concealed in her own country ' as late as 1936, her obituaries avoided any mention of her wartime service.

Brothels caused great embarrassment to the military authorities. In the nineteenth century, the French had instituted a system of *maisons tolères*, brothels whose prostitutes were registered and frequently checked by doctors for signs of disease. Although fading away before the war, the system was revived behind the front to ensure some basic standard of hygiene for the troops: control of the sex trade was seen by the French as preferable to prohibition, in the face of which 'amateur' (i.e. unregistered) prostitutes were sure to find business and spread disease in secret (Harrison 1995: 142). The potential supply of the latter was greatly increased during the war by the large numbers of women unable to provide for themselves, many of them refugees.

French *maisons tolères* were accepted by the British military authorities for much of the war. Besides the threat posed by diseased and 'amateur' prostitutes, there was also the fear that without such outlets, French civilians might be molested or even raped. The storm of public opinion at home finally broke in 1918, however, with a campaign led by prominent feminist groups (Grayzel 1999: 144). Parliament decided to place *maisons tolères* out of bounds to British troops, not without protestations from the military authorities and the French (Harrison 1995: 146).

The risk of VD was not confined to troops serving abroad: roughly half of all cases were originally contracted in the U.K. itself, by troops on leave or still in training. The British authorities were exceedingly slow to act,

prompting outraged complaints from Dominion governments whose troops were suffering disproportionately: far from the constraints of home, unable to return there on leave, and, most importantly, better paid than their British counterparts, they found prostitutes a more appealing and far more affordable solace. In 1915, the Canadian contingent had an infection rate running above 22 % of their effective strength (MacPherson 1923: 118). Before the war, prostitutes had been allowed to solicit openly in Britain, but only in 1916 was it made a crime, under the Defence of the Realm Act, for them to approach men in uniform. In 1918, the government attempted further regulation, forbidding women with VD from having sexual intercourse with any soldier and giving the police powers to medically examine suspected prostitutes (Buckley 1977). Such invasive and one-sided legislation, aimed at women and only protecting men, provoked fierce protests from suffragette and moral campaigners (Law 1997: 29), but the legislation stood until the end of the war.

From 1914 to the Armistice, the British official response to VD lurched between a crude pragmatism and impossible idealism. A consistent policy was never fully evolved: at the beginning of the war, the official line was to preach continence but tolerate brothels under medical supervision; by the end of the war, men were being given lectures on sexual health and had anonymous access to disinfectants, but inspected brothels were placed out of bounds. Women as potential sources of disease were to be controlled, but little corresponding emphasis was placed on male culpability. Counter-productive financial punishments were persevered with throughout the conflict, but condoms never issued.

Despite the ever increasing energy devoted to combating VD at home and abroad, the total number of VD hospital admissions for British and Dominion troops actually rose between 1917 and 1918, from 2.56 to 3.24 % of men serving in France, and 3.19 to 3.34 % of men serving in Britain (MacPherson 1923: 73). In one of the war's little ironies, the British soldier's scale of pay probably kept him safer than all his government's initiatives: while the cheapest prostitutes in France might charge 2-3 Francs a session, a private in an infantry battalion received on average only 10 Francs a week. To pay for the necessities of his existence, egg and chips, 'ving blong?', beer, and 'baccy, the British soldier had no option but to remain relatively chaste. The increased rates of infection seen in 1918 may not be entirely unrelated to the fact that pay increased slightly in late 1917. Poverty, not prophylaxis or pharmacology, was probably the British soldier's best defence: his Australian and Canadian counterparts were paid five times as much, and suffered the unintended consequences of their countries' generosity.

*This fitting phrase is taken from H.C. Fisher & E.X. Dubois, *Sexual Life during the World War* (London: F. Aldor, 1937): 328, translating a passage from J. Lacassagne, 'Guerre et Prostitution?', *Le crapouillot[la guerre inconnue]*, Numro special (August 1930).

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