

Prostitutes and Prophylaxis: Venereal Disease, Surveillance, and Discipline in the Canadian Army in Europe, 1939-1945

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Résumé de l'article

La mise à l'écart de travailleurs canadiens pour cause de maladie vénérienne durant la Deuxième Guerre mondiale a été un problème constant pour l'Armée canadienne. Les autorités militaires ont pris des mesures aussi bien sur le plan de la santé que sur le plan disciplinaire pour réduire le nombre de soldats relevés de leurs fonctions habituelles pendant leur traitement. L'étude des techniques utilisées pour influencer sur le comportement sexuel et limiter l'infection place l'Armée canadienne dans une nouvelle perspective historique, celle d'une institution moderne qui a cherché à établir une surveillance médicale et une emprise disciplinaire sur les corps des soldats. L'auteur étudie également le comportement sexuel des soldats canadiens outre-mer et montre qu'ils participaient à un système brisé de prostitution réglementée, avec des Européennes qui composaient avec la déstabilisation et les tensions engendrées par la guerre en se livrant au commerce du sexe. Les agents de l'Armée canadienne outre-mer ont étendu leurs fonctions disciplinaires et de surveillance des soldats aux partenaires sexuelles de ces derniers. Les taux de maladies vénériennes étaient plus bas quand les formations étaient au combat, mais ils atteignaient des niveaux alarmants lorsqu'elles n'étaient pas au front, ce qui porte à croire que la liberté de choisir et la préférence sexuelle ont été plus importantes que les efforts de la discipline moderne.

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WILLIAM JOHN PRATT

Abstract

The wastage of Canadian manpower due to venereal disease (VD) during World War II was an ongoing problem for the Canadian Army. Military authorities took both medical and disciplinary measures in attempt to reduce the number of soldiers that were kept from regular duties while under treatment. The study of the techniques employed to control sexual behaviour and infection places the Canadian Army in a new historical perspective as a modern institution which sought to establish medical surveillance and disciplinary control over soldiers' bodies. This study also explores Canadian soldiers' sexual behaviour overseas, showing their engagement in a broken system of regulated prostitution, and with European women who were coping with war's destabilization and strain by participating in the sex trade. Agents of the Canadian Army overseas extended their disciplinary and surveillance functions from soldiers to their sexual partners. VD rates were low when formations were in combat, but rose to alarming rates when they were out of the line, suggesting that individual agency and sexual choice trumped the efforts of modern discipline.

Résumé

La mise à l'écart de travailleurs canadiens pour cause de maladie vénérienne durant la Deuxième Guerre mondiale a été un problème constant pour l'Armée canadienne. Les autorités militaires ont pris des mesures aussi bien sur le plan de la santé que sur le plan disciplinaire pour réduire le nombre de soldats relevés de leurs fonctions habituelles pendant leur traitement. L'étude des techniques utilisées pour influencer sur le comportement sexuel et limiter l'infection place l'Armée canadienne dans une nouvelle perspective historique, celle d'une institution moderne qui a cherché à établir une surveillance médicale et une emprise disciplinaire

sur les corps des soldats. L'auteur étudie également le comportement sexuel des soldats canadiens outre-mer et montre qu'ils participaient à un système brisé de prostitution réglementée, avec des Européennes qui composaient avec la déstabilisation et les tensions engendrées par la guerre en se livrant au commerce du sexe. Les agents de l'Armée canadienne outre-mer ont étendu leurs fonctions disciplinaires et de surveillance des soldats aux partenaires sexuelles de ces derniers. Les taux de maladies vénériennes étaient plus bas quand les formations étaient au combat, mais ils atteignaient des niveaux alarmants lorsqu'elles n'étaient pas au front, ce qui porte à croire que la liberté de choisir et la préférence sexuelle ont été plus importantes que les efforts de la discipline moderne.

The wastage of Canadian manpower due to venereal disease (VD) during World War II was an ongoing problem for the Canadian Army. Military authorities took both medical and disciplinary action in an attempt to reduce the number of soldiers that were kept from regular duties while under treatment. By the time of the conscription crisis of 1944, when manpower shortages were deemed high enough for the government to accept the political risk of overseas service for conscripts, well over half a million days of manpower had been lost to VD treatment.¹ The study of the techniques employed to control sexual behaviour and infection places the Canadian Army in a new historical perspective as a modern institution which sought to establish medical surveillance and disciplinary control over soldiers' bodies. This study also explores Canadian soldiers' sexual behaviour overseas, showing their engagement in a broken system of regulated prostitution, and with European women who were coping with war's destabilization and strain by participating in the sex trade. Agents of the Canadian Army overseas extended their disciplinary and surveillance functions from soldiers to their sexual partners. Canadian venereal disease, then, can expose hitherto unexamined aspects of the disciplinary techniques of a key modern institution of the Canadian state, and explore Canadian sexuality during the tumultuous sexual upheaval of World War II. VD rates were low when formations were in combat, but rose to alarming rates when they were out of the line, suggesting

that individual agency and sexual choice trumped the efforts of modern discipline.

Venereal disease had long been a military problem. Historian Annette Timm notes that soldiers were “recognized as conduits of venereal disease” and singled out for action since the mid-nineteenth century.² The French term for persistent gonorrhea was “*la goutte militaire*.”³ Great controversy prevailed in Britain over the Contagious Diseases Acts of the 1860s, which were specifically targeted at women in garrison towns, and which instituted the forced inspection and incarceration of suspected carriers. World War I resulted in increased syphilis rates in every belligerent nation, which led to increased concern and discourse surrounding the treatment and effects of venereal diseases.⁴ Canada was no exception.

In World War I, high venereal disease rates amongst Canadian soldiers and civilians alike caused the Canadian government to implement legislation to control sexually transmitted diseases (STDs). Estimates of World War I rates for syphilis and gonorrhoea among Canadian troops range from 15.8 percent to 28 percent.⁵ By addressing the crisis, Canadian’s long-standing denial waned. The stigma and silence about sexually transmitted diseases ebbed and patterns of treatment were established. The change was not immediate. As historian Jay Cassel proves in his major survey of VD in Canada from 1838 to 1939, the “negative connotation” associated with venereal disease remained.⁶ While Cassel suggests that state action towards VD in World War II repeated patterns established in the reaction to the VD crisis of World War I, exploring the integration of medicine into the Canadian Army’s attempts to control soldiers and preserve manpower from 1939-1945 can expand our knowledge of medicine’s role in the liberal project of state control during the era.⁷ It also enforces scholarship that argues that when it came to sexuality, this project was by no means complete. Despite surveillance and discipline, men continued to expose themselves to the risk of VD infection.

By World War II, the Army had adopted the quintessentially modern qualities of surveillance and statistical quantification.⁸

Venereal disease was one of several medical factors monitored out of concern for their drain on manpower, morale, and motivation. Treatment with sulpha drugs or penicillin could take soldiers out of their unit for three to eight weeks. Their very infection suggested disobedience of preventive regulations which extended to the most intimate moments of their leave. The use of venereal disease as a way to avoid combat, what might be called sexual malingering, has even been suggested. Such behaviour has its precedents. The official medical history of Canada in World War I claimed that men willingly spread the disease to each other to avoid service. Andrew MacPhail wrote in the official Canadian medical history of World War I that “instances occurred in which men deliberately infected themselves with the milder forms from a favoured comrade.”⁹ Cassel speculates that this is a veiled reference to gay sexual activity, but historian Lisa Todd notes that willing infection in World War I German military was performed by the swapping of discharge without the malingerers necessarily participating in gay activity.¹⁰ MacPhail suggests that Canadian soldiers on leave also deliberately infected themselves through sex with “promising women.”¹¹ During World War II, there were suspicions of purposeful infection in prisons in hopes of transfer to hospital.¹²

The historical connections among medicine, modernity, and the military have begun to be explored. Historians Roger Cooter and Steve Sturdy have applied Max Weber’s early formulation of modernity (as connected to state power through bureaucracy and rationalization) to military medicine, concluding that during World War I, “systems of medical surveillance and manpower management — quintessential elements of medical modernity — were strengthened.”¹³ They emphasize that, “the growing dominance of modes of thought and practice informed by dynamic and functionalized understandings of the body,” were central to this process.¹⁴ The Canadian Army in World War II incorporated venereal disease into its own modern system of personnel management which sought to maximize the pool of “normal” healthy soldiers. As historians Terry Copp and Bill McAndrew have observed, commanders such as gen-

erals E.L.M. Burns and Harry Crerar felt that venereal disease, along with psychiatric casualties, were an avoidable drain on manpower, "straddling the imprecise line between medicine and discipline."¹⁵

Medical surveillance for venereal disease ranged from blood tests to physical inspections of genitalia. Since 1906, a fairly reliable blood test for syphilis, the Wassermann Test, was available, which tested for antibodies created in the blood to eliminate spirochetes, bacteria causing the disease.¹⁶ The testing was complex, costly, and not completely accurate, but over time methods improved and led to the development of arsenic-based drugs for treatment.¹⁷ For other venereal diseases (non-specific urethritis; chlamydia; and gonorrhoea) detection remained with signs and symptoms. During World War I — that is, by 1916 — the high rates of infection among Canadians led to the Canadian Army Medical Corps taking the initiative to identify cases early by the so-called "short arm parade."¹⁸ This was a physical weekly inspection of men's penises by medical officers that would both catch early outbreaks and pressure men to avoid getting infected in the first place. "Short Arm inspections" were continued in World War II, although officers were freed from such invasive surveillance.¹⁹ While the visual inspection of genitalia hardly seems modern in consideration of the more scientific pathology available, the widespread inspection of men's bodies extended the Army's medicalized gaze in an effort to conserve manpower. This use of medical and disciplinary surveillance exposes venereal disease inspection as one method of attempting to render bodies docile, knowable, and productive.²⁰

In November of 1944, a pamphlet was issued in the Mediterranean theatre that encouraged men to get a blood test if they thought they might have a venereal disease, and due to the expected rush to get tested, medical officers were told to interview each case and test only those who had a good chance of having contracted venereal disease unknowingly.²¹ The anticipated demand for diagnosis shows success in generating fear of infection, not to mention enough sexual activity among soldiers to warrant their concern. In Britain, venereal disease tests were

also required of women who wished to marry Canadian soldiers.²² The practice anticipated broader techniques of medical surveillance which would be extended to European women on the continent.

Prevention and treatment of soldiers ranged from Early Preventative Treatment Units and prophylactic stations (featuring urethral irrigation and calomel ointment) to Venereal Disease Treatment Centres (for treatment with sulpha drugs or later penicillin). The Army lamented losing manpower to venereal disease treatment, but since the only other option was to let diseases worsen, it treated men from three to eight weeks.²³ In December 1944, the Director of Medical Services determined that attempts at treatment of gonorrhea by prophylactic administration stations in unit lines had been ineffective, and that it was henceforth to be done by penicillin treatment in Venereal Disease Treatment Centres or selected Field Dressing Stations. Despite the advantages of keeping men in their unit while being treated, the results were often uneven treatment, drug-resistant disease strains, and relapse.

Initially, soldiers' condoms were rationed, but later men could pick them up as needed.²⁴ So-called V-Packets were also issued, which included soap-impregnated cloth, tubes of nitrate jelly, and calomine ointment which was to be applied to the genitals and surrounding area post-coitus. The 2nd Canadian Advanced Depot of Medical Stores distributed over a million condoms over a four-month period, and still had a good supply left over.²⁵ In November 1944, when the 3rd Canadian Infantry Division's 68 weekly cases of VD reached the all-time high to date, the Assistant Director of Medical Services implored commanding officers to insure men used condoms before sex and visited facilities for disinfection after sexual exposure.²⁶ The rest period, dubbed Operation RELAX, highlights the paradox of leave time for soldiers. As one report stated, "All ranks entered enthusiastically into the spirit of recreation, one evidence being the rise in incidence of VD some days later."²⁷ From that time to the end of the year, rates averaged 28 weekly, which was considered much too high.²⁸ Soldiers expected leave time away from the

prying eye of the Army and its authoritarian discipline, a leave time that also gave them ample opportunity — away from military camps — to engage in sexual disobedience in the form of unprotected sex and VD contraction. Despite a vast array of education and provision of preventatives, the Army's efforts overseas to extend its authority into soldiers' sexual practices were largely frustrated.

World War II was a dynamic moment for sexuality and gendered identities. Historians have pointed to both world wars as the greatest gendered separation in history, with large male populations separated from their national female cohorts.²⁹ The strain of war itself, with its increased morbid obsession and stress may have increased sexual activity. Historian Ruth Roach Pierson suggests that the sexual double standard meant that Canadians accepted male soldiers as more promiscuous than their civilian counterparts, yet remained terrified of female sexuality in the Canadian Women's Army Corps. According to Pierson, "Modernizing, rationalizing, and goal-directed as the military was, the Army did not stand so apart from Canadian society as to be ready to launch an attack on a moral code that placed more opprobrium for promiscuity on women than on men."³⁰ Unwanted pregnancy and venereal disease could be added to counterpoints of considering the war in the positive light of sexual liberation.

While there were sex-positive progressives in the Canadian Army, they were a minority, especially when it came to senior officers. Psychiatrist Brock Chisholm was a military and medical progressive when it came to sexuality during the war. Rising to the position of Director of Medical Services, his views were considered acceptable by the Army, enough to print in a primer for junior officers. Chisholm wrote:

Sexual pressure is inherent in every healthy human being. It cannot successfully be ignored nor completely denied all expression. The sexual instinct is damaging to two kinds of men, those who allow it too free expression, and those who allow it none at all. The free and uncontrolled expression of the sexual instinct, wherever and whenever occasion offers, leads usually to disease

and degeneration.... The degree and kind of sexual outlet is a personal matter but it should be a responsibility of the platoon officer to see that his men do not risk destroying their health and efficiency, perhaps for long periods, by taking foolish chances on infection. And we will often find men with very mistaken ideas in the field, believing in the admirability of promiscuous sexual adventure, weird methods of preventing venereal infection, the horrible effects (entirely mythical) of masturbation on mind and body, and many other long discarded fears and faiths.³¹

Chisholm's qualified pro-sex views would not be shared by all officers during the war. Ken Hunter, chief medical officer of 5th Canadian Armoured Division, wrote to his colleague in Italy in the spring of 1944, doubting the efficacy of condoms. Hunter suggested:

We can only assume that those individuals who were infected in spite of taking precautions are well versed in the subtle art of using the condom and consequently have not infected themselves during the preliminary skirmishing and the retirement. Another point is that rubber has [its] breaking point and I'm inclined to think that the average man under the influence of "Vino" does not approach the average prostitute with the gentleness of the lover. There is really only one basic answer. That is abstinence. This must be stressed using fear of results as the club. Failing abstinence, the widest distribution of preventatives is essential.³²

The disciplinary club Hunter spoke of took a number of forms. Disciplinary action against Canadian soldiers with VD had occurred during World War I. Soldiers were to lose half their pay during the period of treatment.³³ In the early years of World War II, discipline and shame were used to attempt to curb VD rates. Men were segregated in hospital wards in hopes to humiliate them, were charged fines, and were denied canteen

or entertainment privileges.³⁴ This was found to lower morale and cause soldiers to conceal their affliction, so a more medical approach was adopted later in the war. As historian Jeff Keshen writes, "Although many officers continued to portray VD as a self-inflicted wound that deserved to be punished, by mid-1942 penalties had generally been discarded in favour of simple medical treatment."³⁵ Disciplinary approaches towards sexual health had their bounds. As historian Bill McAndrew suggests, "There were severe limits to the capability of any individual commander in controlling the sexual proclivities of 500-1000 men short of locking them all up."³⁶ While criminally charging those infected who failed to get treatment slowly fell out of favour, local commanders still attempted to shame and publicize cases as a deterrent. In late 1944, disciplinary action was still being considered for 3rd Canadian Infantry Division soldiers who developed infection without taking prophylactic measures.³⁷

Modern medical surveillance of an epidemiological nature was used to monitor venereal disease in formations, affecting lived experience through medical inspection. Surveillance also targeted women. The forms men filled out when under treatment for VD requested a great deal of information about the nature of contact itself including the woman's name, where she was met, whether money was exchanged, businesses frequented, physical description, her "reputation or history," and where the sexual activity took place. Historian Jeff Keshen calls contact tracing on the Canadian homefront during World War II, "clumsy, repressive, and destructive," especially when letters were sent to women at home and work demanding their inspection.³⁸ But in the Canadian Army Overseas in Europe, contact tracing went hand in hand with epidemiology. The provost would contact the woman and then aid local police or the local civil affairs officer in apprehending and confining her under medical treatment. Occasionally, the soldier would lead the venereal disease control officer (VDCO) to the place of contact himself. In July 1944, in the face of soaring infection rates during the Italian Campaign, provost corps members were to take all those infected within ten miles of the 5th Canadian Armoured Division's medical services back to the

“place of exposure for identification of source.”³⁹ While means of identification were often scarce, the provost did take a number of “sources of infection out of circulation.”⁴⁰ Later on in Belgium it was reported that, “Civilian authorities in BELGIUM are greatly concerned about the rising VD rate, and will co-operate to the utmost in the apprehension and treatment of contacts.”⁴¹ The provost would contact local police or the local civil affairs officer, who was tasked with apprehending the contact with help from the provost if necessary.⁴² The difficulties of contact tracing were due to the prevalence of single night contacts made some time before infection was discovered.⁴³ As the incubation period for gonorrhoea was 3–21 days and syphilis 30–90 days, the delay involved in patients showing signs of infection must have curtailed efforts to trace contacts.⁴⁴ Especially in regards to syphilis, numerous sexual partners could have been contacted within three months’ worth of soldiering, and memory of the particulars may not have been strong. Soldiers may have been motivated to protect their sexual contacts from interrogation and forced treatment, or concealed the nature of their sexual contact out of privacy or shame. A draft memorandum to officers commanding units of First Canadian Army recorded hopes to improve contact tracing: “Particularly do we want the men to [realize] the importance of obtaining the name and address of any and every girl companion. The girls will be flattered.”⁴⁵ In the 3rd Canadian Infantry Division, however, VDCOs interviewing men who could not state a place of contact became the norm in the later months of the war.⁴⁶

In liberated Europe, civilian women were motivated towards sexual encounters for innumerable personal reasons.⁴⁷ The physical and psychological attractiveness of Canadians could contrast with civilian male populations subjected to meagre rations, slave labour, or worse. Others found Canadian personnel had access to money, restaurants, and clubs. In some cases army rations and cigarettes were traded for sex. It also is clear that sex was not always consensual. Incidents of reported rape were taken seriously by the Army, yet in a list of Field General Courts Martials from the Italian theatre which records 46 personnel charged with

all crimes from 1 July 1943 to 30 April 1944, only four rapes were recorded.⁴⁸ This figure is lower than actual incidence of sexual assault. The 1st Canadian Infantry Division's war diarist recorded seven rapes reported by the end of July 1943 alone.⁴⁹ The difference in these figures is a caution against using certain army formations' data on crime as the complete story of soldiers' behaviour. Historian Paul Jackson surveyed about half of the Canadian Army courts martials in World War II, and found 36 charges of rape laid against Canadian soldiers in continental Europe.⁵⁰ Historian Hugh Gordon records that from March to November 1945, 54 Canadian soldiers were charged with rape, 19 of whom were convicted for rape, with others convicted for fraternization, indecent assault, and attempted rape.⁵¹ Others inevitably escaped prosecution for sexual violence.

The Italian campaign was an anomaly in the sense that prostitutes were reported as the primary source of infection, rather than so-called "pick-ups." A report of June 1944 noted that a large percentage of sexual contact leading to infection resulted from men drinking, seeing prostitutes, and not using prophylactics.⁵² A case regarded as typical involved a soldier taken to a prostitute's house by a boy advertising on the street, using a condom at first but not later, and going to a prophylactic administration centre the next morning. The prostitute might have had a card signed by an Italian doctor stating she was clean, but this was either a forgery or the card had expired. Sexual contact was largely made in the cities when soldiers were on leave, yet in November 1944 when the 5th Canadian Armoured Division was resting after hard fighting through the Gothic Line, the weekly report recorded that hitchhiking refugees were another source.⁵³ In December 1944, the final quarterly report for the year could claim that venereal disease rates were down to 212 cases, and suggested that lack of access to larger cities and women had caused the decrease.⁵⁴

Regulated European brothels would have been a welcome venue for many Canadian soldiers seeking sex on leave. Standing orders for 3rd Canadian Infantry Division before Operation OVERLORD stressed that brothels were out of bounds, yet later

on in the campaign it is clear that they were frequented by Canadians.⁵⁵ The sex trade and sexual relations generally had been disrupted by German occupation. In June 1944, Allied authorities speculated that gonorrhoea was likely prevalent in France due to harsh German discipline regarding venereal disease and soldiers' consequent tendency to treat themselves using home remedies or quack cures.⁵⁶ Soldiers in Amiens had their pick of at least two dozen brothels concentrated in the Red Light District.⁵⁷ Sex trade workers here underwent compulsory medical exams, and those walking the street had to carry a card showing they had maintained an examination schedule. During the war, with increased numbers of women driven to prostitution and the disturbance of the medical and policing system, the regulation of the trade was disrupted.

One means of controlling sexual contact was the restriction of localities as "out of bounds" to military personnel. In Italy in May 1944, psychiatrist Major A.M. Doyle reported that morale was never as high as it was during and immediately after the breaking of the Hitler Line, yet it quickly plummeted. Doyle noted that the inability to follow the Germans was one reason for flagging morale, but that another was the policy of putting towns out of bounds in consideration of VD control. Doyle wrote that, "the principle of punishing men because of the acts of a few always leads, as it did here, to poor morale."⁵⁸ Placing establishments that were VD threats out of bounds was a common tactic in all theatres. On the homefront, authorities in Camp Borden placed as many as 67 cafes, hotels, and dance halls in a number of surrounding Ontario cities out of bounds to personnel due to brawls and venereal disease infections.⁵⁹ In the Sicilian campaign, brothels were declared out of bounds, but those that were unguarded had their signs torn down, yet some officers turned a blind eye, even frequenting them themselves.⁶⁰ The suggestion by general Chris Vokes to establish a brigade brothel was quickly rejected by Eighth Army commanders fearing outrage if word of the operations reached the homefront.⁶¹

In Italy, the 5th Canadian Armoured Division would attempt to concentrate soldiers away from crowded towns and cities, but

as a medical report read, "Individual, intimate personal contact, however, is more difficult to control, with the result that Venereal Disease reached epidemic proportions. VD seems to be prevalent among most Italian women, and has been acquired from by many irresponsible personnel."⁶² In August, postal censors recorded that putting towns out of bounds to Canadian troops notably increased the volume of bitter criticism found in Canadian mail.⁶³ One browned off private wrote home: "Every damn place is out of bounds to the Canadians. It is getting beyond a joke now. Most of the boys are wondering if Canada will be 'Out of bounds.' I guess the only place they can trust them is at the front."⁶⁴ Studies of forces on campaign had long showed that most infections were caught when on leave.⁶⁵ Discussions between VDCOs in March 1945 questioned the logic of concentrating men on leave in large cities. As they reported:

It seems rather paradoxical that the chief purpose of a soldier's leave — the uplift, physically and psychologically that he may achieve — should be implemented by transporting him to an environment which encompasses and in which is heavily concentrated overcrowding, idleness and vice in all its various forms. Is this to be preferred to wholesome exercise, sports, association and companionship with girls who have some ideals and principles rather than the sole purpose of commercial prostitution?⁶⁶

Attempts were made to establish prohibited areas in Northwest Europe as well. In the Netherlands in 1945, streets and districts with "bad cafes" and large numbers of prostitutes were put out of bounds and patrolled by 7 Canadian Provost Company.⁶⁷

Before the invasion of Normandy in June 1944, plans were established for medical officers to liaise with local European authorities in the attempts to curb the spread of disease. The senior medical administration officer of a formation occupying a town or village was to investigate prostitutes and the VD situation, quickly surveying the situation and plan prophylactic administration centres.⁶⁸ The low incidence of venereal disease

at the beginning of the campaign was attributed to “negligible [...] facilities for contact” because (aside from the heavy pace of combat) of villages and towns being put “Out of Bounds.”⁶⁹

In Belgium, the small operations taking place above cafes were more difficult to control. Civilian authorities were concerned about rising VD rates and were willing to cooperate with the Canadians in contact tracing. In Brussels one thousand card-carrying prostitutes were regulated, apparently a number that had increased from a mere 40 at the beginning of the war, and an estimated ten thousand others were conducting business without their papers.⁷⁰ The 3rd Canadian Infantry Division VDCO noted in February 1945 that in terms of places of contact, Brussels was “by far the worst offender.”⁷¹ Liaison with public health authorities gave insight into high rates of VD amongst registered prostitutes, 85 percent of whom were under treatment for syphilis, while practically all of them were considered asymptomatic gonorrhoea carriers.⁷² Most prostitutes averaged 10–20 customers daily. A spike in the gonorrhoea rate in 2nd Canadian Infantry Division for the week ending on 18 October 1944 was explained with succinct euphemism: “the population of Antwerp is very friendly.”⁷³ The archival record suggests that short leaves to Paris and Antwerp were cancelled in late December 1944 due to rising numbers of infections.⁷⁴ The proportion of infected soldiers citing Antwerp as the source of VD infection dropped dramatically as a result of the Leave Centre there being placed out of bounds.⁷⁵ Several weeks later it was noted that contact tracing was working well, and that a few women listed as sources of the infection had been traced and treated.⁷⁶ Advice Bureaux and district nurses were proving useful in tracing and collecting suspected sources.⁷⁷ In November 1944, the 3rd Canadian Infantry Division’s VDCO, Major J.B. Cram, reported that the cafe-brothel system tolerated in Belgium was “by long odds the greatest source of infection.”⁷⁸ Cram’s report reveals the varied nature of brothels, which seemed to be differentiated along class lines:

Two brothels were reported and investigated in Nijmegen. These both turned out to be social problems. In

one case a woman of about 34 was operating alone in a small front room in a building up a narrow alleyway. She was very unattractive, slovenly and appeared [sub-standard] mentally. She was accepting anything from tins of bully beef to 5 Guilders. She was advised to stop her business and the Pro were notified. The second case was that of two girls living in very poor surroundings in the old section of the city. Here too the Pro were informed.

In the better class Cafe Brothels of Ghent it was apparent that the women were interested in selecting one man for the night or for the length of his stay in the area. This was the situation with a number of officers. In the second rate spots business was more on the cash and carry basis. In others, as in the Nijmegen case referred to, the [queue] system was in effect.⁷⁹

Cram felt the need to point out that men were not being coerced or tempted in any way, and that infected men had searched out sexual contact. In late November, there was still some concern about organizing liaison among local authorities, 21st Army Group civil affairs, and the provost.⁸⁰

Of the Netherlands generally, a VDCO of 1st Canadian Division wrote in August 1945:

Warm dry weather, the apparent low morals of the Dutch girls and abundance of liquor, are the greatest contributing factors to the high V D incidence. The scarcity of acceptable Dutch males and the More inviting Canadians with their abundance of cigarettes and chocolates, are very conducive to the Continental females. Many girls are so called camp followers, and much difficulty is experienced in obtaining names and addresses.⁸¹

Some women had their heads shaved for liaisons with Canadians, as if they had collaborated with the German occupation, and Dutch newspapers accused Canadians of spreading venereal

disease.⁸² Civilian liaison in the provinces of Freisland and Groningen in April 1945 proved that most VD cases treated by Dutch authorities were “collaborators” and women that the Germans “imported” that had been “rounded up” and were in custody.⁸³ None of these women were allowed out of confinement until they had a medical exam and were declared free from disease. Coercive methods were a viable method of prevention, if local authorities were compliant. In the Netherlands in July 1945, 75 women were being detained in Groningen for treatment.⁸⁴ A VDCO complained “that civilian methods of diagnosis are very superficial as only approximately 25% of reported sources were found to be infected by civilian doctors. Dutch law does not recognize prostitution which adds to the difficulty in dealing with these cases.”⁸⁵ The VDCO went to the treatment unit and interviewed patients who did not report an address on their forms. He had some success identifying sources when the man personally led him back to the place of contact. While the German system in Holland of having the police escorted by soldiers to the woman was described as “rigid,” it seems to differ little from Canadian practice.⁸⁶ VDCOs suggested that it would be easier to remove prostitutes from leave areas in Germany, presumably because more coercive measures would be more acceptable among a recently conquered Axis nation.⁸⁷ A strained attitude was reported among civilians towards Canadian troops, especially along the German-Dutch border, where fraternization was less notable.

In hindsight, the suggestion made by a medical officer in the first quarter of 1945 that non-fraternization rules would prevent VD infection in Germany seem absurdly optimistic. “[Adherence] to rules against fraternization in GERMANY,” the 3rd Division ADMS wrote, “precludes any possibility of infection from sources in that country.”⁸⁸ One psychiatric advisor to 21st Army Group in spring 1945 wrote that a non-fraternization policy in the occupation forces would increase “the psychiatric casualty rate and depress morale unless the policy were understood and accepted, and other provision made for compensating soldiers for the emotion loss entailed.”⁸⁹ Even Venereal Disease

PROSTITUTES AND PROPHYLAXIS: VENEREAL DISEASE, SURVEILLANCE,
AND DISCIPLINE IN THE CANADIAN ARMY IN EUROPE, 1939-1945

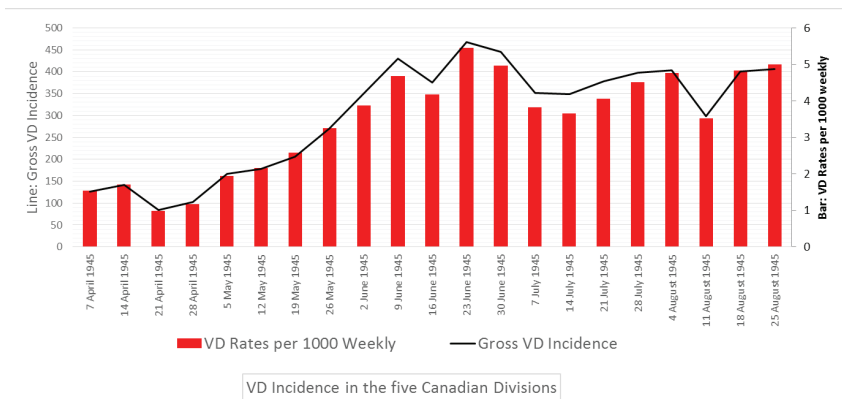


Figure 1: “VD Incidence in the Five Canadian Divisions.” Compiled from File 133.065(D327B) Folder “Medical Stats - 1st Cdn Army - Jun/Sep 45,” LAC RG 24 Vol. 18712. and file 215C1.053(D6) ADM 1st Cdn Army - The Adm aspect of Ops 1st Cdn Army Jul/Oct 44. Memo interview with Maj.-Gen A.E. Walford CBE MM formal DA & QMG at CMHQ.” RG 24 Vol. 10667, LAC.

Control Officers grew to accept that sexual contact was inevitable, at times associating sexual activity with good health. One report wrote, “While refusing to entertain and accept the old adage that ‘good fighters are, etc.’, one would be unreasonable and impractical to expect that sexual exposures will not occur especially [sic] among healthy young men in which class the vast majority of our soldiers are included.”⁹⁰

In the summer of 1945, VD rates soared and an intense education program with lectures, demonstrations, and films was undertaken. In 5th Canadian Armoured Division, the quarterly incidence had climbed from 323 in the first quarter of the year, to 728 in the second (Figure 1). In the third quarter, from July to September 1945, overall rates in the United Kingdom averaged 90.1/1000 and in North West Europe 172.2/1000.⁹¹ As a message from the 5th Canadian Armoured Division General Staff noted, “This deplorable by-product of slightly overdone hospitality represented 37.27% of total [casualties] due to sickness in the past three months. Subsequent to VE day an increase was to be expected because troops were not longer fully occupied with the job of “Making War” and could turn their undivided atten-

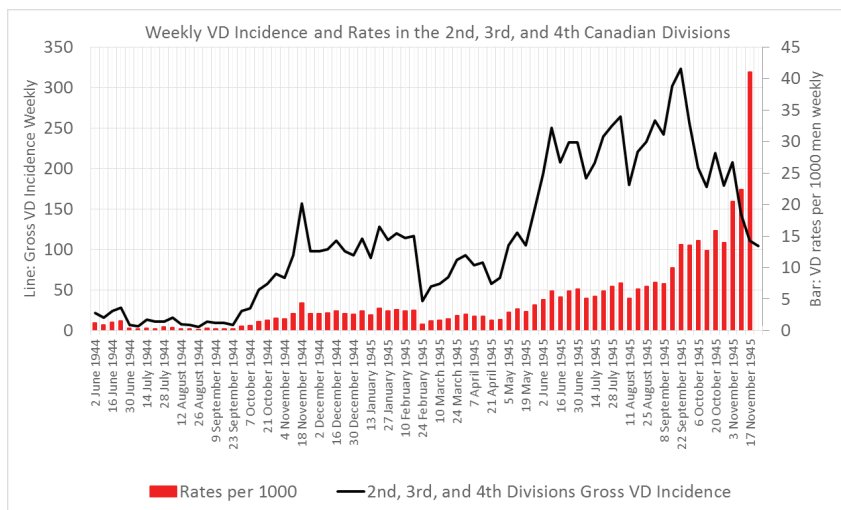


Figure 2: “Weekly VD Incidence and Rates in the 2nd, 3rd and 4th Canadian Divisions.” Compiled from File 133.065(D327B) Folder “Medical Stats - 1st Cdn Army - Jun/Sep 45,” LAC RG 24 Vol. 18712. and file 215C1.053(D6) ADM 1st Cdn Army - The Adm aspect of Ops 1st Cdn Army Jul/Oct 44. Memo interview with Maj.-Gen A.E. Walford CBE MM formal DA & QMG at CMHQ.” RG 24 Vol. 10667, LAC.

tion toward the job of “Making Merry.”⁹² There is a dark side to this increased sexual activity. In his dissertation on the Canadian occupation of Germany, Hew Gordon describes the rape of 25 women by Canadian soldiers in the first ten days of May as a “rape crime wave.”⁹³ The extent of the increase in rates, however, had exceeded all expectations.

At the end of the war, the army again attempted to use punitive measures to discourage venereal disease. The First Canadian Army issued a routine order which would prevent cases of syphilis and gonorrhoea from repatriating back to Canada.⁹⁴ Fifth Canadian Armoured Division officers attempted to spin the ruling as to protect Canadians back home, and not as a punishment.⁹⁵ Medical officers reported that the order had good effect but it was rescinded too soon, with a quick surge to higher rates (Figure 2). Propaganda posters shifted to increasingly use images of the homefront, showing images of families back home, and encouraging men to “Think Soldier - Think of Them.”⁹⁶ Increasingly

after May of 1945, the threat to the future health of Canada when these men returned home was expressed. As late as October 1945, a report on the Canadian Army Overseas indicated that without repatriation to “economic security” and “civilian life,” “the continued incidence of venereal disease among the civilian population of Canada presents an ominous picture.”⁹⁷ After the war, officials were to suggest that little they had said during sex education had affected the sexual habits of soldiers.⁹⁸

Despite a broad range of surveillance, education, and discipline, Canadian soldiers disobeyed the cautions of their commanders, doctors, and the provost and had unprotected sex with European women. Certainly the association of the war with increased sexual freedoms should be countered with notions of women’s vulnerability given their gender. Trading sex for food is hardly liberating and acknowledgment that there were European victims of Canadian sexual violence is a troubling counterpoint to the notion of sexual freedom associated with North American and British homefronts. The scale of such violence, of course, pales in comparison to widespread rape in other theatres of the war, yet this does not diminish the personal traumas.⁹⁹ The role of Canadian medical and police units in re-establishing order through confinement and forced treatment is also an important aspect of civil-military relations. Attention to the extension of Army surveillance and discipline towards women in Europe allows a more nuanced picture of medicine, gender, and the state during the war. Despite the dangers of a more complicated history of the “good war,” prostitution and prophylaxis are worth remembering as well.

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Endnotes

- 1 A report by the Director-General of Medical Services to the Adjutant-General in February 1943, recorded the losses to VD until the end of 1942 to be 402,653 days of manpower lost, 20,260 hospital beds occupied, and a cost approaching \$5 million in hospitalization and losses in training days. As cited in Ruth Pierson, *They're Still Women after All: The Second World War and Canadian Womanhood* (Toronto: McClelland and Stewart, 1986), 197–98.
- 2 Annette F. Timm, *The Politics of Fertility in Twentieth-Century Berlin* (Cambridge: Cambridge University Press, 2010), 36.
- 3 Jay Cassel, *The Secret Plague: Venereal Disease in Canada 1838-1939*, Social History of Canada (Toronto: University of Toronto Press, 1987), 90.
- 4 Susan Grayzel, "Liberating Women? Gender, Morality and Sexuality," in *Evidence, History, and the Great War: Historians and the Impact of 1914–18*, ed. Gail Braybon (New York: Berghahn Books, 2003), 126.
- 5 Jay Cassel, "Making Canada Safe for Sex: Government and the Problem of Sexually Transmitted Disease in the Twentieth Century" in *Canadian Healthcare and the State: A Century of Evolution* (Montréal and Kingston: McGill-Queen's University Press, 1992), 147; Cassel suggests that the 15.8 percent figure for the whole war (66,083 cases out of 418,052 Canadians in the CEF overseas) is too high due to relapses being counted multiple times. Cassel, *The Secret Plague*, 123, 140; for an examination of Ontario's reaction to World War I's VD crisis, including the conflation of "feeble-mindedness," "foreignness," and sexual immorality see, Mary Louise Adams, "In Sickness and in Health: State information, Moral Regulation, and Early VD Initiatives in Ontario," *Journal of Canadian Studies* 28:4 (1993): 117–30; see also Suzanne Buckley and Janice Dickin McGinnis, "Venereal Disease and Public Health Reform in Canada," *Canadian Historical Review* 63:3 (1982): 337–54.
- 6 Cassel, *The Secret Plague*, 4.
- 7 Strange cites doctor's testimony at the 1907 Royal Commission investigating the Bell telephone operator's strike as a key moment in the rise of "medical experts as social managers," Carolyn Strange, *Toronto's*

- Girl Problem: The Perils and Pleasures of the City, 1880-1930* (Toronto: University of Toronto Press, 1995), 41; for a summary of “medico-legal” regulation of VD in early-twentieth century Canada, see Carolyn Strange and Tina Merrill Loo, *Making Good: Law and Moral Regulation in Canada, 1867-1939* (Toronto: University of Toronto Press, 1997), 91–95; Valverde’s study of moral regulation shows that the state did not have a monopoly on controls, and that medical, legal, professional, and philanthropic groups could drive the process and shape moral discourse, Mariana Valverde, *The Age of Light, Soap, and Water: Moral Reform in English Canada, 1885–1925* (Toronto: University of Toronto Press, 1991), 76–103, 165.
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- 9 Andrew MacPhail, *The Medical Services*, Official History of the Canadian Forces in the Great War 1914–19 (Ottawa: King’s Printer, 1925), 283–84.
- 10 Cassel, *The Secret Plague*, 130–31; Lisa Todd, “‘Sexual Abstinence is Every Soldier’s Duty!’: Prostitution, Disease and Nationalism in First World War Germany,” paper presented at the Canadian Historical Association Annual General Meeting, Ottawa, 2015.
- 11 MacPhail, *The Medical Services*, 724.
- 12 Paul Jackson, *One of the Boys: Homosexuality in the Military during World War II* (Montréal and Ithaca: McGill-Queen’s University Press, 2010), 59.
- 13 Roger Cooter, Mark Harrison, and Steve Sturdy, *War, Medicine and Modernity* (Stroud (UK): Sutton, 1998), 14.
- 14 *Ibid.*, 15.
- 15 Terry Copp and Bill McAndrew, *Battle Exhaustion: Soldiers and Psychiatrists in the Canadian Army, 1939-1945* (Montréal: McGill-Queen’s University Press, 1990), 91.
- 16 Cassel, “Making Canada Safe for Sex,” 154; Cassel, *The Secret Plague*, 32.
- 17 In 1910 arsphenamine (Salvarsan) was manufactured, followed in 1912 by neoarsphenamine (neo-salvarsan). From 1921, it was discovered that combining arsenic drugs with bismuth was key to their effectiveness, which remained the primary means of treating syphilis until 1943 and penicillin: John Firth, “Syphilis — Its Early History and Treatment Until Penicillin, and the Debate on Its Origins,” *Journal of Military and Veterans’ Health* 20, no. 4 (November 2012): 53; Salvarsan was known to generations of American physicians as arsphenamine or “606.” It had to be implemented early for effectiveness, which was a problem as spirochetes had long latency periods. Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: John Wiley,

- 1997), 195; Cassel, *The Secret Plague*, 54-57; Salvarsan and neosalvarsan treatment could take a year's worth of weekly injections, and side effects, including death, soon surfaced in the German press: Timm, *The Politics of Fertility*, 36.
- 18 Cassel, *The Secret Plague*, 129.
 - 19 Jackson, *One of the Boys*, 59.
 - 20 Foucault felt that forms of disciplinary surveillance had developed from techniques of quarantine due to fear of early modern plagues. Michel Foucault, translated by Alan Sheridan, *Discipline and Punish: The Birth of the Prison*, trans. Alan Sheridan (New York: Vintage Books, 1979), 196–219; for an examination of the development of Foucault's ideas on plague, power, and public health see, Alan McKinlay, "Foucault, Plague, Defoe," *Culture and Organization* 15:2 (June 2009): 167–84; for a condensed, yet nuanced view of Foucault on bodies see, John Protevi, "Body" in *The Cambridge Foucault Lexicon*, eds. L. Lawlor and J. Nale (Cambridge: Cambridge University Press, 2014), 51–57.
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 - 24 Jay Cassel, "Making Canada Safe for Sex: Government and the Problem of Sexually Transmitted Disease in the Twentieth Century," in *Canadian Healthcare and the State: A Century of Evolution* (Montreal & Kingston: McGill-Queen's University Press, 1992), 166.
 - 25 CII Medical Society, "Minutes of a meeting of the CII Medical Society held at 11 Canadian Field Ambulance, 1400 hours, 17 January 1945," 2CID ADMS, RG24 Vol. 15,660, January 1945, Appx 20.
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- 30 Pierson stresses that despite accommodation of soldiers' sexuality, Canadian morality condemned promiscuity. Ruth Roach Pierson, *They're Still Women after All*, 195.
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- 34 Jeffrey A. Keshen, *Saints, Sinners, and Soldiers: Canada's Second World War* (Vancouver: UBC Press, 2007), 138.
- 35 Ibid.
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- 50 Jackson, *One of the Boys*, 84.
- 51 Hugh Avi Gordon, “Cheers and Tears: Relations Between Canadian Soldiers and German Civilians, 1944–46” (Ph.D. diss., University of Victoria, 2010), 207.
- 52 Col K.A. Hunter, ADMS, 5CAD, HQ 5CAD to AA&QMG 5CAD, “Venereal Disease,” War Diary, 5th Canadian Armoured Division, ADMS, War Diary, LAC RG 24 Volume 15,664, 30 June 1944.
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- 74 "First Cdn Army Administrative Report – Weekly," RG 24 Vol. 10,667, LAC, 25 December 1944.
- 75 Major E.L. Davey, 7 Cdn Fd Hyg Sec to ADMS 3 Cdn Inf Div, "Monthly hygiene Report (Sanitary & Epidemiological State) – 3 Cdn Infantry Division – Dec 4," 1 January 1945. The last quarterly report of the 2nd Division's medical headquarters noted that in built up areas and "especially ANTWERP," VD was "extremely prevalent in a certain section of the civilian population." "Quarterly Report – (October to December [1944]) – Medicals – 2 Cdn Inf Div," 2nd Canadian Infantry Division (2CID) AMDS War Diary, Folder "HQ 2nd Cdn Inf Div A.D.M.S. Jan 45 to Oct 45," 152/(ADMS)-1-1-Jan 45, RG24 Vol. 15,660, January 1945, Appx 1.
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- 82 Keshen, *Saints, Sinners, and Soldiers*, 254.
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