

# ALLIED AGAINST SIN: AMERICAN AND BRITISH RESPONSES TO VENEREAL DISEASE IN WORLD WAR I

by

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UNTIL THE twentieth century, venereal diseases presented almost unmanageable problems to Western man. In times of war they took an especially heavy toll, producing as late as the nineteenth century a rate of infection sometimes double that of peacetime. Given the vast movement and dislocation of people and the relaxation in morals associated with war, military leaders had no choice but to resign themselves to the inevitability of rampant infection.<sup>1</sup>

The First World War, however, promised to be different. By 1914, thanks to August Wasserman's development of a test for syphilis and Paul Ehrlich's discovery of arsphenamine, military and civilian medicine finally had available the means for both identifying and curing syphilis, at least in its early stage. Consequently, as that conflict began, there was optimism that one of the major venereal diseases was at last going to be mastered.

Disease prevention, however, involved more than merely knowing how to kill a certain virulent bacterium. In any public health problem, non-medical factors such as organization, education, and methods of enforcement also assumed vital roles. In the case of venereal disease, one had to deal as well with a whole set of cultural and psychological factors. For most of the combatants in World War I, those non-medical problems thwarted the realization of hopes for disease control. The British, in particular, were not able to organize effectively against venereal diseases until the last stages of the war. That they began to do so then was largely attributable to aid and advice from the Americans, who alone among the warring powers succeeded in making effective application of the new medical knowledge. The reasons for the American success, not all praiseworthy, were nonetheless instructive, for they revealed much about the relative strength of public health forces in Britain and America. They also reflected considerable variation in the value systems of the two countries, which explained better than anything the uneven results attained against wartime venereal diseases.

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<sup>1</sup> For a discussion of the impact of syphilis on fifteenth-century Europe, see Alfred W. Crosby, Jr., *The Columbian exchange. Biological and cultural consequences of 1492*, Westport, Conn., Greenwood Publishing Company, 1972, pp. 122-164. For the nineteenth century see *Modern treatment of syphilis*, Springfield, Illinois, C. C. Thomas, 1947, p. 603.

I

When war began in 1914, the British were ill-prepared to cope with venereal disease. Army leaders, who had not fought a major war in over a century, regarded prostitution as something between a necessary evil and a vital auxiliary service. Venereal disease was regrettable, of course, but given the demands of human nature it was not to be avoided. The best that a commanding officer could do was ensure that only healthy women worked his ranks.

Officially, the army frowned on segregated districts, but unofficially they formed part of the organization of every overseas unit. As one officer reported in 1917, "when I first served . . . [in India], we had a bazaar of native women which we kept and where the women were kept clean. . . . I can assure you that . . . I lectured my men on the prevention of disease and how to have connection with a woman without acquiring the disease."<sup>2</sup> Owing to tradition, then, when Britain's high command sent soldiers to the continent in 1914, it allowed them to patronize the regulated brothels, or *maisons tolérées*, which the French maintained for their troops.

In France, neither army tried to curb the sexual activity of its men or to prevent lawful prostitution. To do so would have defied the conventional wisdom, which held that an army's morale was dependent on frequent sexual contact and its health, on the medically certified brothel. British units did have treatment rooms where soldiers could get medication (normally calomel ointment) to prevent infection. Furthermore, regulations required a visit to such facilities within twenty-four hours of exposure, but the absence of a penalty for refusing to comply defeated the army's purpose.<sup>3</sup> In 1917, when it began to be apparent that the *maison tolérée* was no longer an acceptable solution, either medically or politically, the British Army found itself too steeped in tradition to adjust to new strategies.

On the civilian front, problems were worse. Not until a Royal Commission study appeared in 1916 was it possible to generate viable public discussion of venereal diseases. Physicians and others who had attempted to deal with the problem in the public press or in book form found few editors willing to notice their views.<sup>4</sup> Distasteful matters such as syphilis and gonorrhoea simply were not fit topics for civilians. One English doctor, asked to lecture on venereal diseases to a group of soldiers, had just begun his talk when he saw the commander hand a note to the battalion chaplain. The clergyman got up, left the hall, and only returned at the lecture's end. Curious, the doctor asked why he had left. The chaplain replied that his colonel had asked him to go "because he did not consider the lecture a proper one" for clerical ears.<sup>5</sup>

Public silence ended with the Commission report. Its findings, especially the claim that ten per cent of the population had syphilis and a much higher proportion, gonorrhoea, received wide publicity in the press and Parliament. Outlining a plan

<sup>2</sup> Proceedings of the Imperial War Conference, 12th day, 24 April 1917, WO 32/11404, p. 197, Public Record Office, London (Hereafter, PRO).

<sup>3</sup> Sir Bryan Donkin, 'The fight against venereal infection', *Nineteenth Century*, January, 1918, 83: 188–89; also see Minutes of Conference on "The Temptations of Overseas Troops", (10 May 1918), p. 37, WO32/11404, PRO. (Hereafter, Conference).

<sup>4</sup> Sir Bryan Donkin, 'The fight against venereal infection', *Nineteenth Century*, September, 1917, 82: 585, 588.

<sup>5</sup> *The Times* (London), 6 June 1918, p. 3c.

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of action, the Commission called for public education, curbs on drunkenness and illicit sex, and better facilities for diagnosis and treatment.<sup>6</sup> The recommendations received attention immediately. A private group, the National Council for Combating Venereal Disease (NCCVD), had come into being, in fact, expressly to implement the study. By 1916, the government was placing large funds at its disposal to help meet what one spokesman termed “this terrible peril to our imperial race.”<sup>7</sup>

Yet for all its support, the NCCVD did little to reduce venereal disease. Council critics, mainly physicians, attributed its ineffectiveness to an unwillingness to promote medical prophylaxis, the one approach that might eliminate the disease.<sup>8</sup> According to Sir Bryan Donkin, a prominent London doctor, the Council’s reluctance was due to a belief that venereal diseases must be fought and overcome on moral rather than medical grounds. Encouragement of preventives would only stimulate Englishmen to sin with impunity, lessening the chance for victory on the moral front. To Donkin, the moral approach had no place in public health. The proper strategy was to use whatever would work, even if that meant distributing ointment and condoms to servicemen before they had sexual contact.<sup>9</sup>

Although Donkin exaggerated Council opposition to medical approaches, its leaders did tend to be moral crusaders, who frankly preferred to see sickness continue if its elimination meant an increased sexual laxity. As the Archbishop of Canterbury said, “the real foe was not the disease but the vice which was the parent of the disease.”<sup>10</sup>

A mainstay of the NCCVD was Sir Francis Champneys, a leader of the “Old Guard” in London medicine. Champneys, while not unconcerned about public health and military effectiveness, viewed the struggle against venereal diseases chiefly as a form of Christian witness. In a reply to Donkin, Champneys argued that the real issue was not prophylaxis—the NCCVD was for early treatment—but whether prophylaxis would take a form which would lead to sin. That was exactly what Donkin’s plan for issuing prophylactic packets would do, for “a man with a packet is more likely to commit himself than a man who is without one.”<sup>11</sup>

Even if their use drastically reduced venereal disease, the moral cost was too high, for “fornication and adultery in the Christian system,” Champneys insisted, “are mortal sins . . . which . . . destroy the soul.” Far better that “venereal diseases should be imperfectly combated than that, in an attempt to prevent them, men should be enticed into mortal sin . . .”<sup>12</sup>

By 1917 it was apparent that the NCCVD’s approach was not working, at least

<sup>6</sup> Donkin, *op. cit.*, note 4 above, pp. 580, 582, 585; also Thomas Barlow, ‘Report of the Royal Commission on Venereal Diseases’, *Contemporary Review*, April, 1916, 109: 450.

<sup>7</sup> *Ibid.*, pp. 450–451.

<sup>8</sup> Donkin, *op. cit.*, note 4 above, pp. 583, 584; on Donkin, see *Who Was Who, 1916–1928*, London, A. G. C. Black, 1947, pp. 294–295. The standard preventive treatment was careful washing with soap and water, followed by application of calomel ointment.

<sup>9</sup> Donkin, *op. cit.*, note 4 above, pp. 585, 598, 592.

<sup>10</sup> *The Times* (London), 6 July 1918, p. 3e.

<sup>11</sup> Frances Champneys, ‘The fight against venereal infection. A reply to Sir Bryan Donkin’, *Nineteenth Century*, November 1917, 82: 1049. On Champneys see *Dictionary of National Biography, 1922–1930* (Oxford University Press, 1937), pp. 169–170 (hereafter, *DNB*).

<sup>12</sup> Champneys, *op. cit.*, note 11 above, pp. 1052–1054.

not for British and Dominion troops in England and Scotland. While the Council congratulated itself on the expansion of local branches throughout the Empire, prostitution was also growing—at a runaway pace—in major British cities.

The English approach to prostitution differed from the French. The former believed that regulation and inspection of prostitutes were more apt to increase venereal disease than curtail it, because official collaboration with organized vice gave male customers an unwarranted sense of safety. So, local police foreswore all attempts at regulation, intervening only when a woman became so unruly as to create a public nuisance.<sup>13</sup>

In the absence of legal controls, professional and amateur prostitutes enjoyed almost full freedom to solicit, and it was mainly Dominion troops they pursued, because Canadians, New Zealanders, and Australians had more money. Apparently, the women were as bold as they were numerous, especially in places like railroad stations and parks. As one medical officer recalled, “in the early days when leave was given to large numbers of men the scenes were disgraceful. One saw 1000s of men coming from Flanders covered with mud, and. . . although their clothing was muddy they could hardly get through the streets from Victoria Station on account of the women crowding about them and even waiting for them until they had cleaned up and got paid off.”<sup>14</sup>

Such liaisons need not have resulted in high rates of disease had there been ample treatment centres available to soldiers on leave. Australia’s surgeon-general was dismayed by the lack of such facilities, the result of which was the infection and incapacitation of some 2000–3000 of his men. The Australians eventually demanded clinics for the bigger British cities. To that request, the surgeon-general “received a reply that the matter had been referred to the Colonial Office and that is, I think, about the reply one expects. In other words . . . it will probably be replied to when the war is over.”<sup>15</sup>

At the April 1917 meeting of the Imperial War Conference, the issue of venereal disease erupted as a serious problem for the British government. The anger of Canadian Prime Minister Sir Robert Borden reflected the intensity of feeling in the Dominions: “I say unhesitatingly that if I should be Prime Minister of Canada on the outbreak of another war, I would not send one man overseas if the conditions were such as have prevailed during the progress of this war. . . . I am absolutely astonished that no steps of any reasonable or adequate character have been taken here to prevent these women swarming round our camps all over this kingdom. . . .”<sup>16</sup>

One handicap Britain faced in dealing with solicitation was a shortage of local police, which military drafts had reduced to “bedrock”. What police remained were powerless to act. New Zealanders operated a canteen in Russell Square and according to High Commissioner Sir Thomas MacKenzie, “the women flock there in the

<sup>13</sup> Abraham Flexner, *An autobiography*, New York, Simon & Schuster, 1960, pp. 118–119; see also Flexner, *Prostitution in Europe*, New York, 1914, chapter ix.

<sup>14</sup> Conference (10 May 1918), p. 14 WO32/11404, PRO.

<sup>15</sup> *Ibid.*, pp. 28–29.

<sup>16</sup> Quoted in Proceedings of the Imperial War Conference, 13th Day (19 July 1918), p. 4, WO 32/11404, PRO. On Borden see *The Cambridge history of the British Empire*, Cambridge University Press, 1930, vol. 6, p. 736.

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hundreds. The men cannot get out of or return to the canteen without molestation. I went to the Chief of the Police here and represented the matter to him; he said, 'I know that condition prevails, but I have no authority whatsoever to act' and he does not act."<sup>17</sup>

All at the War Conference agreed that tighter controls over solicitation was one way to protect soldiers' and sailors' health. The next year London finally moved against the problem, but in the meantime, the situation in the leading cities continued to worsen until by the end of 1917 venereal disease had become a major war problem.<sup>18</sup>

Although they were barely in the war by that time, Americans, too, regarded venereal disease with serious apprehension. Concern was great because the problem was great, especially in the autumn of 1917, when the first major draft occurred. Health officials and military leaders had anticipated an increase in venereal disease once mobilization began, but no one foresaw what actually occurred. By the end of the second week of mobilization, the disease rate for the new conscript army had vaulted to 357 cases per 1000 men, about four times the Regular Army rate, while in the National Guard it had climbed to 150.<sup>19</sup> In the period from September 1917 until the following May, some 80,000 cases were discovered among new soldiers, most of whom brought their infection into the army from civilian life.<sup>20</sup>

As if such reports were not alarming enough, scenes around many military encampments that autumn suggested that many more servicemen would soon be infected. South Carolina was one state that quickly took on the appearance of an armed camp and an army of camp followers soon gathered to do their service. The fact that most were diseased led one War Department official to lament that "if the Kaiser could get these women right close to our troops and nobody would keep them away . . . , he would win this war."<sup>21</sup>

If such women saw the war as their opportunity, they failed to reckon with the determination of most other Americans to stop them. In fact, the country had seldom seen the kind of teamwork between public and private sectors and between national, state, and local governments that evolved in 1917 to combat prostitution and venereal disease.

In part, the wartime campaign against vice was a continuation of an earlier crusade dating from the Progressive Era. To some extent, even the leadership from the two periods overlapped, as in the cases of Newton Baker, Midwestern reform mayor and later Secretary of War, and Raymond Fosdick, prominent Eastern social worker and foundation agent, who teamed up in 1917 to create the Commission on Training Camp Activities.<sup>22</sup>

But the wartime anti-vice campaign was more than just a Progressive crusade in khaki, for groups and individuals became involved who had no ties with the earlier

<sup>17</sup> Conference (11 July 1918) p. 20, WO 32/11404, PRO. On MacKenzie see *An encyclopedia of New Zealand*, Wellington, N.Z., 1966, vol. 2, p. 366.

<sup>18</sup> Proceedings of Imperial War Conference, 13th Day (19 July 1918), pp. 7–8 WO32/11404, PRO.

<sup>19</sup> William A. Pusey, 'Venereal problem in the U.S. Army', *J. Amer. med. Ass.*, 1918, 71: 1022.

<sup>20</sup> Senate Military Affairs Committee, Hearings, (18 June 1918), p. 65, Sixty-fifth Congress, 2nd Session.

<sup>21</sup> *Ibid.*, p. 90.

<sup>22</sup> Allen F. Davis, 'Welfare, Reform, and World War I', *American Quarterly*, 1967, 19: 528.

reform thrust, nor any long-range reform goals. They were merely seeking an outlet for a heightened nationalism, but not having any real live Germans and Austrians to confront, they focused on prostitutes and venereal disease as suitable substitutes.

Initial steps were taken by the War Department. Before American entry, Secretary Baker began receiving alarming stories of the war's effect on venereal disease rates in European armies. One claimed that as many as twenty-five per cent of some units were incapacitated by syphilis and gonorrhoea.<sup>23</sup> These reports, plus the knowledge that America's army tolerated and at times encouraged contact between soldiers and prostitutes, led Baker to veto the establishment of military quarters in any city harbouring a red light district. Town boosters, who had traditionally bid for the army's presence with promises of women, drink, and gambling, were flabbergasted. But under pressure from Washington, army towns and those places hoping to become army towns speedily closed their segregated districts.<sup>24</sup>

Making legal brothels illegal was only one of the Department's steps. To help (and strongly encourage) cantonment towns to rid themselves of illegal prostitution and bootleggers, Baker approved the creation of the Commission on Training Camp Activities and put Raymond Fosdick at its head. Fosdick had first urged Baker to take a strong stand against legalized prostitution, but in his new post he was concerned with more than just suppression of vice and drink. Equally important was providing alternative recreation. Seeking to divert soldiers' attention from the seamier side of life, programmes fell for the most part into the "good, clean fun" category and included such activities as sports events, theatrical entertainments, and a host of educational programmes.<sup>25</sup>

Private organizations became involved as well. The American Medical Association, through its meetings and *Journal*, campaigned vigorously for action against venereal disease. Just after U.S. entry into the war, the *Journal* warned of the dangers ahead and urged military and public health authorities to take measures to protect the hundreds of thousands of young men "being called to concentration camps".<sup>26</sup> When it became apparent that the anticipated dangers had materialized, the *Journal* began to function as a clearing house for information on venereal disease.<sup>27</sup>

The most intense activity occurred at the state and local levels. The appalling incidence of disease among draftees proved convincingly that, contrary to popular belief, the army was not the major source of the nation's venereal disease. Obviously, if Americans were to protect their soldiers, they must begin by eliminating the problem in the civilian population.

California acted first. That autumn (1917) its legislature took \$60,000 from war

<sup>23</sup> Thomas Parran, and R. A. Vonderlehr, *Plain words about VD*, New York, Reynal & Hitchcock, 1941, pp. 81–84.

<sup>24</sup> *Ibid*; Flexner, *Autobiography*, op. cit., note 13 above, p. 123; Fred D. Baldwin, 'The invisible armor', *American Quarterly*, 1964, 16: 434–435.

<sup>25</sup> William Snow and Wilbur Sawyer, 'VD control in the Army', *J. Amer. med. Ass.*, 1918, 71: 459; 'Program of social hygiene for soldiers', *ibid.*, 1917, 69: 654; William A. Pusey, 'Handling of the venereal problem', *ibid.*, 1918, 71: 1017.

<sup>26</sup> 'NY Evening Post starts campaign against venereal diseases', *ibid.*, 1917, 69: 387.

<sup>27</sup> 'Venereal peril to Army', *ibid.*, 1917, 69: 734; 'Editorial', *ibid.*, p. 916; 'The venereal diseases: complications of gonorrhoea', *ibid.*, pp. 1257–1261; 'Control of VD in the Army. General discussion', *ibid.*, p. 1538.

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emergency funds to create a Bureau of Venereal Disease within the state board of health. Armed also with new police powers, California's board began quarantining all persons reasonably suspected of having venereal disease. If tests confirmed suspicions, confinement continued until an attending physician judged the patient non-infective.<sup>28</sup>

It was at the local level where co-operation between government, health and military sectors was most apparent. In Spartanburg, S.C., police used uniformed soldiers to raid local brothels. A U.S. Public Health Service physician proved to be the catalyst in organizing Chicago and other Illinois cities against venereal disease.<sup>29</sup> In Seattle, a combination of local citizens and the military got the city government to set up a mandatory treatment and rehabilitation programme for that town's prostitutes.<sup>30</sup>

Not all places were responsive to such pressures. Shreveport, Louisiana, where men of the 39th Division took leave, promised to eliminate its segregated district, but action was hardly vigorous. "At least one notorious house", an Army official reported, "kept running in high gear". The city also did little to stop the flow of liquor to soldiers, and the practice with arrested prostitutes was simply to release them, once they promised to leave town.<sup>31</sup>

In most places, though, the anti-vice crusade was successful. By the end of the war, the red light district had virtually disappeared from the American urban scene, and as far as service drinking was concerned, it was negligible. One army doctor observed, with only slight exaggeration, that "the U.S. Army at the present time is a body of total abstainers."<sup>32</sup> Largely because of the closing of so many brothels and saloons the army's venereal disease rate fell sharply after the autumn of 1917. Merritt Ireland, chief medical officer of the American Expeditionary Force, told of progress with National Army recruits and boasted: "we have taken these young men, and . . . we have cleaned them up until the disease is as low if not lower than the rate in the regular army," whose rate by then had dropped to 55 cases per 1000 men.<sup>33</sup>

More than just patriotism and teamwork, however, produced those sharply declining disease rates. The tactics Americans used were also a factor, and in 1917-1918 they included such practices as official and unofficial intimidation, denial of civil rights, and occasional resort to that old American stand-by, vigilante action.

While Washington was less apt to overstep constitutional limits than local governments and private groups, agents in the field were not always so cautious. Training Camp Commission lawyer Alan Johnstone, who had the job of enforcing policy in

<sup>28</sup> 'Editorial', *ibid.*, p. 916; H. G. Irvine, 'Syphilis and venereal diseases as a public health problem', *ibid.*, 1918, 71: 1029.

<sup>29</sup> Discussion of Snow, Sawyer paper on VD, *op. cit.*, note 25 above, *ibid.*, p. 462. The U.S.P.H.S. worked closely with the states in controlling venereal disease during the war. With the passage of the Chamberlain-Kahn Act (July 1918), this relationship was intensified. This law, which set up a Division of VD in the U.S.P.H.S. and put an agent in every state, gave state boards of health \$1,000,000 a year, on a matching basis, to use in controlling venereal disease. See R. H. Shryock, *American medical research past and present*, New York, Commonwealth Fund, 1947, p. 271; also *J. Amer. med. Ass.*, 1918, 71: 2101.

<sup>30</sup> W. Ray Jones, 'A successful venereal prevention campaign', *ibid.*, pp. 1291-1292.

<sup>31</sup> Lloyd Thompson and J. R. Bolasny, 'VD in the 39th Division', *ibid.*, p. 1297.

<sup>32</sup> William A. Pusey, 'Handling venereal problem in army', *ibid.*, p. 1017; also Davis, 'Welfare, reform, and World War I', *American Quarterly*, 1967, 19: 530.

<sup>33</sup> Conference (10 May 1918), p. 22, WO32/11404, PRO.

South Carolina, argued that the only way to deal with promiscuous females who refused to seek treatment was to intern them for the duration of the war. The two reformatories for women then under construction in the Carolinas, Johnstone claimed, were for just that purpose.<sup>34</sup>

At the state level, policy itself was sometimes oppressive. Illinois Board of Health official St. Clair Drake conceded that his state perhaps went too far in controlling venereal disease. One of the Board's powers was the authority to hospitalize any woman thought to be infected. If she refused, the board posted a large placard on her home reading "suspected VD". While such practice was surely effective, it also opened the way for blackmail of innocent women.<sup>35</sup> A Pennsylvania public health officer reflected the get-tough approach of many of his colleagues in the states when he said: "we mean to have our health officials treat the man with gonorrhoea and syphilis . . . who cannot be kept under medical control with as little respect to his rights as they would treat one suffering from smallpox."<sup>36</sup>

Some individuals did not seek any evidence before moving against a suspect. For swift action reminiscent of the Old West, the ladies of Rockfort, Illinois, set the pace. Determined to guard the health and purity of civilians and soldiers in their area, a delegation of women met each train that came to town. If a questionable looking female alighted on to the platform, they took her aside and told her bluntly to "return where she came from". If she refused, the decency brigade thereafter kept her under close watch. "Sooner or later," said an appreciative physician, "she is put in jail or gotten out of town." Such activity, he noted, "has a splendid effect on the cantonment in the prevention of venereal disease."<sup>37</sup>

Although purity committees, health officers, and government lawyers doubtless helped reduce venereal disease, the most significant deterrent was the army's use of direct medical prophylaxis. In 1912, while the British Army was relying on regulated prostitution, American Army doctors were pressing for a system of early medical treatment. Previously, the army had issued prophylactic kits to its men, but most soldiers had refused to use them. What was needed, doctors successfully argued, was for the army to administer preventive treatment, itself, and require men to take it. To enforce that policy, the War Department ordered that any soldier who failed to get treatment, and later developed venereal disease, would face trial and imprisonment for neglect of duty. If he contracted it despite treatment, he lost all pay during his hospitalization. Early treatment was strongly emphasized, and by the time of the war, army doctors were telling men to wait no longer than three hours after exposure. The new procedures, along with frequent lectures and medical inspections, proved quickly effective. Within a year venereal disease in the Regular Army fell by forty-five per cent.<sup>38</sup> Some physicians, however, urged the army to go further, to resume the issue of prophylactic packets and require their use, by severely punishing anyone

<sup>34</sup> Hearings before Senate Military Affairs Committee, (18 June 1918), p. 89, 65th Cong., 2nd Sess.

<sup>35</sup> 'Discussion of Snow, Sawyer Paper on VD', op. cit., note 29 above, p. 462.

<sup>36</sup> 'Control of VD in the Army. Discussion,' op. cit., note 27 above, p. 1537; also see Jones, op. cit., note 30 above, p. 1297.

<sup>37</sup> 'Discussion of venereal diseases', *J. Amer. med. Ass.*, 1918, 71: 1034.

<sup>38</sup> Conference (10 May 1918), 22-24, WO 32/11404, PRO; also Pusey, op. cit., note 19 above, p. 1022; 'Discussion on VD', *J. Amer. med. Ass.*, 1918, 71: 1294-1295.



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failing to do so. "It would seem," one doctor argued, "that if we cannot bring the man to the treatment within 60 minutes, the treatment ought to go with him."<sup>39</sup>

By wartime, however, such practice was no longer acceptable to many military leaders, particularly those who owed their positions to politics. Secretary of the Navy, Josephus Daniels was emphatic about his opposition to the distribution of prophylactic materials. "American mothers," he said, had entrusted their sons to his keeping with the expectation that "every good and Christian influence" would be "fostered and strengthened" by Navy service. "I could not look a boy . . . straight in the face . . . if I were approving the policy and use of a measure of this kind."<sup>40</sup>

Another leader who felt a similar responsibility was General John J. Pershing, Commander-in-Chief of the American Expeditionary Force. His determination to bring his men home with only honourable wounds faced a serious test in 1917 in the French system of regulated prostitution. Eager to welcome their new ally, the French invited the newly arriving Americans to make use of their brothels. The results were disastrous. Disease rates at French base ports climbed quickly above 190 and one journalist recalled seeing American soldiers lined up eight deep at the doorways of one port city brothel.<sup>41</sup>

When Pershing learned what was happening he reacted swiftly, putting all brothels in the vicinity of embarkation ports and training areas out of bounds to American soldiers. Moreover, any man who contracted venereal disease became liable for court martial and any commander failing to hold his unit's disease rate to a minimum risked losing his command.<sup>42</sup>

The French response to Pershing's actions ranged from mild amusement at American naiveté to angry complaints from politicians and brothel owners. When Prime Minister Georges Clemenceau protested in heat that Americans were ignorant of modern health methods, Pershing invited French medical officials to confer with his doctors. Ultimately, American Expeditionary Force epidemiologists were able to demonstrate that there was no such thing as regulating a brothel, that some women who never reacted positively to tests nonetheless spread disease to every man they slept with. In the end, French doctors admitted that "they were wrong . . . and the American forces were probably right," and promised to recommend initiation of U.S. medical practice in their army.<sup>43</sup>

No such doubts assailed the British Army, whose leaders continued to let their soldiers use the medically approved brothels.<sup>44</sup> Rumours circulated that the British

<sup>39</sup> Ibid.

<sup>40</sup> Quoted in Frances Champneys, 'The fight against venereal infection', *Nineteenth Century*, 1918, 83: 617–618. Daniels' statements were a part of a 1915 order to all Commanding Officers.

<sup>41</sup> Lawrence Stallings, *The Doughboys. The story of the AEF, 1917–18*, New York, Harper & Row, 1963, p. 179; Raymond Fosdick, 'The fight against VD', *The New Republic*, 1918, 17: 132–133; also see John J. Pershing, *My experiences in the World War*, vol. 2, New York, Frederick A. Stokes, 1931, p. 44.

<sup>42</sup> Fosdick, *op. cit.*, note 41 above, p. 133.

<sup>43</sup> Conference (10 May 1918), p. 23, and Conference (11 July 1918), p. 11, WO 32/11404, PRO; Parran and Vonderlehr, *op. cit.*, note 23 above, pp. 73–74; Fosdick, *op. cit.*, note 41 above, pp. 133–134.

<sup>44</sup> As late as March 1918 the Adjutant General of the British forces claimed that the venereal rate would go up if the French *maisons* were put out of bounds. See War Cabinet Conclusions, WC 366(13), 18 March 1918, CAB 23/5, PRO.

were even operating houses of pleasure, themselves, in such French ports as Cayeux-Sur-Mer and Le Havre. Supposedly, commanders urged their men to patronize those places because their girls were sure to be clean.<sup>45</sup> Whether true or not, the stories gained wide circulation in Britain, and in the early months of 1918 were a source of increasing concern to the government. Church leaders began calling for an investigation of army ties to organized prostitution, and by March, the large London dailies were referring to the “Cayeux scandals” and also demanding action.<sup>46</sup>

Domestic prostitution presented an even graver problem. In 1917 Dominion leaders had insisted that London take steps to protect their soldiers from disease, but the passage of a year saw only a worsening situation. A New Zealand doctor was shocked by the boldness of some English women. In Liverpool, men were not safe even on the second floors of their barracks because prostitutes got at them with the use of scaling ladders.<sup>47</sup>

Such conditions stirred an angry response from the Dominions, both from agents in London and from people back home. Canada’s mothers were especially upset. According to her Privy Council President, they were willing “for their sons to go and die” for the empire, but they would not tolerate their being exposed to sin and disease in British streets.<sup>48</sup>

By March 1918, the British government was in serious difficulty, for it stood to lose a large amount of citizen support in Britain and the Dominions over prostitution and venereal disease. Regarding the French brothels, the Secretary of State for War, the Earl of Derby, told his War Cabinet colleagues that a “very large number of the people of the country resent with passionate indignation what they regard as our approval of . . . institutions which are alien to the traditions of this country.” Unless the government took steps, “the outbursts of indignation will continue to increase and might have a far reaching effect upon the good will of a most respectable part of the community towards the Government and the National cause.”<sup>49</sup>

In an effort to quiet critics, the War Cabinet took two actions. On 18 March it placed the *maisons tolérées* out of bounds for Crown troops. Four days later, it issued regulation No. 40d (of the Defence of the Realm Act), making it a criminal offence for any woman with a venereal disease to solicit or have sexual relations with any member of His Majesty’s forces. In both steps, the Cabinet saw some risk—that of alienating the French in one case and the House of Commons in the other—but the need for action was too insistent to resist, and hopefully the measures would reduce disease.<sup>50</sup>

It was soon apparent that London had been too optimistic. If anything, the

<sup>45</sup> W. H. Thomas to Mr. Leggett, 12 December 1917, WO 32/5597, PRO; letter from G. H. Forster, 29 December 1917, *ibid.*; B. B. Cubitt (WO) to Bishop of London, January 1918, *ibid.*

<sup>46</sup> *The Daily News* (London), 13 March 1918; also see Convocation of Canterbury, Resolution, 6 February 1918, WO 32/5597, PRO; also see Archbishop of Canterbury to Lord Derby, 15 February 1918, *ibid.*

<sup>47</sup> Conference (11 July 1918), p. 7, WO 32/11404, PRO.

<sup>48</sup> N. Rowell in Proceedings of Imperial War Conference, 13th Day (19 July 1918), pp. 4, 5, WO 32/11404, PRO.

<sup>49</sup> War Cabinet Mémo (15 March 1918), WO 32/5597, PRO.

<sup>50</sup> War Cabinet Conclusions, WC 366 (13), 18 March 1918, CAB 23/5, PRO; Batterbee to Creedy, 15 March 1918, WO 32/11404, PRO; Florence Underwood to Viscount Milner, 25 April 1918, WO 32/11403, PRO. The Commons had earlier rejected a proposal similar to Regulation 40d.

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March actions only worsened the problem by producing new critics of government policy, while doing little about venereal disease rates. The army felt the government had seriously erred in putting the brothels off limits and frankly communicated that feeling to London. Field Marshal Sir Douglas Haig, Commander-in-Chief of the British Expeditionary Force complained that the government had surrendered to people whose "main interest in the Army consists in the reduction of fornication on the part of its members." Far from doing that, the March order would only drive French women into the streets to get men and probably with more success than before. Ultimately, he predicted, venereal disease rates would rise and England's combat strength would fall.<sup>51</sup>

A more serious challenge came from Britain's feminists, who were aflame over the solicitation regulation. More visible and less subject to control than military critics, women's rights leaders also had supporters in Parliament who could make additional trouble for the war government. The women's basic complaint was that the regulation, by subjecting only females to criminal action, was blatantly discriminatory. Moreover, the policy opened the door to persecution and blackmail of innocent women, for the most baseless accusation was enough to precipitate an arrest.<sup>52</sup>

Women's groups began protesting almost immediately. In April, the Women's Freedom League, a group concerned about equal rights and opportunities, noted its "horror" over Regulation 40d and demanded that the War Office withdraw it immediately. The League also threatened mass protests which would show the opposition, they claimed, of a host of suffragette and trades union societies.<sup>53</sup> By the end of April, such meetings were drawing public attention in London, and soon the government began to come under fire in Parliament for promoting a policy of sexual blackmail.<sup>54</sup>

But civil rights activists were not the regulation's only critics. British physicians also found fault with it. Many women with virulent cases of syphilis reacted negatively to medical tests and thus fell beyond the grasp of the law. Even when tests confirmed the presence of venereal disease, enough time had usually elapsed since contact to make it impossible to say for sure who had given the disease to whom. Such uncertainties resulted in the dismissal of a large percentage of police cases and a decline of public confidence in the regulation.<sup>55</sup>

Accordingly, street solicitation continued unchecked, which intensified pressure from the Dominions. In an effort to explain the situation, one element in the British Army felt the problem was due to too much deference to the civil libertarians. "We are suffering from too many rights," one general insisted; "if the country were under military government the question would be settled in a week."<sup>56</sup> Despite such objections, courts were determined to respect civil liberties, even in the midst of war.<sup>57</sup> But Dominion leaders cared little about that. What bothered them was the threat to the health of their men.

<sup>51</sup> Sir Douglas Haig to Secretary of State for War, 4 June 1918, WO 32/5597, PRO.

<sup>52</sup> *The Times* (London), 8 May 1918, p. 10a; and 10 May 1918, p. 11e.

<sup>53</sup> F. Underwood to Viscount Milner, 25 April 1918, WO 32/11403, PRO.

<sup>54</sup> *The Times* (London), 30 April 1918, p. 3f; *ibid.*, 9 May 1918, p. 10a.

<sup>55</sup> "London Letter", *J. Amer. med. Ass.*, 71: (9 November 1918), 1595.

<sup>56</sup> Conference (11 July 1918), pp. 14–15, WO 32/11404, PRO.

<sup>57</sup> Foreign Office Minute Sheet, 28 November 1918, f. 195731, FO 368/1958, PRO.

Badly needing to find some way of offsetting the mounting criticism, London turned to the Americans for help. The new Secretary of State for War, Sir Alfred Milner, began that April to discuss the possibility of an Anglo-American conference on venereal disease. The Americans had an impressive record on VD and a collaborative venture would show critics that the government was doing everything possible to solve its problems.<sup>58</sup> Milner initially broached the idea to Bishop Charles Henry Brent, the chaplain general of the American Expeditionary Force. Brent put Milner in touch with Pershing, and by early May he and Milner had set the date for the conference's first session.<sup>59</sup>

The Americans were eager to meet for their own reasons. As U.S. troops found their way to England, medical chief Ireland became as concerned about local conditions as Dominion representatives. What Americans wanted was an extension of Regulation 40d to cover their troops. Ireland also wanted London to take a tougher line against French brothels in the belief that a united front could topple the French system altogether.<sup>60</sup>

Also important was the opportunity the conference would give the Americans to school the Old World in their approach to morality and health. To the public health profession and to interested laymen of that day, venereal disease had implications that went far beyond military considerations. At stake was the future of the race itself. Blandly confident that they had found solutions to hygienic and moral problems which still troubled most of the world, some Americans were excited by the prospect of helping pull other peoples up to their mark. They had already shown the French how to clean themselves up. Now they could do the same with the British. As Bishop Brent told President Wilson, in seeking his support for the conference, the "moment [is] opportune to secure through you in America and the Prime Minister here a united effort to meet the whole sexual problem . . . with an upward thrust. Your voice can reach the world on this vital matter."<sup>61</sup>

The conference, which set as its goal the removal of the "temptations of overseas troops," convened twice that spring and summer, first on 10 May and again on 11 July. Delegates included military, medical, and religious leaders of the American and British Expeditionary Forces, and the Dominion forces, plus several key political and civic figures.

From the outset it was clear that the English were present to learn and the Americans to teach, although they played that role with proper humility.<sup>62</sup> At the first session, largely at the urging of the English, the Americans explained how they were handling venereal disease. Contrasts between American and British methods were sharp, provoking NCCVD president, Lord Sydenham, to admit later to Colonel Ireland that "we are at least 5 years behind you."<sup>63</sup>

<sup>58</sup> Parliamentary Debates, House of Lords, v. 29, #17, col's. 666-7, 670, 685. On Milner see *Who Was Who 1916-1928*, London, Black, 1947, p. 734.

<sup>59</sup> *Ibid.*, col. 685; Conference (10 May 1918), WO 32/11404, PRO.

<sup>60</sup> Conference minutes (11 July 1918) reveal American intentions at the meeting.

<sup>61</sup> Bishop Brent to Woodrow Wilson, 10 April 1918, WO 32/11404, PRO.

<sup>62</sup> Conference (10 May 1918), p. 21, WO 32/11404, PRO.

<sup>63</sup> *Ibid.*, the entire set of minutes; also Conference (July 11, 1918) p. 13, WO 32/11404, PRO. On Sydenham see *DNB, 1931-40* (Oxford, 1949), pp. 181-182.

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The second session focused on ways that London might better protect British and other allied servicemen in England. The Americans had a number of suggestions. One way was to extend Britain's various protective regulations (such as Regulation 40d) to cover their servicemen. Conversely, the English might wish to apply several American practices in their country, such as punishing those who sold liquor to uniformed servicemen, having the government control a five-mile area around every military encampment, and using women police. The Americans had found the latter an effective device to discourage prostitution, and it would help the English get around their manpower problem, as well.<sup>64</sup>

To safeguard those British servicemen who found a woman anyway, the Royal Army and Navy should force men to use prophylactic stations within their units. For servicemen who got infected in England far off from camp or ship, a network of urban clinics was necessary.<sup>65</sup>

Of course the battle against venereal disease was not to be won in England alone. There was also the situation in France with which to contend. It was the Americans' hope that the British would join them in urging the French to close the brothels to their own troops. As long as the *maisons tolérées* operated, allied troops would continue to run the risk of disease. In addition, the Americans would have French police arrest and punish all unlicensed prostitutes.<sup>66</sup> The British rejected the proposals involving the French. In the matter of the *maisons tolérées*, Paris's delegate to the conference made it clear that France was going to continue her policy of *réglementation*, and London saw no advantage in assaulting a position to which an ally was obviously committed.<sup>67</sup>

Otherwise, the English were agreeable to the American proposals. Lord Milner promised to investigate the possibility of using women police, and he assured the U.S. delegates that his government would extend their legal protections to the Americans. On the matter of more effective military prophylaxis, Milner said that the War Office was ready to order all commanders to use greater firmness in getting men to report for treatment, and he was confident that they would be able to approximate the American practice. As for urban clinics, Milner and the Archbishop of Canterbury promised to make the strongest appeals for action to both the Home Office and the Local Government Board.<sup>68</sup>

Although the war's end just months later found London still struggling against venereal disease, it was clear that the conference had moved the British towards the solution of some of their problems. At its August meeting, the War Cabinet discussed American Expeditionary health methods and ended by directing the Home Secretary to find ways to "remove temptation" at London's train depots.<sup>69</sup> Had the emergency continued, progress would likely have been made in many areas.

Politically, the conference produced immediate benefits. By embracing the American programme as a model for action, London was able to neutralize the growing

<sup>64</sup> Conference (11 July 1918), pp. 13, 16.

<sup>65</sup> *Ibid.*, pp. 17–18.

<sup>66</sup> *Ibid.*, p. 17.

<sup>67</sup> *Ibid.*, pp. 13, 21, 22.

<sup>68</sup> *Ibid.*, pp. 19–22.

<sup>69</sup> War Cabinet Conclusions, 461 (13), 20 August, 1918, CAB 23/7, PRO.

opposition of the Dominions. Also the conference aided the War Cabinet in its determination to retain Regulation 40d, for the government could now argue that 40d was not only helping to control venereal disease but also aiding the American ally.<sup>70</sup>

## II

Some years after the war, Pershing remarked that the conference had not been very successful because “little came out of it that was of practical value to us.”<sup>71</sup> From that perspective, he was probably right. While the British did extend various domestic regulations to the Americans, London refused to join the effort to eliminate the French brothels, which was what the Americans wanted most. The British, however, saw no justification for mixing in the internal affairs of an allied power, if that country was determined to resist certain changes.

The two views on the question of the *maisons tolérées* pointed out better than anything the difference between England’s and America’s approaches to prostitution and venereal disease and at the same time helped to explain why American solutions tended to be more effective. For the Americans, eliminating venereal disease in the Armed Services was important enough to justify almost any means—including coercion and intimidation of fellow citizens, as well as meddling in the internal affairs of friendly nations. The British, on the other hand, hewed closer to normal, peacetime standards of diplomacy and civil liberties when dealing with venereal disease. They interfered with citizens’ freedom of movement only reluctantly, and when they did, their courts followed the same stringent rules of evidence used in peacetime.

Although one result of British forbearance was more disease than might have developed otherwise, not all additional venereal disease was attributable to that nation’s concern for civil liberties. Certainly the insulation of the British military from the kind of domestic pressures and values that impinged on American Services accounted for part of the problem. With much of Britain’s army scattered about the empire before World War I, commanders developed the habit of following local custom in matters of sex. Their American counterparts, however, because they were subject to closer scrutiny from the folks at home, tended to mirror the standards of their countrymen.

That was not to say that Englishmen were unconcerned about the sexual habits of their boys in uniform. In fact, another facet of England’s problem was that a certain class of interested citizens wielded altogether too much influence. High-ranking clergymen and upper-class moralists who took the lead in the anti-vice crusade downplayed the medical approach to venereal disease, with the result that such things as clinics and prophylactic treatment never got the attention they did in the U.S. Americans, though equally concerned with sin and purity, kept in mind that the main goal was a healthy army and navy. Accordingly, it was they, more than any of the other allies, who were able to demonstrate the possibilities inherent in medical science for solving one of man’s oldest health problems.

<sup>70</sup> *The Times* (London), 5 October 1918, p. 3e.

<sup>71</sup> Pershing, *op. cit.*, note 41 above, vol. 2, p. 44.