



THE UNIVERSITY OF
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**‘A pill to cure an Earthquake’: The Policies and Practices of the
British Army and the Royal Navy to Prevent Venereal Disease, 1914-
1945**

By

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Abstract

This thesis examines the policies and practices the British Army and Royal Navy adopted to prevent venereal disease between 1914 and 1945. Their principal aim was to maintain fighting fitness. The actions to prevent VD fell into four strategies: legal, medical, moral and broader social welfare. This thesis examines these strategies and their impact on the prevention of VD. Both services ultimately used all four strategies to varying degrees. The navy particularly focused on the medical approach. By contrast, the army placed its emphasis on the moral reform approach.

During the world wars new laws were created to reduce the spread of VD, in particular several sections of the Defence of the Realm Act and Defence Regulation 33B. Like the Contagious Diseases Act in the nineteenth century, which provided the framework on which these were based, these laws focused on controlling the behaviour of women rather than military personnel. As such, this strategy was a centralised one, and primarily government-led, so different from the other strategies analysed in this thesis. The low numbers of those arrested during the wars, at a time when the VD rate was increasing, indicates that the impact was negligible.

The focus of the medical approach centred around the use of both prophylactics, thus prevention rather than cure, and in France, regulated brothels. This meant accepting the inevitability of the men having sex. For the navy, the use of prophylactics was a consistent policy throughout the period in question, although it changed from chemical prophylactics to condoms. By contrast, the army fluctuated in their attitude to both preventative measures, not least because of the changing views of senior commanders.

Despite its prevalence as the most commonly practiced of these strategies, the moral reform approach was the least able to demonstrate effectiveness in reducing VD. It was

both the cheapest and the most socially acceptable method. This approach promoted celibacy through lectures, pamphlets, posters and films. Initially, the success of lectures and pamphlets was measured by the number of men they reached, but as the thesis shows, this approach rarely changed the men's behaviour. The navy used these resources to a much lesser extent than the army.

By contrast to moral reform, the use of welfare to prevent VD was essentially done in two ways. These were through the control of activities and facilities associated with the risk of contracting VD, and by providing positive alternative recreation. Restrictions focused on reducing access to alcohol and places associated with immorality. This was less successful than demonstrating an interest in the men and providing opportunities for active recreation, most notably sport.

The navy believed that decisions on how to control VD must be devolved to local commanders, so that they could be best adapted to local circumstances, although their approach was largely consistent. The army balanced beliefs about effectiveness and commanders' personal perspectives with a fear of negative publicity and the willingness to align with American policies, particularly in the Second World War.

This thesis shows it was strategies that either made sex safe (the medical strategy), or delivered positive alternatives (the promotion of welfare opportunities), that were most effective in preventing VD.

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Declaration

I hereby declare that my thesis entitled “A Pill to Cure an Earthquake’: The Policies and Practices of the British Army and the Royal Navy Relating to Venereal Disease, 1914-1945’ is the result of my own work and includes nothing which is the outcome of work done in collaboration except as declared in the Preface and specified in the text, and is not substantially the same as any that I have submitted, or, is concurrently submitted for a degree or diploma or other qualification at the University of Buckingham or any other University or similar institution except as declared in the Preface and specified in the text. I further state that no substantial part of my thesis has already been submitted, or is concurrently submitted for any such degree, diploma, or other qualification at the University of Buckingham or any other University or similar institution except as declared in the Preface and specified in the text.

Signature: Tara Louise Finn

Date: May 2022

Acronyms

AMSH	Association for Moral and Social Hygiene
APM	Assistant Provost Marshal
ATS	Auxiliary Territorial Service
BEF	British Expeditionary Force
BSHC	British Social Hygiene Council
CDA	Contagious Diseases Act
CLA	Criminal Law Amendment Act/ Bill
DDMS	Deputy Director of Medical Services
DORA	Defence of the Realm Act
ENSA	Entertainments National Service Association
LMA	London Metropolitan Archives
LSE	London School of Economics
MEPO	Metropolitan Police
MP	Military Police
NAA	National Archives of Australia
NAAFI	Navy, Army and Air Force Institutes
NCCVD	National Council for Combatting Venereal Disease
NCO	Non-Commissioned officer
NVA	National Vigilance Association
QMG	Quartermaster General
RAMC	Royal Army Medical Corps
RNVR	Royal Naval Volunteer Reserves
SPVD	Society for the Prevention of Venereal Disease
TNA	The National Archives
VD	Venereal Disease
VE	Victory in Europe (Day)
WPS	Women's Police Service

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Introduction

In the first half of the twentieth century, Britain fought two world wars. This presented the country and the armed services with unprecedented challenges, and no part of British society was left untouched by these, including the military. In both world wars, the military saw a drastic increase in manpower. It was imperative that the fighting fitness of those in uniform was protected and preserved. One question which caused special concern and occupied the minds of the military and political leadership was venereal disease (VD). This was not surprising as the ‘casualties’ suffered through VD were higher than for any other disease.

The high VD rate impacted on manpower as men who contracted the disease were often removed from active duty for medical treatment, although some of the exact rates are contended.¹ The reason for concern about VD was evident from early in the First World War. By 31 December 1914 there had been 13,748 sick and wounded officers and other ranks in the British Expeditionary Force in France. Of these, 1,230 cases, nearly a tenth, were caused by venereal disease.² For the British Expeditionary Force in France in 1939 to 1940, VD was the category of disease which caused the gravest concern.³

This raised a challenge with which the services were to struggle through the two world wars, namely the best way to reduce the risk of servicemen contracting VD. The strategies adopted differed over time and within the services. This thesis identifies four

¹ M. W. G. MacPherson et al, *History of the Great War Based on Official Documents: Medical Services: Hygiene*, 2 vols (London: HMSO, 1923), p. 118.

² MacPherson, *Medical Services: Hygiene*, p. 341.

³ Mark Harrison, *Medicine & Victory: British Military Medicine in the Second World War* (Oxford University Press: Oxford, 2004), p. 46.

different strategies that were used by both the army and the navy. These strategies were: legal, medical, moral and broader social welfare.

Several bespoke laws were introduced in the First World War expressly to prevent VD in the services, but only one in the Second World War. Yet these laws did not apply primarily to servicemen, nor were they the target group. Until 1942 the laws were all aimed at controlling women. This focus had its origins in nineteenth century legislation. From this earlier period originated the question of whether or not the treatment for VD in civilians should be voluntary. Between 1864 and 1886, Britain experimented with protecting servicemen from VD by regulating sex workers under the Contagious Diseases Act (CDA). The Act is a significant subject in itself, and the focus of several books.⁴ Its inclusion in the thesis reflects its importance and legacy in the struggle against VD in the armed services in the first half of the twentieth century.

Legislation was not the only means of tackling VD in the services. There were also direct attempts to influence servicemen's behaviour. A range of civil society groups, including churches, moral reformers, and feminists, regarded VD as a threat to society, to which the promotion of celibacy to the services was the only solution. The literature distributed to the troops varied from providing health education to moralistic warnings.⁵ The distinction between these last two was the degree to which the appeal was based on emotion rather than on reason.⁶ There were also more practical means to influence men's behaviour through welfare. Part of this meant controlling activities associated with

⁴ Catherine Lee, *Policing Prostitution, 1856-1886: Deviance, Surveillance and Morality* (London: Pickering & Chatto, 2013); Philip Howell, *Geographies of Regulation: Policing Prostitution in Nineteenth-Century Britain and the Empire* (Cambridge: Cambridge University Press, 2009).

⁵ E.g. Henry Waite, *How to Keep "Fit": The Soldier's Guide to Health in War and Peace* (London: Gale and Polden, 1915); War Office, *The Two Sides of Army Life: A Talk to Men About Their Welfare and Their Sex Problems by a Company Commander* (1943).

⁶ Mark Harrison, *Medicine & Victory*, pp. 100-01.

contracting VD, such as drinking, usually through restricting access to the associated facilities. The other element connected with welfare meant providing more acceptable alternative forms of recreation, such as reading or sport.

Medicine to prevent VD developed through the twentieth century, and there were significant advances in terms of prophylactics, diagnosis and treatments. Through medicine the risk of VD could be controlled, rather than relying on celibacy. Although there has been much discussion about penicillin in relation to the Second World War, for British troops this was a treatment not a preventative action. Its use will be discussed in the chapter on military medicine in relation to the idea that its introduction changed the incidence of VD.

Another way of dividing strategies to reduce VD in servicemen was the arguably over-simple division of either moralising condemnation of all non-marital sex, or the provision of access to regulated brothels and prophylactics. Both approaches were sometimes adopted simultaneously. Increasingly, the services and the government realised that sex workers were not the primary cause of VD in servicemen.

The primary question that this thesis examines is how the services attempted to reduce the VD rate in the period covered by this thesis and their level of success. In order to answer the primary research question, the four strategies identified are analysed and their effectiveness evaluated in this thesis. Each of these strategies forms the basis of one of the chapters of the main body. Within these individual chapters, detailed questions are answered. In the legal area the first question is how the legacy of the Contagious Diseases Act influenced the legislation that was brought into effect in the research period. What was the impact of legislation, in particular the Defence of the Realm Act and Defence Regulation 33B? How was this legislation enforced and how effective were these efforts? Essentially, how many people were directly affected by the legislative approach?

In the area of moral reform, the initial question is the level of impact that moral views of wider society, including the church, had on the services' approaches. This particularly applied during the world wars, which saw large influxes of men without prior military links into the services. What were the effects of tools such as leaflets, lectures and films? How did the different cultures in the army and the navy impact upon the implementation of moral reforms? How did the approach change within the research period and within the wider context of societal change?

Linked to moral reform, but not congruent with it, were the steps taken on welfare. This raises the question of the challenges the services and government identified to prevent VD, in particular alcohol and brothels (often in combination), and how they tried to overcome these. What different welfare options did the services adopt to provide military personnel with alternative recreation? Which of these aspects were particularly successful in reducing the VD rate amongst service personnel and why?

Last, but not least, the analysis of the medical strategy assesses how important and effective the medical efforts were in preventing VD rather than curing it. Why did some commanders espouse the use of prophylactics and regulated brothels as a medical alternative to promoting celibacy? How widespread was the distribution and use of prophylactics? How well were the brothels in France regulated and monitored? How did the use of these measures prevent VD and how effective were they?

In order to answer these questions, the thesis follows a chronological approach within the chapters. This makes it possible to show and explain the developments within the strategies and evaluate how and why they changed. In cases where the strategies changed radically in the period that the thesis covers, this approach also offers the opportunity to evaluate the effectiveness of these changes. At times, the strategies adopted overlapped, and this is represented in the thesis. For instance, the question of regulating

and controlling brothels in France concerned both the medical and the moral strategies. Where such an overlap exists, the thesis concentrates on the factors relevant to the individual strategies as they are analysed within the chapter of the thesis.

It is not possible within the limits of any thesis to compare every theatre or rest area for the British services in both wars, so this thesis will focus on their presence in two countries - Britain and France. France is the most logical choice for a comparison for a number of reasons. It was the theatre of operations in which the greatest proportion of British forces were deployed,⁷ allowing for the clearest comparisons. The records relating to the British services in France are better than for anywhere else, possibly because of the size of the forces deployed and the static nature of the First World War there. This thesis covers the contrast of policy implementation domestically in Britain, where responsibility was shared between government departments and service branches, and France, where the services' approach had to be coordinated with the British government as well as the French local authorities. This approach also enables comparisons between the two services and the two world wars. As this thesis addresses the British approach to VD reduction, other nations are only mentioned where this contributes to a wider understanding of British decisions.

The Royal Air Force did not come into existence until 1 April 1918, so a full comparison of all three services in the First World War is impossible. Prior to that there were air services in both the army and the Royal Navy (henceforth just referred to as the navy). The RAF did not share that institutional history which was so crucial to the generation of policies in the other two services. For these reasons, the RAF is not included

⁷ War Office, *Statistics of the Military Effort of the British Empire During the Great War: 1914-1920* (London: HMSO, 1922), p. 739.

in this comparison. The term ‘military’ is therefore only used for the other two services. When a point only applies to one of the services, this is clearly stated.

1.1 Composition of each chapter

Analysing the services’ different approaches to VD prevention requires information about both the size of the services and the rate of VD. This in turn necessitates understanding the complexities of the statistics. Chapter two analyses these numbers and rates, providing the overall framework for the following chapters and enabling a close examination of the different strategies.

Chapter three of this thesis covers the legal strategy to prevent VD. This began with the CDA. The CDA provided the framework on which the authorities initially based legislation in the First World War. New laws between 1914 and 1918 focused on protecting the services. Only one law to reduce VD was introduced in the Second World War. Although the research focus is the British services, in both wars the pressure for legislation in Britain also came from the dominions and later the Americans. The chapter also covers policing, not only civilian and military police, but also the women’s voluntary police. Whilst the latter had their origins in moral reform, they operated in conjunction with the civilian police. However, in Britain they were significant in enforcing legislation.

Chapter four covers the moral reform approach. Like the legal framework, its history originated in the nineteenth century. The aim was to promote celibacy amongst the men. Moral reformers were a significant body promoting this. The tools used, which will be discussed in detail, were pamphlets, lectures, posters, the media, and from 1917 onwards, film. Using these sources meant that the services could reach a large number of

men simultaneously. In this respect it was highly measurable and so able to demonstrate action taken, although the effect of these actions was questionable, as the chapter shows. These sources were produced by the government, the services and civil society. Many of these had their basis in Christian philosophy.

Chapter five, like the fourth, focuses on the prevention of sex, but unlike moral suasion, through controlling certain recreation options and providing suitable alternatives. One side of this was closing access to venues associated with the men contracting VD. In France this meant estaminets, in Britain, in the First World War, it meant cinemas. For both countries, there were attempts to reduce access to alcohol. The other elements of the strategy included providing alternative means and facilities for recreation, most notably sport, which also had benefits for morale. In this way, the approach contained both punitive and incentivising elements.

Chapter six covers the medical approach to VD prevention in the services. This was based on the principle that the risks of VD could be managed, rather than sex prevented. The first element of this was the use of prophylactics. Here, there was a significant difference in the attitude of the two services. For the navy, prophylactics were a part of their strategy from 1909 throughout the period in question, although this changed from chemical preventatives to condoms. For the army, the use of prophylactics was inconsistent and varied both over time and in accordance with the senior commander's views. The other part of the medical approach was the use of regulated brothels in France. It was not merely a question of approval or disapproval of brothels, but working with the local authorities to enforce regulations and medical control. Like with prophylactics, the army's approach fluctuated.

Not all periods within this framework are given equal analysis. Two thirds are focused on the world wars, when fighting fitness was of more immediate importance. If

there is a sense that the strategies were not always consistently applied, that is accurate. But public and government attention was higher in war time, when the services were expanded with large numbers of volunteers and conscripts.

Just as not all periods are covered equally, the same is true of the different strategies. There is significantly more information about legislation and moral reform than on medicine or welfare. A large proportion of the record keeping on these was not by the military, but civil society and moral reform groups. Legislation, by its nature, is public domain information, prompting public commentary and analysis. The high volume of materials produced in relation to moral reform have similarly resulted in a lot of academic attention to these sources, which is unsurprising since their aim was the circulation of the message. The value of the medical approach was recognised at the time by some medics, including venereologists in the services. However, as the official histories of the war demonstrated, VD was not a subject that the services wanted to emphasise, irrespective of any success in managing it. By contrast to the other strategies, welfare in relation to the services is still an under-researched area.⁸ Part of the challenge is that whilst the other strategies were adopted primarily for the purpose of preventing VD, welfare served many functions. The informal nature of some of these activities meant that these efforts were not always recorded.

⁸ Tony Mason and Eliza Riedi, *Sport and the Military: The British Armed Forces 1880-1960* (Cambridge: Cambridge University Press, 2010), p. 1.

1.2 Terms and definitions

The use of language changes. Whilst a word or a term used by society or in law may be acceptable in some periods, it may later be considered to have unacceptable connotations. There have been many changes in the terms used to collectively describe sexually transmitted diseases. At the time, these diseases were understood to consist of syphilis, gonorrhoea, and soft chancre (also referred to as chancroid). In this thesis they will be referred to as venereal disease (VD), which was the language used at the time. Occasionally, the term VD was used to just mean gonorrhoea and soft chancre, so not including syphilis. Whilst this potentially contributes to some of the confusion around the statistics, the distinction is otherwise not relevant, since they were contracted the same way. Although the treatments for gonorrhoea and syphilis were different, the means of preventing them were the same.

There are a few more terms used in this thesis that require explanation. Whilst it is common in the twenty-first century to use the phrase ‘people trafficking’, in the period in question the term used was ‘the white slave trade’, or occasionally, ‘the trade in women and children’.⁹ To use the modern term would imply that there was equal concern about all women forced into prostitution. This would not be accurate. Domestically, the focus was on white British women taken to foreign countries, rather than the situation faced by other women. So, the contemporaneous term will be used.

The word ‘prostitute’ also needs defining. In recent years the term ‘sex worker’ has been used to avoid the connotations of immorality and criminality and recognise it as a form of work. This term is still problematic as it encompasses not only consensual sexual

⁹ Alyson Brown and David Barrett, *Knowledge of Evil: Child Prostitution and Child Sex Abuse in Twentieth Century England* (Cullompton: Willan, 2002), p. 78.

acts but also erotic performances.¹⁰ The scope of this thesis does not include the study of the latter, so where this term is used, it should be understood to only refer to consensual, commercial sexual acts, penetrative or otherwise. However, this contemporary term was not used in either the primary or secondary literature. The contemporaneous terms, indistinct and lacking agreed definitions, do not necessarily correlate to the modern term. Each translation from them requires examination of the context to determine how it should be interpreted. This is easiest with statistics, where the categorisation of data can indicate how women's sexual behaviour was interpreted. Where no further information is available, this is stated.

Reference to sex workers in this thesis predominantly refers to females with male customers. Prostitution answered a wide variety of demands, including male sex workers who specifically targeted men in the services. There were also occasions when service personnel were the ones selling sex.¹¹ But with same-sex activities the authorities' concern was not whether there was a payment, nor was it about the risk of VD. Although some men were sex workers, they were a minority and the problem for the services was the man's illegal homosexuality, rather than soliciting. Rather than saying she/ he, this thesis will focus on women, and state clearly when it is referring to men. But who were sex workers anyway? As historian Steven Humphries noted with moral reformers, 'some investigators and writers clearly found it almost unimaginable that a woman would

¹⁰ Open Society Foundation, 'Understanding Sex Work in an Open Society' <<https://www.opensocietyfoundations.org/explainers/understanding-sex-work-open-society>> [accessed 20 March 2021]

¹¹ George Melly, *Rum, Bum and Concertina* (London: Weidenfeld & Nicholson, 1977), pp. 60-61; Surgeon Captain Desmond Curran, 'Naval Crime and Punishment', *Journal of the Royal Naval Medical Service*, 30 (July 1944), 182-91 (p. 190).

consent to casual sex unless she was a prostitute'.¹² As previously mentioned, there were no official or legal definitions.

Not all sex workers had equal social status. A major distinction was social class and status. These could be shown by the cafés or houses the women frequented for business.¹³ Not all women experienced the same problems from the police or social stigma. But as Julia Laite argues, reflecting a point that was made in the nineteenth century, it is easy to imagine why the history of upper class brothels is not reflected in the records of the criminal justice system.¹⁴ Particularly in France, some brothel owners had the status of celebrities and their salons were world famous.¹⁵ In Britain, although many of the women resorting to prostitution lived lives of poverty, some women were able to retire on the money they earnt.¹⁶ This was also true of the brothels in France during the world wars.¹⁷ In urban areas, a person living any kind of lifestyle that drew attention to themselves was better able to hide than in rural areas, where they could be condemned by neighbours.¹⁸

Two important terms in the primary and secondary literature are that of 'professional prostitutes' and 'amateur prostitutes'. The references to these in the literature are too frequent to ignore. The 'professional prostitute', is sometimes referred

¹² Steve Humphries, *A Secret World of Sex: The British Experience 1900-1950* (London: Sidgwick and Jackson, 1988), p. 23.

¹³ Kellow Chesney, *The Victorian Underworld* (London: Templesmith, 1970), p. 308.

¹⁴ Julia Laite, *Common Prostitutes and Ordinary Citizens: Commercial Sex in London, 1885-1960* (Basingstoke: Palgrave Macmillan, 2012), p. 58.

¹⁵ Mary Louise Roberts, 'The Price of Discretion: Prostitution, Venereal Disease, and the American Military in France, 1944 -1946', in *The American Historical Review*, 115 (October 2010), 1002-30 (p. 1003).

¹⁶ Chesney, pp. 317-19.

¹⁷ James F. McMillan, *Housewife or Harlot: The Place of Women in French Society 1870-1940* (Brighton: Harvester, 1981), p. 106.

¹⁸ Chesney, p. 315.

to as 'the habitual prostitute', but during the wars, the sense is of someone involved in sex work prior to the war. This group meets the definition of 'sex worker' used in the thesis. The word 'amateur', which is usually used to denote less-skilled and unpaid, does not reflect the contemporaneous meaning. However, the concept of 'amateur prostitute' was increasingly used over the period in question. One of the few official definitions was from a New Zealand official investigation into VD which defined the amateur as a woman who supplemented her income by prostitution, or only occasionally sold sex.¹⁹ This ignores the seasonal, or part-time element that had been long associated with sex work. The term was frequently conflated with promiscuity. One source said the term 'amateur prostitute' was used to define 'women who had pre-marital sex'.²⁰ One brochure circulated in the military defined a prostitute as 'any woman who habitually appeared with men she did not know'.²¹ A revealing point in the definition that reflects social concerns is the phrase 'habitually appeared'. Although social stigma was attached to non-marital sex, with the exception of moral reformers, as time progressed fewer people suggested that a woman who only had sex with her fiancé was judged the same as a woman who had sex outside of marital intent.²²

During the world wars in particular, the services and the government frequently distinguished between 'amateur' and 'professional' prostitutes. In France, where prostitution was regulated, the difference was between women who were registered as

¹⁹ *Venereal Disease: The Shadow Over New Zealand* (Wellington: Progressive Publishing Co, 1942), p. 18.

²⁰ Cate Haste, *Rules of Desire: Sex in Britain: World War I to the Present* (London: Chatto and Windus, 1994), p. 72.

²¹ Michelle Rhoades, "'There are no Safe Women': Prostitution in France during the War: Selected Papers of the 1999 Annual Meeting', *French History*, 27 (2001), 43-50 (p. 47). No further details were given about the brochure.

²² Adrian Bingham, 'The "K-Bomb": Social Surveys, the Popular Press, and British Sexual Culture in the 1940s and 1950s, *Journal of British Studies*, 50 (January 2011), 156-79 (p. 166).

sex workers and those who were not (clandestine or unregistered sex workers). Unregistered sex workers were considered particularly undesirable by the services and the police, as they were associated with ignoring regulations and so were harder to control, and had a higher VD rate.

The language used around sexuality was not always literal. For example, the references to ‘excitable young women’ and ‘khaki fever’, used in a letter sent by the British authorities to the New Zealand government, effectively meant women from whom there was a risk of contracting VD.²³

1.3 Primary sources

The primary sources on this subject are largely divided into three groups: records from official organisations, civilian organisation, and servicemen’s personal records. The official records contain legislation, conference conclusions, meeting minutes, policy discussions and papers, parliamentary records (Hansard), reports, war diaries, correspondence, survey results and investigations. The majority of these are held at the National Archives (TNA). The services were cautious about what they documented, the Admiralty in particular. They were even more selective about what was retained as part of the archival record. It is not always possible to tell whether information was recorded and destroyed or never documented. Surprisingly, the Admiralty documents relating to the interwar period, not just those deposited at the National Archives, were more detailed than those during either war, suggesting that the latter have been removed from the record. The records for the army during the wars are a rich source of data. However, the

²³ TNA, MEPO 2/1684 (Letter from Commissioner of Police, Scotland Yard to New Zealand High Commissioner), 1 July 1916.

documents for both services are not uniform in their level of detail. For example, war diaries vary between detailed accounts, and brief notes about the weather and traffic management. The archive materials at the Wellcome Library, which include the records of various organisations including the Royal Army Medical Corps (RAMC) and the British Social Hygiene Council (BSHC), help to provide a broader perspective, particularly for the interwar years. The secondary literature did not reference these sources, and they seem to be largely untapped resources. The records at the Women's Library, housed at the London School of Economics (LSE), play a key role in bridging that knowledge gap, through the papers produced and retained by the Association for Moral and Social Hygiene (AMSH). These include documents directly relating to, and in some cases produced by, the services that are not obviously available at the National Archives. The correspondence between moral reformers and the services is a rich source of data, at times forcing the military authorities to disclose things they would have preferred to remain unknown. The archival records for the Second World War contain some surprisingly frank elements, for example a letter in the Admiralty files saying that the nosey parkers (moral reformers) had been too nosey.²⁴

The range of documents from civilian organisations, usually focused on moral reform, contains nearly all of the same types of documents as those of official records. Yet they are not merely useful for filling the gaps left in the government and services' own records. They also provide their own perspectives on the situation; for example in 1915 the AMSH wrote a series of reports on sex work in different cities around Britain. Additionally, records relating to the National Vigilance Association (NVA) were available from the London Metropolitan Archives. Civilian organisation records include

²⁴ TNA, ADM 1/19093 (Letter from Second Sea Lord to Admiral Cunningham), 20 November 1944.

articles from newspapers, both local and national, and contemporaneous medical journals. Analysis of places other than London helps to provide a more balanced perspective. This includes comparisons with the documents in the New Zealand archives, not discussed in this thesis. Analysing these sources and comparing them to those about British troops indicated that service identity was stronger than the national one. For instance, the practices and culture of the New Zealand Navy had more in common with the Royal Navy than with the New Zealand Army. The same principle was also true with the armies.

Another important group of resources are the pamphlets that were issued to the men to spread the messages about morality and celibacy, both those produced by campaigning groups and those of the services. These reflect the concerns of the issuing parties, similarly with the few films that are included in this study. Some, such as the film *Whatsoever a Man Sows*, produced in 1917, were commissioned by the War Office, but most were not. Some materials were produced in the US and so are not discussed in the same level of detail in this thesis. In the Second World War, when propaganda was more developed, posters also reinforced government messaging. The records of Mass Observation, a social research project established in 1937 to understand everyday life, help to explain how different elements of the war, and in particular government propaganda, were perceived. Whilst these documents have been widely cited in relation to publications on managing VD, the works originating with civilian organisations have rarely been referenced in works on the services.

Organisational records represent policies, but to fully understand practices it is necessary to look beyond these. No single individual's experience represents all policy or practice. Memoirs and personal diaries by servicemen are particularly pertinent when explaining the interaction between policy and practice because they are less likely to be restrained, although as Bruce Cherry indicates, in some cases they may have been edited

before reaching the public domain.²⁵ Robert Graves wrote one of the best-known autobiographies of the First World War.²⁶ Brigadier Frank Crozier wrote one of the most indiscrete, for an officer at least.²⁷ Both books are rich sources that demonstrate the diversity of opinion in the army. Although arguably self-serving, they provide plenty of detail about group behaviour and official tolerance of prostitution. The memoirs relating to the Second World War, such as those of George or Melly or Captain Sir Basil Bartlett,²⁸ are useful but not nearly as detailed. It is only through the diversity of these sources that it is possible to get a sense of what was happening. By contrast, personal letters often contain an element of self-censorship. More broadly, trench magazines were disappointing as source material, only confirming that women were a regular topic of conversation. Publications such as the *Union Jack* merely repeated the official position, that ‘There is only one certain way of avoiding venereal disease and that is to steer clear of sexual intercourse’.²⁹

Oral history data is invaluable in highlighting the interplay between policy and practice. The majority of recordings used for this study are held by the Imperial War Museum (IWM), which also provided the best source of memoirs. These oral histories often reveal elements which the interviewee might have hesitated to write down or considered insignificant or might not have passed the censor. Because sex was discussed in relation to the wider experience of the war, this seems to have mitigated against the

²⁵ Bruce Cherry, *They Didn't Want to die as Virgins: Sex and Morale in British Army on the Western Front 1914-18*, Wolverhampton Military Series (Solihull: Helion, 2015), p. 31.

²⁶ Robert Graves, *Good-bye to all That* (London: Penguin, 2014).

²⁷ F. P. Crozier, *A Brass Hat in no Man's Land* (Norwich: Gliddon, 1930).

²⁸ George Melly, *Rum, Bum and Concertina* (London: Weidenfeld & Nicholson, 1977); Captain Sir Basil Bartlett, *My First War: An Army Officer's Journal for May 1940 Through Belgium to Dunkirk* (London: Chatto and Windus, 1940).

²⁹ Mark Harrison, *Medicine & Victory*, p. 150.

interviewee trying to anticipate what the interviewer wanted to hear and responding accordingly. It is revealing how, even fifty or more years after the actions in question, since the recordings were often made long after the wars, the topic could still be sensitive, reflecting society's continued unease towards the subject.³⁰ This may explain why so many narratives relate to someone the storyteller knew, rather than being recounted from the first person.

1.4 Secondary literature

Whilst VD and servicemen's sexual experience have each been examined separately to different degrees for both services, the question of how the different strategies to prevent VD developed and differed is significant as a neglected area of historical study. This is missing from the existing literature because the two wars are often examined separately, with little focus on the interwar years or connecting the experiences made within the period in question. Where VD has been covered it has been more in relation to the development of medical treatment. The focus has been on the fronts with the highest VD rates. There are major omissions in the coverage in the secondary literature. This may reflect the diversity of sources needed for an in-depth understanding of the policies, and in particular the need to look beyond the files held at the National Archives.

The secondary literature can roughly be divided into three groups, with a small degree of overlap. The first body of literature examines the question in relation to VD and the services. The second body of writers explore the social history of prostitution. The third body of literature comes from historians looking at the social life of servicemen,

³⁰ IWM, Sound archive numbers 27809, reel no. 2, and 24882, reel no. 2.

including sex, both overseas and on the home front. In general, the earlier works represent the strongest opinions, particularly with the second body of literature. Focusing solely on any one of these groups of literature means missing the fuller perspective obtained by combining them.

The first category of literature focuses on VD in the services. These sources detail the points at which policies changed as well as the different voices influencing the debate. These sources consistently stress that allowing the men access to brothels was a negative action which increased VD. The concept of any benefits from sex is absent.³¹ These authors hold the position that the only safe options were married sex or celibacy. The focus is on the two world wars, mainly on the army, with no focus of the interwar years and little on the navy. The majority of this literature emphasises the availability of medical treatment facilities. It was only in the later years of the Second World War that a fast and effective treatment for syphilis was found, in the form of penicillin. However, there were other developments in prophylactics during the period in question which have received less attention. In this thesis the relevant points relate to the prevention of VD rather than the options for treatment.

Significant research has been conducted on VD and the British Army in the First World War by David Simpson and from 1939 to 1950 by Andrea Harris.³² Like the other literature on VD, the focus is much broader than Britain and France. Simpson's work, lacks a theoretical base. By contrast, Harris's work is strongly grounded in theory, predominantly the works of the French philosopher Foucault. However, she places a

³¹ For instance, Harrison, *Medicine & Victory*, p. 43.

³² David Simpson, 'The Moral Battlefield: Venereal Disease and the British Army During the First World War' (unpublished doctoral thesis, University of Iowa, 1999); Andrea Harris, 'Venereal Disease in the British Military Through Conflict and Reconstruction 1939-1950' (unpublished doctoral thesis, University of Winchester, 2009).

disproportionate emphasis on the significance of the church and moral reform groups, at a time when they were reducing in influence. The most important contribution is that of Mark Harrison in his work on military medicine. He examines the military approach to VD prevention and the relationship to prostitution over the two wars in relation to the army.³³ Official Histories of the War are essential to a study like this, but by their nature they are selective in what they include. Harrison's arguments provide a broader context for this issue, including elements that are widely accepted but not covered in government produced documents.³⁴

As mentioned, there are significant gaps in the literature, particularly in relation to the navy. Despite a brief section on VD in the Official History of naval medicine in the Second World War, Surgeon-Commander Coulter, author of this work, did not indicate the VD rate, so data on how effective the navy was in preventing VD had to be taken from other sources. The reason for the absence of these figures is that the forms with details of medical treatment were retained onboard ship, so when these ships sank the records were destroyed.³⁵ As the official history of naval medicine in the Second World War indicates, 'No solution of this problem was arrived at until the Navy was able to establish a central register of syphilis, and this register, with the numerous reporting regulations necessary for its maintenance, could not be described as being in any way efficient until the closing stages of the war.'³⁶ Focusing on treatment instead of

³³ Mark Harrison, *The Medical War: British Military Medicine in the First World War* (Oxford University Press: Oxford, 2010); idem, *Medicine & Victory: British Military Medicine in the Second World War* (Oxford University Press: Oxford, 2004).

³⁴ For instance. the change in policy about informing a soldier's family of the reason for pay stoppages if he contracted VD. Mark Harrison, *The Medical War*, p. 156.

³⁵ J. L. S. Coulter (ed) *History of the Second World War: United Kingdom Medical Series: The Royal Naval Medical Service: Vol 1: Administration* (London: HMSO, 1954), pp. 225-26.

³⁶ Ibid.

prevention, which inevitably would indicate some failures, enabled a more positive message than more directly discussing regulated brothels. Yet this focus on treatment largely excludes how the services tried to prevent VD, and how these strategies combined a mixture of promoting celibacy, and encouraging safer sex.

The contemporaneous writers on prostitution, for example Gladys Mary Hall, appraised non-marital sex through the framework of Christian morality.³⁷ By contrast, many early contemporary feminist writers, notably Judith Walkowitz and Joanna Bourke³⁸ emphasise the significance of social structures, such as gender, ethnicity and social class, and how society was conditioned by these structures.³⁹ Their works focus more on the earlier period under study, as the increase in non-pecuniary sex in the twentieth century is less compatible with a narrative of victimhood. The difficulty is that there are so few accounts by sex workers, and the few that exist are unlikely to be representative. The issue of prostitution has historically divided feminists between those who consider it akin to rape or moral slavery, and those who regard the problem as the moral stigma attached to the sale of sex.⁴⁰ After the 1980s the more contemporary feminist writers, notably Julia Laite, Sonya Rose and Lesley Hall, discuss the subject

³⁷ Gladys Mary Hall, *Prostitution: A Survey and a Challenge* (London: Williams and Norgate, 1933); Havelock Ellis, *Studies in the Psychology of Sex* (Philadelphia: F.A. Davis Co., 1910); Abraham Flexner, *Prostitution in Europe* (New York: Century Co, 1917).

³⁸ Judith R. Walkowitz, 'The Politics of Prostitution', *Signs*, 6 (1980) <<http://jstor.org/stable/3173970>> 123-35; Joanna Bourke, *Dismembering the Male: Men's Bodies and the Great War* (London: Reaktion Books, 1996).

³⁹ Bourke, p. 14.

⁴⁰ Some feminists have even described marriage as a form of prostitution. Julie Bindel, 'Marriage is a Form of Prostitution', *The Guardian*, 12 November 2008 <<https://www.theguardian.com/lifeandstyle/2008/nov/12/women-prostitution-marriage-sex-trade>> [accessed 19 September 2020]

without an explicit propaganda agenda.⁴¹ Their analysis covers the effect of legislation and the interaction between society, the authorities, and sex workers. Julia Laite's work focuses on London from 1885 to 1960. Helen Ware's work examines Britain from the CDA until after the Second World War, although the latter period is less detailed since the public records for then were not released at the time it was written.⁴² Kerry Chamberlain's thesis on prostitution in Liverpool has helped broaden the picture,⁴³ as has Louise Settle's book on Scotland.⁴⁴ The weakness of these works from the perspective of this study is that they do not focus on the military after the CDA. There are some details of the VD rate in the civilian population, usually relating to key points like the Royal Commission in 1916, but the information is inconsistent. The focus of this body of literature is the interaction of sex workers and legislation. These authors are largely ignored in the studies of VD in the services or the sexual experiences of servicemen after the CDA. Yet this exclusion means the interplay between the services and civil society is omitted from wider understanding.

The third area of literature explores the social dimensions of military life. As one key source indicates, 'If the more mainstream military historians have tended to neglect the social fabric of military life, a new generation, influenced by the wider developments

⁴¹ Julia Laite, *Common Prostitutes and Ordinary Citizens: Commercial Sex in London, 1885-1960* (Basingstoke: Palgrave Macmillan, 2012); Sonya Rose, *Which People's War? National Identity and Citizenship in Britain 1939-45* (Oxford: Oxford University Press, 2003); Lesley A. Hall, *Hidden Anxieties: Male Sexuality, 1900-1950* (Cambridge: Polity Press, 1991).

⁴² Helen Ruth Elizabeth Ware, *The Recruitment, Regulation and Role of Prostitution in Britain from the Middle of the Nineteenth Century to the Present Day* (unpublished doctoral thesis, University of London, 1969).

⁴³ Kerry Chamberlain, 'Hardened Offenders', 'Respectable Prostitutes' and 'Good-Time Girls': *The Regulation, Representation and Experience of Prostitution in Interwar Liverpool* (unpublished doctoral thesis, University of Keele, 2013).

⁴⁴ Louise Settle, *Sex for Sale in Scotland: Prostitution in Edinburgh and Glasgow, 1900-1939* (Edinburgh: Edinburgh University Press, 2016).

of social and cultural history, has begun to explore the important area of wartime experience.⁴⁵ Whilst this matter occurs as one dimension in many books,⁴⁶ it is the dominant subject in very few. Mason and Riedi's book on sport in the services not only achieves this, but actually provides information on all three services.⁴⁷

These sources also include the examination of the men's experience of sex. Whilst they discuss VD, they also recognise the benefits of sex to the men's morale. Many of the earlier books of this type used for this study were based on oral history collections, giving servicemen a voice amidst the popular perception of war as consisting of blood and poetry. In both this area and the literature on VD, there is a strong emphasis on the dominance of the 'amateur prostitute' and the increasing risk this posed to the men in both wars. The obsession with 'amateur prostitutes' arguably reflects changing social and sexual norms.⁴⁸

Looking at international sources provides different perspectives than those produced in Britain, for example Alain Corbin's work on France.⁴⁹ One of the reasons frequently cited for the British government's reluctance to ban access to *maison tolérées* ('tolerated houses', a kind of brothel) was the risk of offending the French government.⁵⁰ Yet Corbin argues that these houses were in decline in France before 1914, although there

⁴⁵ Mason and Riedi, p. 82.

⁴⁶ Sean Longden, *To the Victor the Spoils: Soldiers' Lives from D-Day to VE Day* (London: Robinson, 2007); Craig Gibson, *Behind the Front: British Soldiers and French Civilians, 1914-18* (Cambridge: Cambridge University Press, 2014); Christopher McKee, *Sober Men and True: Sailor Lives in the Royal Navy, 1900-1945* (London: Harvard University Press, 2002).

⁴⁷ Tony Mason and Eliza Riedi, *Sport and the Military: The British Armed Forces 1880-1960* (Cambridge: Cambridge University Press, 2010).

⁴⁸ Walkowitz, *The Politics of Prostitution*, p. 133.

⁴⁹ Alain Corbin, *Women for Hire: Prostitution and Sexuality in France After 1850* (London: Harvard University Press, 1990).

⁵⁰ Cherry, p. 56.

was a resurgence during the wars. In the inter-war period, decisions about brothels and the regulation of sex work were more subject to French local-government than is usually credited.⁵¹ Claude Quétel's work provides essential information on prostitution and VD in France, particularly on the interwar years.⁵² Broadening the perspective through these sources also indicates something of a wider service identity, rather than just a national one. Further evidence for this includes the commonality of sayings about masturbation or the myths around bromide and sexual drive. Abraham Flexner's pre-war book *Prostitution in Europe*, originally produced in 1914, is given considerably more attention in the secondary literature than Hirschfeld's work. This reflects both the bias for American thinking that was expressed during both wars, and a determined argument that regulating commercial sex was ineffective.⁵³ By contrast, Havelock Ellis's work, which was quoted in Britain, although not as extensively as Flexner's, made no impact in France.⁵⁴

The number of references to VD in the literature vary considerably. Some military historians choose to omit any mention of sex or VD. This includes books on naval masculinity, military morale, military policing and discipline.⁵⁵ There could be many explanations for this and it is impossible to determine which one is valid: moral discomfort, the idea that acknowledging the sexual side of the men would make them less

⁵¹ Corbin, pp. 337, 343-49.

⁵² Claude Quétel, *History of Syphilis*, trans. by Judith Braddock and Brian Pike (London: Polity Press, 1990).

⁵³ Flexner, p. 220.

⁵⁴ Corbin, p. 341.

⁵⁵ See, for instance, G. D. Sheffield, *Command and Morale: The British Army on the Western Front 1914-1918* (Barnsley: Praetorian Press, 2014). Paul Fussell, *Wartime: Understanding and Behaviour in the Second World War* (Oxford: Oxford University Press, 1989); Mary Conley, *From Jolly Jack Tar to Union Jack: Representing British Manhood in the Naval Empire, 1870-1918* (Manchester: Manchester University Press, 2009).

heroic, lack of interest, viewing the subject as unimportant or even just lack of awareness. The picture may be incompatible with the image of servicemen these authors wish to portray. By contrast, Bruce Cherry wrote a book just on sex, morale and the British Army on the Western Front in the First World War.⁵⁶ Its title, *They Didn't Want to Die as Virgins*, was taken from Robert Graves's autobiography.⁵⁷ This third category of literature emphasises expressing servicemen in their own words. There is no equivalent book to Cherry's on the Second World War for either service.

For the Second World War there are few references in the literature on this subject covering the British services' time in France prior to the evacuation at Dunkirk, excluding first-hand accounts. There is no parallel work to Cherry's on the Royal Navy on the First World War, although there are useful books on naval culture by Eugene L. Rasor and Christopher McKee.⁵⁸ The longest relevant discussion on the navy is Kevin Brown's chapter 'Neither Wives nor Sweethearts' in one of his books on the Second World War.⁵⁹ As indicated, although there is more secondary literature on the army, it is incomplete, although not as lacking as that on the navy. The biggest gap is in analysis of the interwar years. The interwar period has generally attracted little attention from military historians as it was a largely peaceful time for Britain. Matthias Strohn's comment that 'the history of the interwar period in Germany is overshadowed by the two world wars that mark the

⁵⁶ Bruce Cherry, *They Didn't Want to Die as Virgins: Sex and Morale in British Army on the Western Front 1914-18*, Wolverhampton Military Series (Solihull: Helion, 2016).

⁵⁷ Graves, p. 295.

⁵⁸ Eugene L. Rasor, *Reform in the Royal Navy* (Hamden: Archon Books, 1976); Christopher McKee, *Sober Men and True: Sailor Lives in the Royal Navy, 1900-1945* (London: Harvard University Press, 2002).

⁵⁹ Kevin Brown, *Fittest of the Fit: Health and Morale in the Royal Navy, 1939-1945* (Barnsley: Seaforth Publishing, 2019).

beginning and the end of this era',⁶⁰ indicates a wider point that applies to Britain and France also.

The surprise is that the interwar archive sources on the navy provided noteworthy data, and officers spoke out more about policy than during the wars, albeit cautiously. This was an essential learning period for the services when they evaluated the strategies they had adopted during the First World War. Its neglect in the secondary literature is another explanation for the lack of analysis of policy development over the period in question.

The comparison of a whole book and several theses on the army, sex and VD, by contrast to chapters or sections of works on the subject in relation to the navy, is a significant point in itself. A distinction neglected in the secondary literature is how the strategies of the armed services differed. The reason for this could reflect the fact that the naval materials are not unified in a single collection, focused around a small number of file series in a way that is largely true of the army for both wars. It is possible that the lack of discussion on VD in the Official Histories of the navy prevented researchers from investigating to understand and explain the men's sexual experience of the war.

The secondary literature shows that VD levels were affected by factors including access to alcohol, recreational facilities, and the opportunity for normal interaction with women, not just for sex. As Cherry argues, "'birds, booze, and bullets" have been a great motivator of recruitment through the ages',⁶¹ so why would the services want to change it? The services were suspicious about foreign women who wanted to marry British servicemen and were concerned that they were sex workers, a notion that preceded

⁶⁰ Matthias Strohn, *The German Army and the Defence of the Reich. Military Doctrine and the Conduct of the Defensive Battle, 1918-1939* (Cambridge: Cambridge University Press, 2011), p. 1.

⁶¹ Cherry, p. 19.

1914.⁶² The level of suspicion surrounding foreign women was always higher, but there were also reasons why British wives were considered problematic.⁶³ Recreation and marriage were not peripheral to preventing VD, as both were connected to morale and had financial implications.

Overseas, as historian Mark Harrison demonstrates, the army's position was more complex than is usually credited, reflecting a number of factors including commanders' personal convictions.⁶⁴ He argues that there were tensions within the military, such as those between the War Office, who faced the public backlash about the brothels in France, and the Army Council.⁶⁵ Harrison's analysis is based on a combination of archival sources. His findings are supported by other sources. For example, one of the reasons why the extension to the Defence of the Realm Act (40D) was so delayed was because of the difficulties in forming an agreement between the War Office and the Home Office.⁶⁶

In summary, there are three main ways that this thesis addresses the gaps in the secondary literature. The first is that by examining the development during the entire period between 1914 and 1945, demonstrating the evolution and evaluation of strategies to prevent VD, rather than presenting the two wars as isolated, unconnected events. The second contribution is through the combination of analysis of the navy and the army, rather than following the usual approach of only concentrating on the land forces. By

⁶² TNA, ADM 1/8662/106.

⁶³ Alan Allport, *Browned Off and Bloody Minded: The British Soldier Goes to War 1939-1935* (London: Yale University Press, 2015), p. 33.

⁶⁴ Mark Harrison, *The Medical War*, pp. 155-57.

⁶⁵ Mark Harrison, *The Medical War*, p. 165.

⁶⁶ Suzann Buckley, 'The Failure to Resolve the Problem of Venereal Disease Among the Troops in Britain during World War I' in *War and Society: A Yearbook of Military History*, ed. by Brian Bond and Ian Roy, II (London: Croom Helm, 1977), pp. 65-85 (pp. 81-82).

analysing both services, the thesis offers new insights into both of these and draws more general conclusions. The third major contribution is the combination of the different sources; official records, those of civilian organisations, and servicemen's personal records, substantially widening the scope of research that has been conducted in this field. The separate focus in the secondary literature on sex workers, VD in the services, or the sexual experience of servicemen rather than looking at these sources together has meant the existing literature does not compare policy and practice.

1.5 Methodology

The data for this research was sourced entirely from existing materials – documents, oral histories, radio programmes and films. Because of the length of time since the Second World War, the influence of bias on memory, and the numerous problems that new interviews would pose, there were no fresh interviews. None would have been possible with First World War veterans. That does not mean that the use of pre-recorded materials is without epistemological challenges. For example, many interviews were still recorded decades after the events. There is no reason to presume deliberate inaccuracies, except possibly by the men omitting to mention sexual acts which they may have later regretted. However, there is a problem associated with accurate memory after such a long time. In a few cases in this thesis, the validity of the source material provided is openly challenged, but in many more it has been triangulated. The oral histories are unedited recordings. This means biases in questioning can be discerned. The untidied transcripts of interviews, such as those by the AMSH, contain details of pauses in conversation. The volume of both oral histories and memoirs offsets any potential advantage that would have been gained by conducting new interviews on such a sensitive subject. One ethical problem is that in

several of the oral histories the interviewee was uncertain if the story was suitable to be repeated, or was concerned about its inclusion in the record. Presumably they subsequently agreed, because the interview is in the collection. To address this problem, none of the names of those interviewed are cited, with the notable exception of Len Wincott, because of his fame in relation to the Invergordon Mutiny.⁶⁷

A contemporaneous source of analysis was surveys. In the Second World War and immediately afterwards there were a number of surveys in the population, including servicemen and former servicemen, about sexual habits. There were also specific surveys amongst servicemen who contracted VD. Whilst it could be assumed that people would be reticent about acknowledging their sexual practices, the revelations about pre-marital sex, adultery, and sex with sex workers show high enough percentages to illustrate that these were not peripheral matters in society amongst marginalised groups. If these were the rates of sexual activity that were actually revealed, it is possible that the real rates were even higher.

The secondary literature focuses on the army to a degree that is disproportionate to the relative size of the two services. The lack of analysis of naval culture post-1860 is perhaps surprising considering the long historical links between prostitution and the navy. It is only recently that this analysis gap has started to be filled, most notably by the historian Kevin Brown, mentioned previously. This omission represents both a challenge and an opportunity for the researcher. In terms of primary sources, trips to the National Museum of the Royal Navy and the Institute of Naval Medicine, even with the helpfulness of their staff, were good for identifying relevant articles in the *Journal of the Royal Naval Medical Service* and *The Lancet*, but not more. Fortunately, these sources made a

⁶⁷ The Invergordon Mutiny was an industrial dispute by approximately 1,000 sailors in 1931 in protest at the reduction in pay and how this was handled.

significant contribution. Without the oral history records and journal articles the study of the navy would not have been possible.

The military literature is largely empirical. That does not mean that other theoretical frameworks cannot be applied to this study. The usual approach to the history of sexuality is from a feminist perspective. Not adopting such a position was a deliberate decision for this study as it would have been unsuitable to answer the question of whether the services' policies achieved their aims since, from a feminist perspective, the question itself would be invalid. The geography of sex is largely a phenomenon of the last few decades.⁶⁸ However, it has not been applied to the services beyond the end of the Contagious Diseases Act.⁶⁹ Where such a theoretical structure has been employed, it is in relation to particular groups such as sex workers or homosexuals or relating to particular cities, but it has not been applied to the army or the navy. Yet such a theoretical framework is particularly well suited for this subject, because of the understanding of how physical space defines sexuality.⁷⁰ This thesis will explore the factors responsible for the different approaches of both services. One relevant theoretical notion is resistance to regulations. Foucault's work is relevant here because of his focus on the relationship between sex and power, but overall, the Foucauldian paradigm has been overused. The key principle is that resistance is not external to authority.⁷¹ This is reflected in this thesis both at individual and organisational levels. In each case it reflects the determination to define identity and

⁶⁸ Philip Hubbard, *Sex and the City: Geographies of Prostitution in the Urban West* (Aldershot: Ashgate, 1999).

⁶⁹ Catherine Lee, *Policing Prostitution, 1856-1886: Deviance, Surveillance and Morality* (London: Pickering & Chatto, 2013); Philip Howell, *Geographies of Regulation: Policing Prostitution in Nineteenth-Century Britain and the Empire* (Cambridge: Cambridge University Press, 2009).

⁷⁰ Hubbard, pp. 4, 38.

⁷¹ Michel Foucault, *The Will to Knowledge: The History of Sexuality: 1*, trans by Robert Hurley (London: Penguin, 1998), p. 95.

retain control. This has parallels with Irving Goffman's work on 'total institutions'. He argues that when a set of rules completely define the individual's life (namely those 'inmates' in a total institution), those affected will collectively find out how to evade those rules, thus undermining them to negotiate their own meaning and reaffirm their own sense of identity.⁷² Hence it is unsurprising that places which were declared out of bounds were deemed as offering the greatest excitement.⁷³

⁷² Erving Goffman, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (London: Penguin, 1987), pp. 267-80.

⁷³ 'Soldiers do not take kindly to restrictions of these kinds', IWM, Private papers of C. G. Beech, documents.734, p. 34.

2

The incidence of VD in the services

The main significance of the rates of venereal disease was not primarily in the ratio per thousand men, but the total number of men they represented in the expanded services during the wars. Whilst a low percentage of men contracting VD in peacetime might attract little attention, excluding from moral reform groups, that same ratio in wartime meant tens of thousands of men. With much higher numbers during the wars, including volunteers and conscripted men so more broadly reflecting mainstream society, this resulted in higher levels of public attention. Parliament recognised this difference. As Gerald France MP, a naval reservist in the First World War, observed:

The other day, from the Front Bench, reference was made to the Army, and we were told the figure was 43 per 1,000, or 4 per cent, being less than in previous years in connection with the Army. If 43 per 1,000 was a serious figure, or even higher than that, in the days of a professional Army of something about 250,000 to a maximum of 500,000, it is a very different thing when that figure of 43 per 1,000 has to be considered of an Army which is not a professional Army in the strict sense of the word, and an Army which is a citizen Army, drawn from the Colonies and from country districts, and an Army of men coming from all parts and chosen for their physical fitness.¹

The significance of VD depended on both the number of servicemen and the proportion of men who were infected. A small difference in the VD rate could result in thousands more men in wartime. With a combined service size of 500,000, using the rate above of 43 cases per 1,000 men would mean 21,500 affected men. If the same rate was applied to the service at the time of the armistice,² this would mean 157,602 men affected.

¹ Hansard, 2126, 23 April 1917.

² Bruce Gudmundsson, 'The Expansion of the British Army during World War I', in *World War I Companion*, ed. by Matthias Strohn (Oxford: Osprey, 2013), 47-60. (p. 56); Henry Newbolt, *History of the Great War Based on Official Documents: Naval Operations*, vol. 5 (London: Longmans and Co., 1931), p. 433.

This chapter examines both the size of the services and the proportion of men affected. In doing so it provides the context for the analysis of the different approaches to VD prevention.

By their nature, the statistics for this subject need to be handled with caution, or at a minimum, awareness of the difficulties associated with them. Whilst this is not unusual, the degree to which different sources disagree is sometimes striking. The British government and the services had strong incentives for denying how often servicemen visited the brothels in France because of the impression this would make on the British public. This information was not always possible to accurately know, excluding when it was strictly monitored. Men who contracted VD were obliged to indicate where they caught the disease. In 1917, legislation was implemented to control who was authorised to provide medical treatment for VD, as not all those offering remedies were doing so legitimately with reliable medicine. As those purchasing these products included servicemen, it meant that some men were not covered in the official records. An element of the difficulty with statistics may be deliberate obfuscation, although it is possible to overestimate the level of conspiracy.

The difficulties associated with using these statistics do not mean that quantitative measures should be ignored. The VD figures, in combination with public perception, had a massive influence on the strategies to tackle VD. The key point is to understand exactly what the figures represent, and where possible, the methodology behind their production. For these reasons the official statistics are more often cited in this thesis than those produced by moral reformers, where these details are usually omitted. The preference has been to use primary, rather than secondary sources, particularly as the latter sometimes demonstrates a disturbing tendency to present figures that are incompatible with the official ones, with no explanation why or indication of sources. Wherever possible

another way of countering the problem has been to triangulate the data with other sources as well as understanding how they were regarded at the time, for instance in the low rate of VD transmission after sex with an infected person, discussed later in this chapter. The other way to verify the numbers is to examine the context. Using this method, it has been possible to identify a number of errors, for instance, the point made in the war diary of the Assistant Provost Marshal (APM) in Rouen that five sixths of the women in Marseilles were sex workers, which will be discussed in the chapter on welfare. Yet it should be remembered that the problems with statistics were not confined to the earlier period of this study, and even the services acknowledged problems with them. An example of this is that when in 1941 Surgeon-Commander Duncan RN told the Annual General Meeting of the Medical Society for the Study of Venereal Diseases that the more he examined the figures, the more he found them to be ‘open to inaccuracies’.³

Despite these challenges, the VD figures for men in the services are reasonably reliable, more so than for the civilian population where people were more likely to have undetected diseases, or even if known could privately seek medical treatment. The challenge is that how the figures were collected and presented means that comparisons are not always straightforward. The problem is that these details are not always given as the data was produced for internal purposes where that information would be known. Incidence figures may or may not include recurrence or re-contracting of VD. Hospital figures do not necessarily correlate with VD incidence figures and are likely to be considerably lower where men were treated while working.⁴ This was particularly true of the navy. The VD figures for France and Belgium were usually collated with and often

³ L. W. Harrison, ‘The Present Trend of Incidence of Venereal Disease in England and Wales, and Methods of Control’, *British Journal of Venereal Diseases*, 17 (July 1941), 256-64 (p. 257).

⁴ IWM, Sound archive no. 720, reel 14.

incorporated those of dominion troops, making it more difficult to distinguish the figures just for British servicemen in France. Although these are most commonly presented as an incidence rate per thousand men, some sources present the figures on a monthly or yearly basis, and in some cases the data is missing, even from official sources. Whilst these rates may seem small in relation to a thousand men, with the millions of men in service during the world wars it posed an immediate risk to fighting fitness.

These different ways of presenting the information during the wars meant that the actual scale of VD was sometimes unclear because the services had a much larger intake than previously. The more detailed collection of data and analysis done initially during the wars was not sustainable over a longer period.⁵ The official records acknowledge problems about the collection of data, not necessarily underestimating the number of cases.⁶ The navy figures do not distinguish between home and overseas stations although there are likely to have been significant differences between them. This will be analysed in further chapters. Yet a study in 1948 suggested that ‘the situations leading to promiscuity in these areas [overseas by contrast to the UK] do not radically differ’.⁷

⁵ T. J. Mitchell and G. M. Smith, *History of the Great War based on Official Documents: Medical Services: Casualties and Medical Statistics of the War* (London: 1931; repr. London: IWM, 1997), p. 73; Gudmundsson, p. 56.

⁶ ‘The number of cases for the past three weeks were found to have been wrongly compiled by the medical authorities and were exaggerated for the week ended 15th May by 45%’. TNA, WO 154/8 ‘Weekly Report’, 29 May 1915.

⁷ Wellcome Library, GC/135/B.2.4 Major E. D. Wittkower RAMC and Captain J. Cowan, ‘Some Psychological Aspects of Sex and Promiscuity: Summary of an Investigation’, p. 2.

2.1 Before 1914

The primary figures for the incidence of VD in the services prior to the First World War relate to the CDA. The stimulus for the Act came from the Admiralty and the War Office. The costs of treating servicemen with venereal disease were high in terms of medical treatment, manpower and reputation. Despite the long association between overseas campaigns and VD, the disease rate of the British Army at home was also high, affecting as many as thirty-three per cent of men in the home services.⁸ One survey in 1860 suggested that one in four of the Foot Guards stationed in London had syphilis, not even including other venereal diseases.⁹ The cost of medical treatment for the navy alone in the first half of the 1860s was twenty thousand pounds per annum, effectively 14.8 per cent of their overall expenditure on medicine.¹⁰

With other diseases diminishing in the mid-nineteenth century through wider social and medical advances, the health of the services had improved to a degree that the VD rate became more evident.¹¹ The recruitment process for the services included a medical examination. This was a physical check for external symptoms of VD, rather than a reliable check as no reliable medical test had been developed at that time.¹² Men with VD

⁸ Edward M. Spiers, *The Late Victorian Army, 1886-1902* (Manchester: Manchester University Press, 1992), p. 143.

⁹ *Report from the Select Committee of the House of Lords on the Contagious Diseases Act 1866, together with the Proceedings of the Committee, Minutes of Evidence and Appendix*, London, 1867-68, p. iv.

¹⁰ Howell, p. 33. 1864 was £170,000. Hansard, 420, 4 April 1864.

¹¹ Ware, p. 159.

¹² One of the things that made accurate diagnosis difficult was the way that many of the symptoms of syphilis were similar to other disorders. John Frith, 'Syphilis – It's early History and Treatment until Penicillin, and the Debate on its Origins', *Journal of Military and Veterans' Health*, 20 (November 2012), 49-58 (p. 56).

failed the application process.¹³ There was no testing or examination of the general public, so it is not possible to estimate the extent of VD in the wider population. Those figures that are available come from the lock hospitals, (specialist hospitals for treating VD), and venereal wards in the workhouses. Frederick Lowndes, a surgeon for the Liverpool Lock Hospital, estimated that forty per cent of sex workers in Liverpool were infected.¹⁴

Contemporaneous commentators and historians have remarked on the inaccuracy of the figures provided on the CDA by both the government and its critics.¹⁵ There is a sense that both groups were selective with how they presented the data to support their arguments. For example, with regard to a comparison of the early years of the Act, the government published figures showing the change of rate from 1867, following the first year of operation of the 1866 Act, up to 1872. Opponents of the Act argued that these two dates were misleading because the Act came into force at different times in different towns. Rather than the data covering as much of the period as possible, they felt that 1871 should have been used for the comparison because there was a higher VD rate than 1872.¹⁶

The Act applied to fourteen military towns in southern England and three in Ireland, all of which were major military garrisons and bases.¹⁷ The premise was that sex workers

¹³ Alan Ramsay Skelley, *The Victorian Army at Home: The Recruitment and Terms and Conditions of the British Regular, 1859-1899* (London: Croom Helm, 1977), p. 57.

¹⁴ Frederick W. Lowndes, *Prostitution and Syphilis in Liverpool and the Working of the Contagious Diseases Acts, at Aldershot, Chatham, Plymouth, and Devonport* (London: J & A Churchill, 1876 repr. from *The Medical Times and Gazette*), p. 10.

¹⁵ Lowndes, p. 26; J. Birkbeck Nevins, *Statement of the Grounds on which the Contagious Diseases Acts are Opposed* (London: 1875), pp. vi-viii; Skelley, p. 56; Myrna Trustram, *Women of the Regiment: Marriage and the Victorian Army* (Cambridge: Cambridge University Press, 1984), p. 124.

¹⁶ Nevins, p. vi. Other sources suggest a significant drop between 1870 and 1872 in Plymouth. Lowndes, p. 26.

¹⁷ Aldershot, Canterbury, Chatham, Colchester, Cork, Dover, Gravesend, Dublin, Maidstone, Plymouth and Devonport, Portsmouth, Queenstown, Sheerness, Shorncliffe, Southampton, Windsor and Woolwich

were responsible for the incidence of VD in the services, although blaming them long preceded the Act and applied into the twentieth century. The following table indicates the VD rate in the towns where the CDA applied with selected comparison towns.

Table 1: Rates of primary syphilis in CDA towns compared to non-CDA towns, according to official sources per thousand men¹⁸

	1861-66	1867-72	Reduction per cent
CDA towns	109.7	69.4	44.3
Comparison towns	103	93.6	9

The Admiralty and the War Office considered that the laws were successful, but not everyone else agreed.¹⁹ The effect of the Act on VD numbers in the designated towns was contested.²⁰ Those opposed to the Act claimed that it made no difference to VD rates and even increased them, and the services claiming it reduced them.²¹

Despite the contentiousness of the figures, a few broader patterns can be determined. Between 1860 and 1886 the CDA towns and the comparison towns covered a roughly similar pattern of increases and decreases in VD.²² There was a temporary increase in VD in the CDA towns in 1869 which, according to the War Office and Admiralty, was caused by infected women moving there for medical treatment.²³ With a

¹⁸ *Report from the Select Committee on Contagious Diseases Acts, together with the Proceedings of the Committee, Minutes of Evidence and Appendix*, 1882, p. xi.

¹⁹ TNA, ADM 101/259 'Remarks on Syphilis'.

²⁰ Hansard, 476, 22 May 1878.

²¹ Nevins, p. vi.

²² Robert Lawson, 'The Operation of the Contagious Diseases Acts among the Troops in the United Kingdom and Men of the Royal Navy on the Home Station, from their Introduction in 1864 to their Ultimate Repeal in 1884', *Journal of the Royal Statistical Society*, 54 (March 1891), 31-69
<<http://jstor.org/stable/2979342>>

²³ TNA, WO 33/24 (Letter from J. H. Grant, the Lock Hospital, Aldershot), 9 January 1872, p. 4.

couple of fluctuations, the VD rate in the military reduced across Britain from 1860 until 1879, when Lord Cardwell's policy of stopping the pay of soldiers with VD ceased.²⁴ A review of the CDA calculated that the policy of stoppages had led to an increase in men hiding their symptoms.²⁵ There was an increase in VD in 1880, but despite the end of the policy of stopping infected soldiers' pay the previous year, parliament attributed this to the calling out of the reserves for the protection of the empire.²⁶ As the end of the punitive policy of fining men for catching the disease provided men with better incentive to acknowledge any medical problems, the government explanation seems disingenuous. In the CDA towns, two months after the suspension of the Act in May 1883, the VD rate increased by 5.5 cases per thousand, by contrast to 2.8 for the same period in the comparison towns.²⁷ This was partly attributed to the 'withdrawal of the Metropolitan Police engaged under the Acts'.²⁸

Critics claimed that during the course of the Act the proportion of women with VD in Aldershot rose by 195 per cent.²⁹ Moral reformers claimed that one Aldershot regiment had a VD rate of 124 cases per thousand in a forty-four week period, although they did not indicate when or which regiment.³⁰ This is inconsistent with a report made by the surgeon to the Liverpool Lock Hospital when he examined the system at Aldershot in

²⁴ *Report from the Select Committee on Contagious Diseases Acts, together with the Proceedings of the Committee, Minutes of Evidence and Appendix*, 1882, p. x.

²⁵ Ibid.

²⁶ Hansard, 754, 20 April 1883.

²⁷ TNA, WO 33/41 'Statistics Relative to the Suspension of the Contagious Diseases Acts in 1883'.

²⁸ Hansard, 986-88, 16 March 1886.

²⁹ The Rt Hon. James Stansfeld on the Failure of the Contagious Diseases Act as provided by the Official Evidence submitted to the Select Committee of the House of Commons, 1879, 1880 and 1881, p. 22.

³⁰ The Rt Hon. James Stansfeld on the Failure of the Contagious Diseases Act as provided by the Official Evidence submitted to the Select Committee of the House of Commons, 1879, 1880 and 1881, p. iv.

1876.³¹ He found that the system of inspecting the women for symptoms of VD was well organised, with good treatment facilities, and clear information for any woman who wanted to leave sex work.³²

Opponents of the Act argued that the War Office failed to recognise that the VD rate simultaneously reduced outside the CDA towns, but this was untrue.³³ Where the War Office was more selective was in arguing that the Act increased the trend of improving morality.³⁴ The comparisons implied a greater difference between the CDA towns and other areas than actually existed. For example, appraising Maidstone, which was under the Act, next to London, which was not subject to the Act, did not adjust for the differences in population size.³⁵ Some of the towns selected for comparison, such as Liverpool, had other reasons for a high VD rate, for example their size or the presence of large numbers of merchant sailors.

Another reason for caution in comparing places under the Act³⁶ with those outside them is that implementation depended on local police forces, albeit supported by the armed services. This was highly uneven and unsystematic in application as local authorities placed different levels of priority on enforcing the laws on prostitution.³⁷ For towns under the CDA, the Act could not be implemented until VD treatment facilities

³¹ Lowndes, pp. 16-18.

³² Lowndes, pp. 17-20.

³³ TNA, WO 33/41 'Statistics Relative to the Suspension of the Contagious Diseases Acts in 1883'.

³⁴ TNA, WO 33/27, 321 'Observations in Reply to Statements made by Dr Birkbeck Nevins on the Grounds on which the Contagious Diseases Acts are Opposed'.

³⁵ *Report from the Select Committee of the Contagious Diseases Act, 1882*, p. lxi.

³⁶ Aldershot, Canterbury, Chatham, Colchester, Cork, Dover, Gravesend, Dublin, Maidstone, Plymouth and Devonport, Portsmouth, Queenstown, Sheerness, Shorncliffe, Southampton, Windsor and Woolwich.

³⁷ Lee, p. 140.

were provided within fifty miles of the town. Not all towns were ready at the same time.³⁸ The police's priority was often on preventing a public nuisance. Whilst some military officers complained about women soliciting, most campaigners against the Act seem to have been civilians.

The suspension of the Act in 1883 was not without impact. In the four weeks prior to it, 1.19 per cent of all servicemen were admitted to hospital for medical treatment for VD. In the four weeks afterwards, it rose to 1.74 per cent.³⁹ The rate also rose in the comparison towns not covered under the Act.

However, despite the focus on VD under the CDA it was not until the twentieth century that estimates of the extent of VD became more reliable. In 1906 the Wassermann test was developed, enabling accurate testing for syphilis. This was important because many people with the disease were either asymptomatic or had been misdiagnosed. From that point onwards, concern about the level of VD in the civilian population increased as its prevalence in civil society became more evident.⁴⁰ In 1913 the government initiated a Royal Commission to investigate and determine the extent of VD in the United Kingdom. From the outset, the government expressly stated that there would be no return to the CDA.⁴¹ This also reflected eugenic concerns about 'national deterioration'.⁴² The commission's findings were published in 1916.

³⁸ Howell, pp. 44-45.

³⁹ TNA, WO 33/41 'Statistics Relative to the Suspension of the Contagious Diseases Acts in 1883'.

⁴⁰ Lesley A. Hall, *Sex, Gender and Social Change in Britain since 1880* (London: Palgrave Macmillan, 2013), p. 69.

⁴¹ 'The Royal Commission on the Prevalence and Effects of Venereal Diseases', *The Lancet*, 182 (December 1913), p. 1266-68.

⁴² McKee, pp. 14-17.

Social perceptions of the working class divided them into respectable and otherwise. The so-called respectable working class was less tolerant of sex workers than any other social class and correspondingly had the lowest VD rates. The inverse was true of the seemingly less respectable ‘undeserving poor’.⁴³ The navy aimed to recruit from the respectable side of the working class. This change through recruitment was not achieved immediately, however. An example of the new difficulties was demonstrated in a letter from the Secretary to the Commander-in-Chief at Portsmouth in 1896. He argued that the large intake of Stokers 2nd class, who were unused to discipline or money, was creating ‘disorders’.⁴⁴ Stokers held a particularly low reputation in the navy,⁴⁵ although subsequent research has demonstrated that this was largely undeserved.⁴⁶

In the nineteenth century, men in the ranks of the British Army suffered from reputation problems. Wellington’s alleged description of them as ‘the scum of the earth’ was considered relevant for decades afterwards. There were good reasons why the army wanted to change the public perception of soldiers from ‘a mob of low-bred, immoral, criminally minded ruffians whose main occupations were drinking to excess and contracting venereal diseases’.⁴⁷ In the second half of the nineteenth century ‘respectable’ working class men were willing to join the militia or volunteers, but they were unwilling

⁴³ McKee, p. 14.

⁴⁴ TNA, HO 45/9740/A55536 (Letter from Secretary to Commander-in-Chief to Town Clerk), Portsmouth, 23 May 1896.

⁴⁵ IWM, Sound archive no. 681, reel no. 20.

⁴⁶ Tony Chamberlain, ‘*Stokers – The Lowest of the Low?*’ *A Social History of Royal Naval Stokers 1850-1950* (unpublished doctoral thesis, University of Exeter, 2012), p. 2.

⁴⁷ James D. Campbell, *The Army isn’t all Work: Physical Culture in the Evolution of the British Army, 1860-1920* (Farnham: Asgate, 2012), p. 27.

to join the regular army.⁴⁸ Recruitment was a challenge and the Cardwell Reforms exacerbated the requirements for extra manpower.⁴⁹ The Edwardian era marked the army's pre-war high point in their attempts to control VD. The VD rate in the army in Britain in 1907 was 7.2 per cent. For the Royal Navy (not just in when at ports in Britain the VD rate in 1907 was 12.4 per cent,⁵⁰ but this reduced by a fifth over the following three years.⁵¹ The navy attributed the decline to better education, more leave, 'the later reforms of Admiral Lord John Fisher and the higher calibre of personnel'.⁵² Ultimately, the reduction in VD followed the same trend as the incidence of 'desertion, drunkenness and corporal punishment'.⁵³ For the reduction in VD in the immediate pre-war years, they credited prophylactics.⁵⁴

In the fifty years prior to 1914 the services achieved their goal of reducing the incidence of VD. There would be no more incidences of a quarter or third of the men contracting VD as there had been in the 1860s. How much of this was due to accurate diagnosis, cannot be ascertained, but even before then, the VD rates had declined significantly.

⁴⁸ David French, *Military Identities: The Regimental System, the British Army and the British People, 1870-2000* (Oxford: OUP, 2005), p. 21; Spiers, p. 146.

⁴⁹ Spiers, p. 21.

⁵⁰ *Note by the Chairman of the Committee (The Hon. Waldorf Astor, M.P.) to the Minister of Health on Prophylaxis against Venereal Disease*, Cmd 322 (London: HMSO, 1919), pp. 7-9.

⁵¹ Roderick R. G. Parnell, 'Venereal Disease', *Journal of the Royal Naval Medical Service*, 10 (1924), 42-54 (p. 42).

⁵² Rasor, pp. 96-97. The source accredits these points to various sources, but does not provide further details.

⁵³ Ibid.

⁵⁴ Parnell, p. 42

2.2 The First World War

The lack of planning for a major war prior to 1914 forced the authorities to act promptly to address the risk of VD when it arrived: the situation needed to be controlled. Although there was no similar size war from which to draw lessons, (fewer than 400,000 British servicemen had fought in the Second Boer War), the experience of soldiering by Lord Kitchener and Gordon of Khartoum had caused them to align with moral reformers.⁵⁵ Arguably, the main influence of the South African wars was what they revealed about the poor physical condition of the troops and the need for improvements to the army medical services.⁵⁶

In August 1914, the British army stood 456,850 men strong. This comprised the professional army and 268,777 territorials.⁵⁷ 100,000 soldiers were quickly deployed to France as the British Expeditionary Force (BEF). In 1915, territorials, reservists, and units serving in parts of the British empire, which were recalled when the war began, were deployed to the continent. Kitchener's New Armies of recruits, men who had signed up for 'hostilities only' service, would arrive at the front *en masse* from 1916. The speed and extent of enlistment was fast, for example the Territorial Force increased by 95,000 in the first five weeks of the war.⁵⁸ The army built many new camps. This led to large numbers of soldiers being based in places without historical links to the army or provisions for them, as well as their dramatic expansion in areas where servicemen were previously stationed.

⁵⁵ Mark Harrison, *Medicine & Victory*, p. 169.

⁵⁶ Mark Harrison, *The Medical War*, p. 7.

⁵⁷ Gudmundsson, p. 56.

⁵⁸ *Ibid.*

The strength of the Royal Navy in August 1914 was 201,017 men. This included 46,380 men in reserve units.⁵⁹ One of the navy's primary goals was the defence of British coastal regions. The Royal Marines were deployed in France from May 1915, although they had been deployed in Belgium the previous year. From 1916 onwards the land-based Royal Naval Division were also deployed in France. Their status was separate from that of the army, and the men were subject to naval discipline. There were also Royal Naval Air Service and Royal Air Fleet Arm stations in France from 1915 onwards. The more immediate relationship of recruitment area to home base in the navy was interrupted to broaden the traditional catchment areas. The navy could not create new ports, but they expanded the capacity of the existing ones. For some smaller vessels, they used civilian harbours.

The first British troops disembarked in France on 7 August 1914. From the time the war on the Western Front settled into trench stalemate in October that year, until spring 1918, there were only small movements of the line. Sex workers in northern France, who had initially headed south at the German advance, returned after the Battle of the Marne in September 1914.⁶⁰ From then onwards, although troops were moved around according to the needs of the next offensive, they had time to establish a connection to the area in which they resided through billeting, requisitioning and time off-duty. They arrived in France via ports such as Rouen or Le Havre, which were familiar with catering for the sexual requirements of large numbers of sailors. For many soldiers disembarking at these ports, the brothels were part of their early but unofficial introduction to France.⁶¹ The

⁵⁹ Newbolt, p. 433.

⁶⁰ Corbin, p. 335.

⁶¹ IWM, Sound archive no. 9544, reel no. 6; Sound archive no. 6672, reel no. 2.

level of access to sex in France changed throughout the war, but the presence of brothels was evident from the start.

From early on after the declaration of war, the VD rate in the army started to increase. Between 1914 and 1915 this rose from 1.7 per cent to 3 per cent. In Britain, this was attributed to the sudden increase in the number of sex workers.⁶² By contrast, the VD rate in the navy decreased in 1914 and 1915, but increased to 8.1 per cent in 1916, so followed the opposite pattern to the army.⁶³ The neglect of the history of the navy on this matter means this initial reduction in the VD rate is largely unacknowledged.

Table 2: Venereal disease amongst British troops, ratios per thousand in Britain and France

	1913		1914		1915	
	Home	Overseas	Home	Overseas	Home	Overseas
Army ⁶⁴	51	69	52	17	-	30
Navy ⁶⁵	93		73		67	

The British Official History of the war focused on the VD rate amongst dominion troops,⁶⁶ as if to distract from the rate for those enlisted in Britain. They were clear when the VD rates for dominion troops were included in figures with those recruited in Britain. The emphasis in the British Official History was the lower rate of British troops by

⁶² H. C. Fischer and E. X. Dubois, *Sexual Life during the World War* (London: Francis Aldor, 1937), p. 339.

⁶³ Parnell, p. 42.

⁶⁴ G. MacPherson et al (ed.), *History of the Great War based on Official Documents: Medical Services: Diseases of the War*, 2 vols (London: HMSO, 1923), p. 118; Mark Harrison, *The Medical War*, p. 164.

⁶⁵ Parnell, p. 42. To give an example of how widely different statistics vary, another source, based on official records, cites the 1913 VD rate in the navy as 22 per thousand men. Rasor, p. 91.

⁶⁶ E.g., *History of the Great War based on Official Documents: Medical Services: General History*, vol 1, ed. by William Grant MacPherson (London: HMSO, 1921), p. 202.

comparison. Just like the statistics for the incidence of VD under the CDA, these figures are contended. The AMSH figures for the services were significantly higher and somewhat questionable.⁶⁷ They do not indicate the source, the methodology by which they were produced, or exactly what is being measured. Just as the services had reasons for presenting low incidence rates, the reverse was true of moral reform groups. The fact that the figures in table 2 are (necessarily) from two different sources is another reason to be cautious in making comparisons between the two services. Even just looking at the year of the war when the services were at their smallest, 1914, shows that there were thousands of men with VD.

From before the war, under Section 11 of the Army Act, concealment of the disease was a military crime.⁶⁸ The punishment was two years' imprisonment, to encourage men not to hide their symptoms.⁶⁹ In 1915 further measures were introduced and under Army Order 57 pay was deducted for contracting the disease, following the high VD rate in British troops in France in the first few months of the war. Leave was also curtailed.⁷⁰ From 1915 to 1916 the Army operated a policy of informing the next of kin when any soldier was admitted to hospital with VD, in order to explain the associated stop of separation allowance. The policy ended when a Major died by suicide after his wife was informed that he had VD.⁷¹ From then onwards, a family in receipt of separation allowance would still be able to discern that there had been a pay stoppage, but not the

⁶⁷ LSE, 3AMS/B 07/23 'British Navy, Venereal Diseases'.

⁶⁸ *The King's Regulations for the Army and the Army Reserve* (London: HMSO, 1912), p. 96, para 462.

⁶⁹ TNA, WO 32/11403 (Untitled note by Director of Personnel Services), 5 April 1918.

⁷⁰ Cherry, p. 72; Harrison, *The Medical War*, p. 155.

⁷¹ IWM, Private papers of P. G. Heath, documents.11403, 'Memoirs of P. G. Heath, documents.11403', pp. 377-78.

cause.⁷² There was also the problem that some married men who contracted VD died by suicide, rather than return home.⁷³ Although it is unknown how often this occurred, the number of reports on this basis suggest it was ‘not uncommon’.⁷⁴

A policy that the services adopted in both Britain and France to reduce the spread of VD was contact tracing – identifying the person who was the source of the disease. The navy had applied this policy before the war.⁷⁵ When a man reported symptoms of VD, the medical officer would ask the date of exposure, the place where sex occurred and the name and appearance of the woman in question, so that they could identify her.⁷⁶ The woman would then be traced and encouraged to be medically tested.

At the same time, the services recognised that it was unlikely that the men would indicate from whom they contracted the disease.⁷⁷ One of the women identified as the source of infecting servicemen in Britain was Jane Stewart (or Polletta), described in the Home Office files as a ‘camp follower’ with VD. The War Office considered her to be more dangerous to the war effort than ‘many alien enemies’.⁷⁸ She had the disease in a state that was ‘highly contagious’, but initially refused medical treatment. Even after she agreed and treatment started, she tried to abscond from the hospital.⁷⁹ Yet according to

⁷² The loss of proficiency pay on contraction of VD was at the discretion of the commanding officer. MacPherson, *Diseases of the War*, p. 123.

⁷³ Fischer and Dubois, p. 152.

⁷⁴ Cherry, pp. 74-75.

⁷⁵ TNA, ADM 116/1060 ‘Memorandum on Venereal Disease, Admiral G. H. Noel’, 23 August 1907.

⁷⁶ Harris, p. 79.

⁷⁷ TNA, ADM 116/1060 ‘Note to the Rear Admiral Commanding Fifth Cruiser Squadron from the Captain of the Cochrane’, 23 September 1907.

⁷⁸ TNA, HO 45/10724/251861 ‘Jane Stewart (or Polletta) “Camp follower”’, 15 May 1915.

⁷⁹ TNA, HO 45/10724/251861 (Letter from the London Lock Hospital to the Home Secretary), 11 May 1915.

the file notes, when the Home Office consulted them unofficially, the War Office indicated that they would ‘not take the matter up’.⁸⁰ Although various government departments wanted action on the issue, the sensitivity to public opinion meant that they did not want to be associated with it. Many towns had their equivalent of Jane, women about whom they could do nothing under the existing legislation.⁸¹

Numerous factors reduced the effectiveness of contact tracing, both in Britain and France. Primary among these was that servicemen provided insufficient details for an identification.⁸² As the Chief Constable of Winchester said, ‘Tommy would not give a woman away’.⁸³ Some sources also support the idea that this was due to gallantry on the men’s part.⁸⁴ Other explanations for why it did not work include population size, the influence of alcohol and the sheer impossibility of detection if there had been multiple sexual contacts. Another problem occurred where servicemen identified a woman but she was not infected. This either indicates a lack of gallantry on her accuser’s part or confusion about how VD was transmitted. Both were possible. What concerned the services was not the risk to the woman’s reputation, but the idea that a wrong identification could make servicemen vulnerable to criticism and so prevent them from making identifications. In a point made in one of the War Diaries in France, the Assistant Adjutant General ruled that ‘men could not be punished for wrongly accusing women of

⁸⁰ TNA, HO 45/10724/251861 ‘Jane Stewart (or Polletta) “Camp follower”’, 15 May 1915.

⁸¹ TNA, HO 45/10724/251861 ‘Dover’, p. 32.

⁸² E.g., TNA, WO 154/114 ‘Visit to Treport’, 22 April 1916.

⁸³ TNA, HO 45/10724/251861 ‘Winchester (Visited Sept. 14th)’ [1915], p. 23.

⁸⁴ Hansard, 455, 19 June 1918.

giving them venereal disease'.⁸⁵ This principle was more widespread than just that one Assistant Adjutant General.

Minimal legislation was introduced in Britain to tackle the risks to VD in the troops in 1914 and 1915, but in 1916 there were more changes to social policy, reflecting shifts in the state of the war. Conscription, which started in 1916, was initially just introduced for unmarried men, but was later that year extended to married men. Conscription meant that men who had made no voluntary commitment to the services were made subject to service regulations. This change in recruitment was a result of the manpower crisis, exacerbated by the casualty rates from large scale battles. The continuation of the war that many people had presumed would be over by Christmas 1914, contributed to a lowering of morale. Logistical problems were multiplied by the arrival of the main body of Kitchener's New Armies. This was more complex for the army than the navy. Conscription did not apply to the navy – all sailors were either professionals, reservists or volunteers.⁸⁶

The findings of the Royal Commission, which had been initiated in 1913, were published in March 1916. The key conclusion of the report was that the public needed to be educated about VD.⁸⁷ The report was not focused on the war or the services, and stated that the extent of the problem facing the services was known. By contrast, figures on the level of VD in the civilian population were less reliable, although it was estimated to not be less than ten per cent in some cities,⁸⁸ therefore significantly higher than in the military.

⁸⁵ TNA, WO 154/114 'Abbeville', 2 June 1915.

⁸⁶ Brian Lavery, *Hostilities only: Training the Wartime Royal Navy* (Greenwich: National Maritime Museum, 2004), p. 29.

⁸⁷ *Report on the Royal Commission on Venereal Diseases* (London: HMSO, 1916), p. 177.

⁸⁸ *Report on the Royal Commission on Venereal Diseases* (London: HMSO, 1916), p. 171.

The report was unable to give any precise figures,⁸⁹ although deaths from syphilis suggested that the disease levels were ‘stationary’.⁹⁰ Further evidence indicates that there was an increase in civilian rates in the war. In 1913 the London Lock Hospital had treated 23,974 cases of VD: by 1916 it rose to 36,500.⁹¹ Some parliamentarians felt that the Royal Commission gave an exaggerated perspective on the extent of VD.⁹² For others, VD constituted one of ‘the greatest evils of our age’.⁹³ It is from the Royal Commission onwards that the government focused on the civilian VD rate.

For the navy, the action that most increased sexual continence, albeit for other reasons, was moving the bulk of the Grand Fleet up to Scapa Flow in November 1914. The major bases at Rosyth, Portsmouth and Plymouth also remained busy, and new centres were established at Dover, Harwich and the Humber. Unlike movements around the British mainland, it was not possible for women to follow the fleet to Orkney, where there was only a small local population. As a security measure, on the Admiralty’s advice the Home Office restricted travel to and from the isles where ports were based.⁹⁴

Both the army and the navy used ports, the navy as their main bases of operation, the army for embarkation and disembarkation. Both in Britain and France, large numbers of men transited through ports during the war. So, the focus on them by both the Official

⁸⁹ Simon Szreter, ‘The Prevalence of Syphilis in England and Wales on the Eve of the Great War: Re-visiting the Estimates of the Royal Commission on Venereal Diseases 1913-1916’, *Social History of Medicine: The Journal of the Society for the Social History of Medicine*, 27 (December 2008), 508-29 (p. 509-10).

⁹⁰ Hansard, 2072, 23 April 1917.

⁹¹ Hansard, 2073, 23 April 1917.

⁹² Hansard, 2108, 23 April 1917.

⁹³ Hansard, 2073-74, 23 April 1917.

⁹⁴ Cornelius P. Cotter, ‘Constitutionalising Emergency Powers: The British Experience’, *Stanford Law Review*, 5 (April 1953), 382-417 (p. 388).

Histories and moral reformers is unsurprising. However, inland based comparisons are available from where the Royal Marines and the Royal Naval Division (RND) and the Royal Naval Air Stations (RNAS) were stationed in France and Belgium. The RND's VD rate in France was surprisingly low,⁹⁵ for example there were only five incidences in 1916 at one naval station.⁹⁶ Naval stations in France were much smaller than army camps, and did not receive the same level of public scrutiny.

Rouen features disproportionately in the British records. One reason why, according to the Assistant Provost Marshal, was that the French General Officer Commanding was reluctant to use his power to expel sex workers from the area, 'although it is believed that he would not be averse to being compelled to exercise it'.⁹⁷ The data in the table overleaf, from the official record of the war, is taken from a random sample of 14,433 cases of men with VD admitted to hospital, where the disease was thought to be contracted in France.⁹⁸ No date is provided in the original text. The table does not include all servicemen admitted to hospital in France for VD. It is unlikely that the sample was truly random in the statistical sense.

⁹⁵ TNA, ADM 101/393 (Table 3, 26 August to 31 December 1916); ADM 101/579 (Table 3, 21 August to 31 December 1916).

⁹⁶ TNA, ADM 101/391 (Table 3, 21 March to 31 December 1916).

⁹⁷ TNA, WO 32/5597 'Visit to Rouen, 20, 21, and 22 June 1915'.

⁹⁸ MacPherson, *Diseases of the war*, p. 119.

Table 3: Venereal diseases amongst the British Army in select towns in France

Place	Total	Percentage of total weekly average
Rouen	1,617	11.2
Le Havre	680	4.7
Boulogne	357	2.4
Calais	139	0.95
Dieppe	140	0.95
Marseilles	269	1.8

The obvious point about these towns and cities, whether by the river or the sea, is that they were all ports or base depots, so had higher numbers of men travelling through them. For this reason, they should not be considered to represent all other places. To give an idea of throughput, between November 1916 and April 1917, 57,266 troops passed through Le Havre.⁹⁹ Marseilles, the only one of those in the table on the south coast, was also the stopover point for troops travelling to or from the Middle East or Asia,¹⁰⁰ so the VD rate cannot necessarily be attributed solely to the city itself. This is true of all stopover points. A medical history of the war indicated that of the 91,231 ‘fresh admissions’ to hospital in France for VD between January 1915 and May 1918, only 42.79 per cent of these were contracted in France, with 42.46 per cent contracted in Britain.¹⁰¹

As early as November 1914, Marseilles received an influx of 200 sex workers evacuated from the Toul region.¹⁰² This was more than the number of women in the ten registered *maisons*, although purportedly the number of furnished rooms available was

⁹⁹ *Note by the Chairman of the Committee (The Hon. Waldorf Astor, M.P.) to the Minister of Health on Prophylaxis against Venereal Disease*, Cmd 322 (London: HMSO, 1919), p. 4.

¹⁰⁰ Gibson, *Behind the Front*, p. 327.

¹⁰¹ Mitchell and Smith, p. 74.

¹⁰² McMillan, p. 108.

the real factor behind the high numbers.¹⁰³ Boulogne had only a few small brothels and no alternative venues where sex was sold.¹⁰⁴ According to the official war record, Rouen was temporarily put out of bounds to the men. In the four weeks prior to this order, 670 British servicemen contracted VD there, in the four weeks afterwards it rose to 834.¹⁰⁵ Yet surprisingly the main centres of regulated prostitution, ‘or at least those regularly frequented’, by the British army in France, namely Amiens and Lille,¹⁰⁶ were not included in this comparison, even though there were 165 registered sex workers in Lille alone in June 1916.¹⁰⁷ Since the places selected for this sample only constituted twenty-two per cent of those men admitted to hospital, the omission of the largest centres of prostitution from the Official Histories suggests a deliberate selectiveness in presenting the evidence. The rate recorded by the Lille authorities of ‘infractions relating to prostitution’ was at its lowest in 1918 when the war of movement resumed.¹⁰⁸

VD could only be transmitted at certain stages of the disease. The army’s chief venereologist, Colonel Harrison, calculated that only three per cent of ‘illicit’ sexual exposures without precautions resulted in VD.¹⁰⁹ This is unlikely to have been based on empirical testing. Yet the figure was accepted and included in the Official Medical history of the war. This demonstrated the importance of the number of exposures by the

¹⁰³ Ibid.

¹⁰⁴ TNA, WO 154/114 ‘Appendix VI, Visit to Boulogne, 13/3/14 to March 1915’.

¹⁰⁵ MacPherson, *Diseases of the War*, p. 125.

¹⁰⁶ Mark Harrison, *The Medical War*, p. 160.

¹⁰⁷ James E. Connolly, *The Experience of Occupation in the Nord, 1914-18: Living with the Enemy in First World War France* (Manchester: Manchester University Press, 2018), p. 45.

¹⁰⁸ Campbell, p. 46.

¹⁰⁹ MacPherson, *Diseases of the War*, p. 120.

individual.¹¹⁰ The VD numbers are high enough to indicate that this was a significant enough percentage to be sceptical of those cultural accounts of the war that omit any mention of sex. The incubation period for VD was variable, and could be up to six months, depending on the exact disease.¹¹¹ For this reason it was not always possible to draw detailed conclusions, for example about when and where the disease was contracted. To do so would presume accurate rates of disease monitoring both before and afterwards. In addition, it would require analysis to directly link the specific action to the VD rates.

Table 4 reveals one reason why assembling an accurate picture of the rate of VD was so difficult. The army rates, taken from the Official Histories, refer to hospital admissions in France and Flanders, so exclude non-hospitalised cases. It does not indicate whether relapses or men who contracted the disease more than once are counted at all or several times. By contrast, the naval sources refer to overall VD incidence figures, not filtering out for the higher rates of some overseas places nor indicating what proportion of them required hospital treatment. The Royal Naval Division war diaries from France reflect very variable days sickness from VD, indicating in most cases a quick return to duty.¹¹² Statistics directly comparing the services on the same basis are not available. There is also no figure for 1918. While the rates for the navy was higher, as the army had significantly more men, the impact was noticed more by the government and moral reformers. VD was just one body of diseases with which the forces had to contend, however, it was a high profile one.

¹¹⁰ Ibid.

¹¹¹ Cherry, p. 70.

¹¹² TNA, ADM 101/379; ADM 101/578.

Table 4: Overall VD rate for both services 1914 to 1918, ratio per thousand

	1914	1915	1916	1917	1918
Army ¹¹³	17	30	18	27	32
Navy ¹¹⁴	73	67	81	81	-

In the second half of the First World War the VD rate in the army increased from the rate in 1916 (1.8 per cent) to 2.7 per cent in 1917 and 3.2 per cent in 1918. The fact that this increased each year from 1916 onwards suggests it would be incorrect to attribute the increase in VD in 1918 to the Cabinet Office decision in March 1918 to ban access to the brothels in France, since this merely exacerbated the existing pattern. The size of the army in 1918 meant that approximately 104,000 men were affected that year. It is not clear why the rate for the navy actually decreased in 1915. There are no figures for the navy for 1918, but as VD affected 8.1 per cent of sailors in 1916 and 1917, it is likely that they had a higher VD rate that year than the army. This was still lower than the ten per cent civilian rate indicated for some cities by the Royal Commission. But by 1916 the government's concern was not just VD in the civilian population, but understandably the ability to maintain fighting fitness. There was a moral panic about the VD rate in servicewomen. However, an examination of the 6,023 medical records for members of the Women's Army Auxiliary Corps (established in 1917) in Britain and France in March 1918 revealed only twenty-one pregnancies, including two married women, and twelve cases of VD,¹¹⁵ in other words, a rate lower than one per cent.

¹¹³ Mitchell and Smith, p. 73.

¹¹⁴ Thomas Brown Shaw, *Naval Hygiene* (London: Humphrey Milford, 1929), p. 341.

¹¹⁵ *Parliamentary Paper, Report of the Commission of Enquiry Appointed by the Ministry of Labour to Enquire into the Women's Army Auxiliary Corps in France*, 20 March 1918.

VD was not just a concern for the British services. Within two weeks of American mobilisation for war, the rate of VD amongst the new American conscript army was 357 cases per thousand, approximately four times that of their regular army.¹¹⁶ Government and civil society groups in the US quickly worked together to combat this by closing brothels, and simultaneously launching a campaign against alcohol.¹¹⁷ This ‘dovetailed’ with existing campaigns to control in America,¹¹⁸ indicating that the problem preceded enlistment. Through the measures adopted, by 1918 this had dropped to twenty-nine cases per thousand men.¹¹⁹ The lesson the American government concluded from their domestic efforts was that sex workers were responsible for VD, but that alcohol contributed to the risk factors. However, in a conference with Britain, the dominions and France on the control of VD in June 1918, they acknowledged that *maisons tolérées* were not out of bounds, although that policy would change soon afterwards. They also acknowledged that the VD rate of US servicemen was lower in France than in the US.¹²⁰

By 1918, some men who had carefully retained their virginity through the war chose to lose it.¹²¹ But more significant to both Britain and France, were the activities of 11 November itself. The celebrations of the armistice resulted in a flurry of sexual activity,

¹¹⁶ Edward H. Beardsley, ‘Allied Against Sin: Allied and British Responses to Venereal Disease in World War I’, in *Medical History*, 20 (April 1976), 189-202 (p. 193).

¹¹⁷ Beardsley, pp. 193-96.

¹¹⁸ Susan L. Speaker, “‘Fit to Fight’: Home Front Army Doctors and VD During WWI” <<https://circulatingnow.nlm.nih.gov/2018/10/18/fit-to-fight-home-front-army-doctors-and-vd-during-ww-i/>> [accessed 1 January 2022]

¹¹⁹ TNA, WO 32/5597 ‘GHQ American Expeditionary Force Bulletin No. 54’, 7 August 1918.

¹²⁰ TNA, WO 32/5597 WO 32/5597 ‘Minutes of a Meeting of an adjourned Conference regarding Venereal Disease and its Treatment in the Armed Forces’, 11 July 1918’, pp. 16-21.

¹²¹ Gibson, *Behind the Front*, p. 319.

commercial and otherwise.¹²² This included strangers openly having sex in the street.¹²³ The sense of carnival to mark the end of war was not unfamiliar; it was nicknamed ‘Mafficking’, as a similar phenomenon had been observed at the end of the South African wars. This could not be attributed to fear of dying as a virgin. At the time of the armistice the navy had 415,162 men,¹²⁴ many of whom when ashore were stationed in Britain. By contrast, in November 1918 there were 3,250,000 men in the British Army.¹²⁵

2.3 The Interwar period

The number of personnel employed by both services was cut significantly after the First World War. The services reverted to a smaller number of professional servicemen, rather than wartime volunteers or conscripts.

The process of demobilisation took till 1920, even though planning for the matter had been considered since 1914.¹²⁶ The reasons for this included the fact that it was an armistice not a peace treaty, as the war was not officially over. The services had to maintain a state of readiness to fight. At the same time, men were deployed to Russia and the Baltics, meaning that their war service had not ended. In November 1918 there were

¹²² Fischer and Dubois, p. 480.

¹²³ Jerry White, *Zeppelin Nights: London in the First World War* (London: The Bodley Head, 2014), p. 315.

¹²⁴ National Museum of the Royal Navy, ‘World War 1 Era at Sea: Royal Navy Estimates 1919-1920 Summary of Naval Activities since the Armistice and Statistical Tables relating to the War’ <<https://www.naval-history.net/WW1NavyBritishAdmiraltyEstimates1919.htm>> [accessed 20 September 2020] This figure includes the mercantile reserve but not the land-based, Royal Naval Division.

¹²⁵ Michael Senior, *The Soldier's Peace: Demobilizing the British Army 1919* (Barnsley: Pen and Sword, 2018), p. xxi.

¹²⁶ Senior, p. 1.

3,250,000 men in the British Army.¹²⁷ Eleven months later there were still a million soldiers overseas, with just under 182,000 in France alone.¹²⁸ Some of the men who had signed up to ‘hostilities only’ service resented the speed of demobilisation, even striking and mutinying at not being released from service faster.¹²⁹ The poor morale in the first six months of 1919 was considered to be the cause for the ‘marked increase’ in the rate of suicide and depression.¹³⁰ In the navy at the time of the armistice there were 415,162 men. Between 1923 and 1938 they averaged 100,000 men, with a dip between 1931 and 1935.¹³¹

The government’s focus on the incidence of VD at army encampments continued in the immediate post-war period. Waldorf Astor produced a paper on the use of prophylaxis against venereal disease which closely examined soldiers in Portsmouth, predominantly a naval port.¹³² In the discussion on the paper in parliament in December 1919, the American position was referenced ten times,¹³³ even though American troops

¹²⁷ Senior, p. xxi.

¹²⁸ Senior, p. 119. This was in spite of the fact that General Wilson, Chief of the Imperial General Staff, had advised the War Cabinet in April 1919 that 120,000 troops were needed in France and Flanders. Senior, p. 111.

¹²⁹ Senior, pp. 46-47.

¹³⁰ TNA, WO 204/6724 ‘Eighth Army Psychiatric Memoranda: Notes and Recommendations on Issues affecting Morale’, Major H. D. Hunter, Acting Psychiatrist.

¹³¹ Stephen Roskill, *Naval Policy Between the Wars: The Period of Anglo-American Antagonism 1919-1929* (London: Collins, 1968), p. 587; National Museum of the Royal Navy, ‘World War 1 Era at Sea: Royal Navy Estimates 1919-1920 Summary of Naval Activities since the Armistice and Statistical Tables relating to the War’ <<https://www.naval-history.net/WW1NavyBritishAdmiraltyEstimates1919.htm>> [accessed 20 September 2020]

¹³² *Statement Made by the Ministry of Health, with Concurrence of the War Office, Relative to Incidence of Venereal Disease amongst Soldiers in the Portsmouth Military Area and in the Rest of the Country*, Cmd 505 (London: HMSO, 1920).

¹³³ Hansard, House of Lords, 10 December 1919.

had left Portsmouth by the end of January 1919.¹³⁴ A member of the American Medical Corps was also part of the committee examining the use of prophylaxis.¹³⁵ When considered alongside the continuing parliamentary and popular references to Abraham Flexner,¹³⁶ this can be perceived as another part of the continuing sensitivity to American thought.

As previously, the experts disagreed about the extent of the VD problem.¹³⁷ The table overleaf indicates that the VD rate in the navy substantially reduced in the first half of the 1920s. This includes all stations, although there were considerable differences between these as will be discussed later in this chapter. The rate of disease on home stations was normally considerably lower than ones overseas, the inverse of the position in wartime.¹³⁸

¹³⁴ Ross Wilson, 'Over here: Americans in Portsmouth in the First World War' <https://www.academia.edu/36968924/Over_Here_Americans_in_Portsmouth_during_the_First_World_War> [accessed 1 January 2022]

¹³⁵ *Note by the Chairman of the Committee (The Hon. Waldorf Astor, M.P.) to the Minister of Health on Prophylaxis against Venereal Disease*, Cmd 322 (London: HMSO, 1919), p. 3.

¹³⁶ E.g., Hansard, House of Lords, 54, 2 April 1919.

¹³⁷ Richard Davenport-Hines, *Sex, Death and Punishment: Attitudes to Sex and Sexuality in Britain since the Renaissance* (London: Collins, 1990), p. 227.

¹³⁸ E.g., LSE, 3AMS/B07/23 'The British Army: Admissions to Hospital for Venereal Disease: Ratio per Thousand of Strength'.

Table 5: Incidence of all venereal diseases in the navy, case ratio per thousand men

Year	Home stations VD rate ¹³⁹	Overall VD rate ¹⁴⁰
1921	81	113.28 ¹⁴¹
1922	79	103.98
1923	71	93.07
1924	64	81.84

From 1921 to 1936, in line with the other services, the rate of hospital admissions for VD in the navy in Britain fell dramatically, from 81 per 1,000 men per annum to 19.6.¹⁴² This indicates a lower proportion of men contracting VD, either by the more effective use of prophylactics or reduced risk taking. It is not possible to determine which applied or whether it was both.

Despite an initial spike in the VD rate in both services after the armistice, as the demobilised men returned to civilian life, VD came to be more associated with civilians rather than with the services. The treatment numbers of VD in the civilian population did not change at the same pace as those of the services.¹⁴³ For instance, it did not reduce as significantly during the interwar years, although like with servicemen, there was a dramatic reduction after demobilisation. Civilians were not subject to the same intensity of campaigns to reduce VD, but also, they did not face the conditions that the services

¹³⁹ LSE, 3AMS/B07/23 'British Navy: Venereal Disease 1904-1929: Ratio per Thousand Men'.

¹⁴⁰ Brown Shaw, p. 241.

¹⁴¹ One example of how widely the statistics can vary, figures in the Royal Journal of Naval Medicine show the rate of VD for the navy for 1921 as 87.04 per thousand. Surgeon Commander Percy M. Rivaz, 'The Prevention of Venereal Disease in the Royal Navy', *Journal of Royal Naval Medicine*, 15 (1929), 93-97 (p. 93).

¹⁴² L. W. Harrison, 'The Present-Day Problems of Venereal Disease' in *The Medical Press and Circular*, 27 October 1943, 261-64 (p. 261). Harrison indicates that this was the last figure for which published figures were available.

¹⁴³ Sydney Mander Laird, *Venereal Disease in Britain* (Harmondsworth: Penguin Books, 1943), p. 71.

attributed to the men visiting brothels, namely a combination of boredom away from home and a fear of death.

In the immediate post-war years, like those preceding the First World War, the government was particularly aware of the civilian VD rate. Like in the services, the rate increased immediately after the war.¹⁴⁴ The sharp reduction in the number of civilians treated for VD for the first time in the early 1920s corresponded with the end of demobilisation and the repatriation of foreign servicemen. Sexual morality had changed, although this would become more evident in the Second World War, which had more similarities with the First World War than the interwar period. However, the need for public sex education, which had not been fulfilled following the Royal Commission, still remained.

Graph: Number of civilian cases in all stages dealt with for the first time at the Treatment Centres in England and Wales¹⁴⁵



Despite the high numbers of people being treated for the first time every year, after the Trevethin report on VD in 1923 to ‘consider and report upon medical measures for

¹⁴⁴ Ibid.

¹⁴⁵ Ibid.

preventing venereal disease in the civil community', the issue did not have a high profile again until the Second World War.¹⁴⁶ That does not mean that everyone considered VD to be insignificant. As one of the points in the report indicated, 'The presence of these diseases in the community is a menace to the maintenance and advancement of the physical and intellectual standard of the race'.¹⁴⁷ No action was subsequently taken.¹⁴⁸

Good statistics on the rate of VD are not available for all overseas stations. One place where they are was India. In 1920 the rate for soldiers stationed in Britain was 4.8 per cent, but for British soldiers in India it was 11.8 per cent. By 1932 the respective figures were 1.1 percent compared to 3.7.¹⁴⁹ Since the VD rate decreased more widely in the army, rather than just in India, it is likely that the reduction reflects a wider change in army culture.

In the 1930s, the number of service personnel increased with the anticipation of another war. The largest intake of personnel was between 1938 and 1940 when the total size of military increased from 385,000 to 2,273,000.¹⁵⁰ Although the VD rate during the war for both services and civilians was at its lowest level in 1939, society would change through conscription, the employment of women, and mobility. The extent to which the government, the army and the navy had learnt lessons about how to manage VD differed in wartime. These would now be tested again.

¹⁴⁶ Adrian Bingham, 'The British Popular Press and Venereal Disease During the Second World War', *The Historical Journal*, 48 (December 2005), 1055-76 (p. 1062.)

¹⁴⁷ 'Inquiry on Venereal Disease: Report of Lord Trevethin's Committee', *The British Medical Journal*, 3258 (June 1923), 976-79, (p. 977).

¹⁴⁸ Harris, pp. 46-47.

¹⁴⁹ LSE, 3AMS/B07/23 'The British Army Admissions to Hospital for Venereal Disease'.

¹⁵⁰ Central Statistical Office, *History of the Second World War: Statistical Digest of the War* (London: HMSO, 1951), p. 8.

2.4 The Second World War

The number of men trained for the military had been increasing since 1936. Men selected the service into which they wanted to enlist, whether they were volunteers or conscripts.¹⁵¹ The RAF was the most popular choice. The navy was a popular choice. Needing fewer men, they could afford to be more selective and reject some applicants. As men who were not accepted into the navy automatically went into the army, it was argued that in order to avoid the army some men chose the RAF, who were slightly less selective.¹⁵² Over the course of the war, just over a million men and women served in the Royal Navy, compared to nearer four million in the army.¹⁵³ At its peak in June 1945, this represented 783,000 men in the navy and 2,920,000 in the army.¹⁵⁴

In anticipation of the war, in 1938 the British Medical Association advised the Medical Emergency Committee, who were overseeing the call-up of doctors, to 'be mindful of recruiting venereal disease specialists'.¹⁵⁵ Although the VD rate had reduced in the interwar years, with the war, the VD rate for both the military and civilians increased. There are various estimates of the extent of the change, but one from a reliable source indicates that in the first two years of the war the incidence of VD in both servicemen and civilian men doubled, and the rate for women increased by sixty-three percent.¹⁵⁶ A leading army venereologist was clear about the causes: 'Sexual promiscuity, on which the incidence of venereal disease depends, is promoted chiefly by: absence from

¹⁵¹ Daniel Todman, *Britain's War: Into Battle, 1937-1941* (London: Allen Lane, 2016), p. 241.

¹⁵² Lavery, p. 30.

¹⁵³ Allport, *Browned off*, p. xviii.

¹⁵⁴ H. M. D. Parker, *A Study of Wartime Policy and Administration* (London: HMSO, 1957), p. 484.

¹⁵⁵ Laura Dawes, *Fighting Fit: The Wartime Battle for Britain's Health* (London: Weidenfeld and Nicholson, 2016), p. 212.

¹⁵⁶ Mark Harrison, *Medicine & Victory*, p. 98.

home, boredom, reaction from mental strain and excitement, the possession of surplus cash, “gold digging”, over-indulgence in alcohol, and custom and example.’¹⁵⁷

In 1939 and 1940 the British Army in France experienced a particularly high VD rate. This quickly forced them into adopting a more active approach to managing the situation. The VD incidence was thirty-six admissions per thousand men, four times higher than at the highest point from 1914 to 1918.¹⁵⁸ By October 1939, the Deputy Director of Health argued that ‘This (VD) is the big problem to date’.¹⁵⁹ It is easy to appreciate that APMs had other priorities than dealing with it. For the men, the fear of VD receded by comparison to the wish to fully experience life before dying. Given the choice, it was not difficult to answer the old-timer’s question, ‘Which would you sooner have, laddie, a dose of VD or a packet of shrapnel up your arse?’¹⁶⁰ adapting that of the preacher E. B. Turner in the First World War. A survey just after the war revealed that twenty-five per cent of men admitted to having ‘been with a prostitute’.¹⁶¹

The VD rate amongst British soldiers in France reached a peak in June 1940. This was consistent with the pattern established previously, that it was just after a major offensive that the VD rate was highest. Between October 1939 and April 1940, there were 331 medical evacuations from the British army in France on the grounds of VD. By June 1940 this constituted one per cent of all the medical evacuations from France.¹⁶²

¹⁵⁷ L. W. Harrison, ‘The Present Problems of Venereal Disease’, *The Medical Press and Circular* (October 1943) 260-64 (p. 262).

¹⁵⁸ Mark Harrison, *Medicine & Victory*, p. 43.

¹⁵⁹ TNA, WO222/1479 ‘Movements of British Field Ambulances BEF 10th May to Evacuation Dunkirk’, p. 35.

¹⁶⁰ John Ellis, *The Sharp End: The Fighting Man in World War II* (London: David & Charles, 1980), p. 273.

¹⁶¹ England, p. 593.

¹⁶² *History of the Second World War: United Kingdom Medical Series: Casualties and Medical Statistics*, ed. by W. Franklin Mellor (London: HMSO, 1972), pp. 181-83.

Whilst the exact number of civilians with VD was unknown,¹⁶³ because of the percentage of untreated cases or otherwise unrecorded, from 1940 onwards the number of people treated for VD in Britain increased. It peaked in 1945 at 145,387 cases.¹⁶⁴ This included those members of the services treated in civilian facilities so may also partly reflect demobilisation. However, the year of the war where the change was largest was 1941 when it increased by 8,300 cases.¹⁶⁵ In 1942 the increase was nearly as large.

The number of civilians in Britain treated for VD for the first time in 1938 was 57,726.¹⁶⁶ There was no year in the war when the number of civilians being treated for the first time exceeded this. According to another official source, figures that just referenced syphilis and gonorrhoea were significantly different, (48,511 in 1939 and 49,525 in 1945) but the principle was consistent that the overall number of civilians being treated for VD for the first time fell for most of the war years.¹⁶⁷ However, the latter source indicated that these were likely to be underestimates of both incidence and treatment figures because of the mobility of the population.¹⁶⁸

The government accepted that one of the difficulties was that civilians were unaware of the early symptoms of VD, and that this reduced the probability of them seeking

¹⁶³ L. W. Harrison, *The Present Trend of Incidence of Venereal Diseases*, p. 249.

¹⁶⁴ Central Statistical Office, *Statistical Digest of the War* (London: HMSO, 1951), p. 42.

¹⁶⁵ Ibid.

¹⁶⁶ Arthur Salusbury MacNalty and W. Franklin Mellor (eds) *Medical Services in War: The Principle Medical Lessons of the Second World War* (London: HMSO, 1968), p. 331. This pattern is not true for Scotland, where the incidence of new cases peaked in 1942. Arthur Salusbury MacNalty (ed) *Medical Services in War: The Civilian Health and Medical Services* (London: HMSO, 1953-55), p. 270.

¹⁶⁷ L. W. Harrison, 'Venereal Diseases' in Arthur Salusbury MacNalty (ed) *Medical Services in War: The Civilian Health and Medical Services* (London: HMSO, 1953-55), p. 114.

¹⁶⁸ Ibid.

medical treatment early. The solution was education.¹⁶⁹ The government began a public information campaign to address this in 1942, but two years later they were still saying this was needed. The memorandum in which this was acknowledged also indicated that ‘moral as well as medical issues are involved in the venereal diseases and those suffering from them are therefore reluctant to consult anyone about it’.¹⁷⁰

The primary differences between the information provided to civilians and that provided to the military were that the latter were both subject to compulsory education about VD, and had better and more ready access to medics who could examine them for indications of disease. On this basis, the reported rate in relation to the military was always likely to be closer to the incidence rate. In the services it was also compulsory for anyone diagnosed with VD to reveal the source of their infection. This was not true for civilians.¹⁷¹ The three elements of the campaign aimed at civilians were education about symptoms and treatment, the repression of prostitution, and the provision of adequate treatment facilities.¹⁷² Treatment was free, a significant indication of government commitment since this preceded the National Health Service.

Outside of London, the county with the highest rate of VD in the services in 1939 was Lancashire, which Colonel Harrison considered was due to the number of large ports.¹⁷³ Despite a population of one sixth the size of Yorkshire Ridings and Durham combined, Lancashire dealt with thirty per cent more cases of gonorrhoea than

¹⁶⁹ TNA MH55/1350 (Untitled note, 19 January 1944), p. 1.

¹⁷⁰ Ibid.

¹⁷¹ TNA MH55/1350 (Untitled note, 19 January 1944), p.2.

¹⁷² TNA MH55/2325 ‘Civilian Venereal Disease Control’, p. 1.

¹⁷³ L. W. Harrison, *The Present Trend of Incidence of Venereal Diseases*, p. 254.

Yorkshire.¹⁷⁴ This was not just because of the higher numbers in population-dense counties, as the VD rate was represented in terms of per thousand men.¹⁷⁵ In Lancashire, eighty-five per cent of the contact tracing forms were completed by men in the military.¹⁷⁶

The British Official History of naval medicine in its usual laconic form acknowledges a rise in VD in the navy ‘that could not wholly be explained by the proportionate increase in the services’ population as a whole’.¹⁷⁷ No further explanation was provided. The VD rate in the navy between 1939 and 1945 did not reach as high as in the First World War.¹⁷⁸ In fact in 1940 they argued that the incidence of VD had decreased since the start of the war.¹⁷⁹ But in both wars, the VD rate for the navy did not increase over pre-war rates until after the first year. Whilst the exact figures are unknown, for reasons explained in the introduction, hospitalisation figures are known. These represent the rate of ‘non-effective’ (sick) men per thousand on a daily basis, so exclude men who were being medically treated but remained able to work. The rates for VD were worse than for any other disease. But even at its worst in 1942, less than one sailor per thousand was in hospital for VD on an average day.¹⁸⁰ The hospitalisation rate for VD in the navy remained stable from 1942 onwards.¹⁸¹

¹⁷⁴ Ibid.

¹⁷⁵ Ibid.

¹⁷⁶ Dawes, pp. 241-42.

¹⁷⁷ Coulter, p. 221.

¹⁷⁸ F. P. Ellis and Sir Alun Rowlands, ‘The Health of the Navy in Two World Wars’, *Journal of the Royal Naval Medical Service*, 52 (1966), 5-24 (pp. 15-17).

¹⁷⁹ Wellcome Library, SA/MWF/D/2/4 (Letter from P. Nicholls, Medical Director, Admiralty, to Alison Neilans, AMSH), 16 July 1940.

¹⁸⁰ Ibid.

¹⁸¹ Ellis and Rowlands, p. 15.

Table 6: ‘Sick daily’ or ‘non-effective’ rate in the Royal Navy per thousand men in any one year¹⁸²

	1939	1940	1941	1942	1943	1944	1945
Syphilis	0.23	0.14	0.22	0.24	0.13	0.15	0.17
Gonorrhoea	0.93	0.65	0.65	0.49	0.41	0.42	0.35
Combined	1.16	0.79	0.77	0.73	0.54	0.57	0.52

Another measure of the difference of how VD affected the navy between the two wars is demonstrated by examining the number of men admitted to the naval hospital at Haslar. The number of men admitted for all diseases between 1914 and 1918 was 54,942.¹⁸³ Between 1939 and the end of 1945 the number was 91,661. Yet the proportion of those hospital admissions that applied to VD patients was considerably different between the wars. There were 164 admissions per thousand for VD between 1914 and 1918, but between 1939 and 1945 it was only 18 per thousand.¹⁸⁴ By this measure, considerably fewer sailors were hospitalised for VD in the Second World War than the First, largely because of penicillin.¹⁸⁵

By 1942 the VD rate overseas for British servicemen was causing concern for both the government and the services. By December 1943 VD amongst British troops in Italy

¹⁸² Ibid.

¹⁸³ Mellor, pp. 80-81.

¹⁸⁴ Ibid.

¹⁸⁵ Longden, p. 105.

had risen to twenty times the rate in the UK.¹⁸⁶ Where there was such poverty and sex was available so cheaply, some senior commanders argued that ‘nearly all the women are suffering from a very virulent form of infection’.¹⁸⁷ This was not necessarily true. In December 1943, 4,000 British servicemen in Italy were hospitalised with VD, the equivalent to the loss of four infantry battalions over a three-week period.¹⁸⁸

Concern about VD was also high during the invasion of North Africa. Within two months of landing, three per cent of all British servicemen there were infected with VD.¹⁸⁹ In May 1943 the government commenced trials of penicillin to cure VD, although this was not implemented widely until the end of 1944.¹⁹⁰ The VD rate began to increase in the third quarter of 1944. Between 1940 and 1943 only 0.3 per cent of the medical discharges from the army were because of VD.¹⁹¹ The high VD rates overseas led to concern when the Allies were planning D-Day and influenced their subsequent decision making. This will be discussed further in the chapter on the medical approach.

Whilst for sex workers on the south coast of England, D-Day represented a loss of custom, particularly of British and American servicemen,¹⁹² in France the meaning was very different. At its peak in Spring 1944 there were 1,421,000 foreign servicemen in

¹⁸⁶ Wellcome Library, RAMC 466/51 ‘Northern Command Health Notes by the DDMS’, p. 4. In Italy it was 7-8 per cent by the end of the war. Kevin Brown, *The Pox: The Life and Near Death of a Very Social Disease* (Stroud: Sutton Publishing, 2006), p. 182.

¹⁸⁷ Wellcome Library, RAMC 466/51 ‘Northern Command Health Notes by the DDMS’, p. 5.

¹⁸⁸ Ibid.

¹⁸⁹ Kevin Brown, *The Pox*, p. 185.

¹⁹⁰ Sydney Mander Laird, *My Life before Penicillin* [n.p] (Merlin Books, 1988), p. 419.

¹⁹¹ Hansard, 41w, 14 March 1944.

¹⁹² Laird, *My Life before Penicillin*, p. 401.

Britain.¹⁹³ The services planned for months prior to landing how they would prevent VD on arrival.

In August 1944 the VD rate in the British army in France was low (nine cases between the 6th Airborne Division, 49th Division, and 51st Division), reflecting the war of movement.¹⁹⁴ Despite the low rate of VD more generally that month, commanders were concerned that it would not remain that way. Interestingly, the figures in one of the army's official accounts of VD in the war only cover the incidence of VD from 1937 to 1944.¹⁹⁵ From the third quarter of 1944 onwards, the army figures are represented only in terms of hospital rates for North-West Europe.¹⁹⁶ In this it is stressed that the majority of men received treatment for VD in 'other medical units'.¹⁹⁷ In the last quarter of 1944 and first of 1945 army hospital admissions for VD constituted eight per cent of those for all diseases.¹⁹⁸

Unsurprisingly, the cessation of hostilities in the European theatre resulted in an immediate increase in VD. In 21st Army Group this meant from a ratio of 0.65 per week per 1,000 British soldiers in March to May 1944 to 0.95 in the corresponding period the following year, an increase of nearly fifty per cent.¹⁹⁹ By contrast, the rates in the navy

¹⁹³ Haste, p. 124.

¹⁹⁴ TNA, WO 177/335 'Monthly Hygiene Report August 1944'.

¹⁹⁵ F.A. E Crew, *History of the Second World War: United Kingdom Medical Series: The Army Medical Services Organisation and Administration*, 2 vols (London: HMSO, 1955), p. 231.

¹⁹⁶ Mellor, p. 192

¹⁹⁷ Ibid.

¹⁹⁸ Ibid.

¹⁹⁹ TNA, WO 32/15772 'The War Office Committee on Morale: Report of the committee: Part 1: The Army Overseas: March – May 1945', p. 20.

were highest in 1942 – one man per two thousand hospitalised for VD on any day.²⁰⁰ Whilst penicillin reduced the time spent in hospital with VD, this shows that the trend preceded its introduction.

The VD rate for American troops in Britain in December 1942 was fifty-eight cases per thousand men.²⁰¹ Of American soldiers in Britain, thirty per cent who contracted VD did so in London.²⁰² The higher pay of foreign servicemen made them particularly attractive. The VD rate overseas was even higher. Like the British Services, the Americans were concerned prior to the return to France what the impact would be on the VD rate. By November 1944 the American Chief Surgeon, A. W. Kenner, reported that VD cases amongst American soldiers in the Loire Base section were as high as 221 cases per thousand.²⁰³

2.5 Conclusion

Overall, in the period under question, the percentage of servicemen who contracted VD reduced. But the downwards trajectory of the VD rate was not continuous. There were some temporary increases within this and a higher rate during wartime than in most of the interwar period. The increases in the rate in the army were evident in the first year of both wars. For the navy, the VD rate decreased in the first year of each war but then increased. For both services, the VD rate was more under control in the Second World

²⁰⁰ Ellis and Rowlands, p. 15.

²⁰¹ David Reynolds, *Rich Relations: The American Occupation of Britain, 1942-1945* (London: Harper Collins, 1995), p. 204.

²⁰² Reynolds, p. 205.

²⁰³ Roberts, pp. 1010-11.

War than in the First, although there were exceptions to this for the army, in terms of time most notably November 1939. The civilian rate had some parallels with those of the services, with increasing rates during the world wars. However, it did not reduce to the same degree as the services during the interwar years.

The next four chapters examine the different strategies to reduce VD in the services and evaluate the immediate effects of these on the incidence of VD.

3

The Impact of Legislation on Preventing VD in the Services

The legal framework for tackling VD largely focused on controlling prostitution, which the services historically regarded as the largest source of VD. Legislation was a tool by which the government could demonstrate that they were tackling an issue. Legislation in both wars criminalised women with VD who infected servicemen.¹ Initially, this focused on women previously identified as sex workers. Whilst various new laws were implemented in the First World War, of questionable effectiveness, only one new law was implemented in the Second, as the government attempted to avoid previous failures. Unlike other legislation, however, the police were not the only ones enforcing the law. In this matter they were joined by both the military police and voluntary patrols.

3.1 The Contagious Diseases Act

Between 1864 and 1869 the British government implemented a series of Acts, collectively known as the Contagious Diseases Act (CDA). Although this operated outside of the core period covered in this thesis, the principles, such as monitoring women and compulsory medical treatment, formed the framework for legal actions in the world wars. The CDA compelled any woman considered by the police to be a ‘common prostitute’ to undergo medical examination to check whether she had VD, unless she was prepared to prove to a magistrate that she was not one. If deemed infected, she would be detained in a lock hospital for medical treatment and discharged after three months, unless

¹ (1918) Regulation 40D Defence of the Realm Act; (1942) Section 33B Defence Regulation – unlike the former, the latter was not restricted to women.

another certificate was signed detaining her for a further three months. After release, she would be medically inspected every fortnight to check for VD. The explicit aim of the CDA was to reduce the incidence of VD amongst soldiers and sailors by controlling its occurrence in what was deemed to be the source. From 1866 onwards, any woman who refused to be medically examined could be imprisoned for a month. The same was true of any woman charged under the Act who would not or could not defend herself against the charge in court.² The law criminalised any house owner harbouring sex workers who might be considered to have VD.

The towns and cities around Southern England and Ireland in which the Act applied all had major naval dockyards or army garrisons.³ Southampton reflected a slightly different concern to the other places. It was neither an army town nor were the navy based there; it was a commercial port. Its significance was the close proximity to Portsmouth. Seventy per cent of sailors were based in towns specified under the Act,⁴ reflecting the fact that the navy was concentrated in a small number of places.

The prompt for the CDA was a pamphlet from 1860 entitled *Soldiers and the Social Evil*,⁵ ostensibly the private work of a chaplain in the services, addressed to the Secretary of State for the War Office.⁶ This was the first time such legislation was proposed for the benefit of the services and a rare occasion when the arguments for regulation were openly made in Britain. The pamphlet established a theme that would be replicated in the

² Hansard, 1317, 24 May 1870.

³ Scotland had its own laws on prostitution, which were unrelated to the military.

⁴ 'The Contagious Diseases Acts: A Controlled Experiment in Criminal Justice', *Significance*, 1 (June 2004), 88-89 <<http://onlinelibrary.wiley.com/doi/10.1111/j.1740-9713.2004.031.x/pdf>>

⁵ *Soldiers and the Social Evil: By a Chaplain in the Forces* (Folkestone: E. Creed, 1860).

⁶ Ware, pp. 164-66.

twentieth century, namely that servicemen who visited sex workers were the victims of ‘drugged drinks and infected women’.⁷

From 1869 the Act applied to fifteen miles around the designated towns, further extending the area to which the Act applied. There were always ways to evade this, however. Most directly, military officers smuggled women back to barracks.⁸ One alleged response of servicemen to the law was that they waited outside the centres where women were examined so that they could identify women who were free from disease.⁹ From 1867 onwards there were discussions and campaigns about extending the Act further.¹⁰

The CDA was effectively a British experiment in regulating sex workers. From a policing perspective, the challenge was identifying who these women were, a problem reflected in the legislation at the time. Those arrested were mainly from working class areas. Whilst the police were the primary organisation responsible for implementing the Act, the services were closely involved. The military police assisted the town night watchmen to look for sex workers.¹¹ The Admiralty and War Office supplied doctors to conduct the medical examinations needed by the Act,¹² and collated statistics to demonstrate that the Act was effective.

⁷ *Soldiers and the Social Evil*, p. 6.

⁸ The National Archives, HO 45/9740/A55536 ‘Moral Condition of the Garrison and Seaport Towns’.

⁹ TNA, WO 33/27 ‘Summary of Replies and Observations in Reference to Certain Statements on the Grounds on which the Contagious Diseases Acts are Opposed’.

¹⁰ Myrna Trustram, *Women of the Regiment: Marriage and the Victorian Army* (Cambridge: Cambridge University Press, 1984), p. 122.

¹¹ TNA, HO 45/9740/A55536 (Letter from Secretary to Commander-in-Chief to Town Clerk, Portsmouth), 23 May 1896.

¹² TNA, WO 33/27, ‘Observations in Reply to Statements made by Dr Birkbeck Nevins on the Grounds on which the Contagious Diseases Acts are Opposed’.

Fourteen other towns and cities with a significant military presence were monitored alongside those under the CDA.¹³ The purpose of this was to demonstrate the effectiveness of the Act. These places included London, where the law was never applied. Woolwich, where the Act applied, is now considered part of London but was part of Kent at the time.

The committees of campaign groups to extend the Act included many army and navy officers, as well as doctors and clerics. In 1868, a year before the final extension of the Act, a Royal Commission indicated that it was impractical to apply this legislation to the wider population because of the cost.¹⁴ The Admiralty and the War Office bore the cost of implementing these laws, because the CDA was for their benefit rather than for wider society. Questions of pay and pensions for those civil police with CDA responsibilities were also addressed by the War Office and Admiralty.¹⁵

Despite government denials, it was believed that France was the model for the CDA.¹⁶ There were obvious parallels between the two systems, notably the medical monitoring of the women, but also notable differences. Britain never issued licences to sex workers or brothels, and women were not given certificates to show that they were free from disease.¹⁷

¹³ Athlone, Belfast, Dublin, Edinburgh, Fermoy, Hounslow, Isle of Wight, Limerick, London, Manchester, Pembroke Docks, Preston, Sheffield, Warley.

¹⁴ Nevins, p xliii.

¹⁵ TNA, MEPO 2/421.

¹⁶ TNA, ADM 116/26 'Papers Relative to CD Acts'.

¹⁷ Florence Nightingale argued that the only essential difference was that in Britain the police retained the certificate to verify that the prostitute was disease-free. She published two letters on the issue in the *Pall Mall Gazette* under the pseudonym 'Justina'. 'Miss Garrett on the Contagious Diseases Acts', *Pall Mall Gazette*, Friday 18 March 1870, p. 6.

By 1880 a Liberal government less inclined towards the Act was in power.¹⁸ They suspended the Act in 1883. As a result, police could no longer compel women to be examined for disease.¹⁹ The House of Commons Select Committee on the Contagious Diseases Act reported to parliament several times throughout the operating period of the CDA. In 1882 two reports were submitted to parliament, as the committee were not in agreement.²⁰ The majority report made the same recommendations as it had previously – namely, the continuation of the Act with no change. The minority report however, argued that the CDA had made insufficient difference to justify its continuance considering the religious, moral and constitutional objections to it.²¹ Some of the claims about the CDA, such as the idea that it had led to a wider improvement of morality, were thought to be excessive and increased doubt about the Act altogether.²² Consequently, it was the minority report that parliament discussed.

The select committee predicted that the suspension of the CDA would reduce the strength of the services, and increase the misery and squalor for the women involved by ‘The letting loose of increased crowds of abandoned and diseased women and girls of all ages, upon streets and thoroughfares swarming with soldiers and sailors.’²³ When the law was repealed in 1886 the services argued that there would be an increase in VD. This was

¹⁸ Trustram, p. 123.

¹⁹ An example of the evidence demonstrating that lobbying was effective may be found at Hansard, 488, 01 August 1882.

²⁰ Ware, pp. 259-60.

²¹ *Report from the Select Committee of the House of Commons on the Contagious Diseases Act*, 1882 vol ix, c 340.

²² TNA, WO 33/27, 321 ‘Observations in Reply to Statements made by Dr Birkbeck Nevins on the Grounds on which the Contagious Diseases Acts are Opposed’.

²³ William Bett, ‘Venereal Disease as a War Casualty’, *Proceedings of the Royal Society of Medicine*, 16 (1 April 1923), 15–29 (p. 23).

an accurate prediction, although the increase was temporary before VD figures continued on their downward trends.²⁴ In 1894 Surgeon William Moore wrote an article in *The Humanitarian*, calling for the return of the CDA. However, there is no indication that this was representative of a wide social movement.²⁵

In 1909 the police reported a large increase in the number of charges of soliciting and open-air indecency around Woolwich.²⁶ This was attributed to the military police exercising powers they had been granted under a 1906 bylaw (the Open Spaces Act). A smaller increase was noted around Waterloo Station, where a boarding house for women in Blackfriars Road was held responsible. In addition to that, the number of servicemen passing through the station ‘also draws loose women into the neighbourhood’.²⁷ No numbers were provided, but the superintendent of the district reported that the increase in the number of cases was slight.²⁸

3.2 The First World War and the Defence of the Realm Act

On 8 August 1914, four days after Britain declared war, the British parliament passed the Defence of the Realm Act,²⁹ commonly referred to as DORA. The purpose of the Act, as indicated by its name, was the security of the nation. The Act provided the government

²⁴ Ibid.

²⁵ William Moore, ‘The Necessity of Restoring the Contagious Diseases Act’, repr. from *The Humanitarian in Deviance, Disorder and the Self* <<http://www7.bbk.ac.uk/deviance/sexuality/moore/41-2-5%20moore.htm>> [accessed 15 February 2021]

²⁶ TNA, WO MEPO 2/1287 ‘Executive Branch Report’, 26 June 1909.

²⁷ Ibid.

²⁸ Ibid.

²⁹ Defence of the Realm Act, 1914.

and military with specific powers over the civilian population. Some elements of the Act directly concerned the security and efficiency of the services, such as the protection of naval dockyards and the commandeering of civilian facilities for use in the war effort. As the war progressed, the scope of DORA increased to cover matters such as the control of public drinking or restricting the sale of previously legal drugs.

Within the first few months of the war there were complaints from both the services and local residents in some towns that large numbers of women were loitering in the vicinity of training camps and barracks. Hundreds of women ‘sieged’ the barracks at Hoxton when the 1/7 London Regiment were first quartered there overnight in August 1914.³⁰ Official sources used emotive language, referring to the ‘evil’³¹ of loose characters ‘who seek to prey upon the soldiers’ as a ‘plague’.³² These complaints were particularly noted in Folkestone, which as a port close to France experienced ten million people travelling through it during the war.³³ 6,000 women of Folkestone and the surrounding districts signed a petition and submitted it to the Home Office asking for the local authorities to be ‘given the power to enable them to effectively deal with the large numbers of prostitutes now in the town’.³⁴ As was commonly the case with such complaints, no estimate of the number of women was ever given, but the complaints started early and continued through the war. The higher wages of dominion troops made

³⁰ Ian Beckett, Timothy Bowman, and Mark Connelly, *The British Army and the First World War* (Cambridge: Cambridge University Press, 2017), p. 145.

³¹ TNA, WO 32/5597 ‘Instruction Concerning the Treatment and Prophylaxy [sic] of Venereal Disease, Circular 251, Paris’, 25 September 1916.

³² TNA, HO 45/10802/307990 ‘Some Notes on the Maintenance of Public Order in the Neighbourhood of Training Camps with Special Reference to the Health of the Troops and the Duty of the Police’, 23 October 1914; ‘Plague’: MacPherson, *Hygiene*, p. 121.

³³ ‘Kent in WWI’ <<http://kentww1.com/folkestone/>> [accessed 30 June 2020]

³⁴ TNA, HO 45/10724/251861 (Letter from Stephen Penrose, Mayor to the Home Office), 24 December 1915.

them a particularly attractive target for sex workers,³⁵ who it was believed had travelled from London.³⁶ A similar phenomenon allegedly occurred in relation to submariners in the navy as they were paid more than other sailors and were targeted accordingly.³⁷ Throughout both wars a theme that emerged was that British servicemen were sometimes ignored by women, the latter preferring the higher paid dominion and American forces.³⁸

The first clause of DORA attempting to tackle VD in the services was Section 13A. This came into force in February 1916,³⁹ but from 1914 onwards the military were using Section 13. This gave them the authority to order any person who they considered posed a threat to security to be ordered to remain indoors unless given a permit. The most famous example where this was applied was in Cardiff under Colonel East, Commander of the Severn District. He instructed the police to issue notices to certain women considered to be ‘leading an immoral life’,⁴⁰ making them subject to a curfew between 19.00 and morning and banning them from the public houses. If the woman was found to be outside between those hours or in the public houses she would be arrested and court-martialled. Some newspapers reported this as a curfew affecting all women,⁴¹ indicating a certain level of confusion. The list of women came from Colonel East but the arrests

³⁵ TNA, HO 45/10802/307990 ‘Measures for Dealing with Prostitution’.

³⁶ TNA, HO 45/10724/251861 (Untitled note of details of a conference at the War Office about the VD rate in the Home Forces), 24 September 1915.

³⁷ IWM, Sound archive no. 661, reel no. 7.

³⁸ Peter Caddick Adams, *Sand and Steel: A new History of D-Day* (London: Hutchinson, 2019), pp. 154-57. E-book.

³⁹ Philippa Levine, *Prostitution, Race and Politics: Policing Venereal Disease in the British Empire* (London: Routledge, 2003), p. 163. As with much of the legislation, there is disagreement about the Act. Laura Lammasniemi argues that the Act came into force in 1915. Laura Lammasniemi, ‘Regulation 40D: Punishing Promiscuity on the Home Front during the First World War’ in *Women's History Review*, 26 (2017) <doi:10.1080/09612025.2016.1148506>

⁴⁰ ‘The Cardiff Outrage’, *The Daily Herald*, 19 December 1914, p. 2.

⁴¹ ‘Women Court-Martialled: Novel Case at Cardiff’, *Driffild Times*, 5 December 1914, p. 4.

would be made by the police. Therefore, there had to be a certain level of co-ordination between the army and the police.

The differences between DORA Section 13 and the CDA lay in the length of time for which the women were confined, where they stayed, and the fact that the CDA inspected women to determine if they had VD, whilst DORA 13 was a control on morality, without any medical testing. Yet when challenged by a delegation of protestors, Colonel East indicated that the purpose of the policy was to protect the health of his troops; stating that it was not a moral matter.⁴² Apart from Cardiff and Portsmouth⁴³ DORA 13 does not appear to have been applied in this way elsewhere.⁴⁴ This is likely to be due to the negative publicity it generated in relation to Cardiff. It is significant that the women arrested were subject to court-martial procedures,⁴⁵ making the control of civilians a military matter. This was not an idle threat. Within two months of the law being applied, five women were imprisoned, and others cautioned. The women argued that they were unaware of the curfew, despite the police notifying them, indicating further confusion.⁴⁶ According to one newspaper, the court sentences would be submitted to the General Officer Commanding the district 'and would be promulgated in due course'.⁴⁷

Military commanders had the option of putting high risk areas out of bounds to troops. It was little used in Britain for this purpose. Where it was, such as in Winchester

⁴² Ibid.

⁴³ Robinson, p. 102.

⁴⁴ LSE, 3AMS/B07/16 (Letter from Alison Neilans, AMSH to Dr Wilson, Aldershot), 24 April 1915.

⁴⁵ Defence of the Realm, Section 56.

⁴⁶ The newspapers reported that the women were illiterate. 'Out of Hours: Court Martial on Women at Cardiff', *The People*, 29 November 1914, p. 9.

⁴⁷ Ibid.

where ‘one or two streets’ were placed out of bounds, it was considered successful,⁴⁸ but that would have been a small area to patrol. A naval experiment with such practices in Chatham in 1907, which will be discussed in more detail in the chapter on the medical approach, indicated the weakness of such actions.⁴⁹ DORA 13A prevented anyone previously convicted on a prostitution-related charge from residing in the neighbourhood where the services were based. Those violating the regulation were moved from the vicinity. The services were responsible for reporting any woman they considered to be a nuisance to the local police. DORA 13A was originally only intended for Folkestone and areas of Kent, where there were a high number of Canadian troops.⁵⁰ According to the Home Office, the clause was devised at the insistence of the War Office.⁵¹ But overall, it was of limited use.⁵² The problem was that few of the women near the camps had previous convictions. The ineffectiveness of DORA 13A was exacerbated by the decreasing rate of success of prosecutions for prostitution. This reduced as magistrates became increasingly reluctant to accept a policeman’s word without corroborating evidence by the man in question that he was annoyed by the woman.⁵³

On 14 April 1917 DORA 35C came into force, agreed by a reluctant Army Council, who were concerned about potential public criticism.⁵⁴ This new clause was an extension of DORA 13A and allowed the police to bypass the need to prove that the woman in

⁴⁸ TNA, HO 45/10724/251861 ‘Winchester (Visited Sept. 14th)’ [1915], p. 23.

⁴⁹ TNA, HO 45/10724/251861 A. Newsholme, ‘Venereal Disease’, 16 September 1915, p. 1.

⁵⁰ TNA, HO 45/10802/307990 (Letter from Secretary of State for War), 11 March 1916.

⁵¹ Ibid.

⁵² Hansard, 468, 19 June 1918.

⁵³ Settle, *Sex for Sale*, p. 21.

⁵⁴ Buckley, pp. 70-71.

question was harassing someone. There were several relevant points in the extension of the Act. Firstly, 35C Section 1B focused on ‘securing and preserving order and good behaviour in the area’. This seems reasonable, as does the explanation of controlling or regulating the behaviour of anyone whose ‘presence in the area is likely to prejudice the training, discipline, administration, or efficiency of any of His Majesty’s Forces’. The following clause, DORA 35.2, provided the services with the authority to ban anyone from residing, remaining or even entering an area (presumably where there were servicemen) if they had been convicted of any offence against public order or decency. By contrast to section 13A, this referred more broadly to ‘good behaviour’. A major difference to the CDA was that DORA 35C could not compel diseased women to be medically treated.⁵⁵ It put the emphasis on the services to determine who threatened their efficiency. For the War Office, legislating about sexual behaviour was an unwelcome issue that risked ‘grave objections’.⁵⁶ According to Laura Lammasniemi, the Admiralty advised that this new clause should only be applied against outsiders to the district, local girls should only be given a warning.⁵⁷ Foreign sex workers were nearly all removed from Brighton under the Aliens Act.⁵⁸

Like 13A, DORA 35C merely moved the women to another area, where they could not be tracked so easily.⁵⁹ The introduction of the clause attracted little public attention. When it was discussed in parliament Sir George Greenwood likened it to ‘a pill to cure

⁵⁵ TNA, HO 45/10523/140266 ‘Resolution by Kent County Council’, 20 February 1918.

⁵⁶ Buckley, p. 70.

⁵⁷ Lammasniemi, *Regulation 40D*, p. 5.

⁵⁸ TNA, HO 45/10724/251861 ‘Brighton’, p. 41.

⁵⁹ TNA, HO 45/10802/307990 (Letter from Chief Constable, Grimsby to C. D. Carew Robinson, Home Office), 4 March 1916.

an earthquake'. He said it was 'a sexual morality bill', when what was required was something to control VD.⁶⁰ It has been argued that the Act was ineffective,⁶¹ but it achieved its purpose in those areas where it was applied. During the war years, the arrests for soliciting around Woolwich barracks reduced by half, in line with other barracks.⁶²

Ultimately, DORA 35C did not placate the dominion governments, who wanted the reinstatement of the CDA as they did not consider that prostitution was under control. They regarded London as 'worse' than France as the women were more importuning, more aggressive, and more likely to infect their troops with disease.⁶³ A comment in one British Unit War Diary from Le Havre indicated that the general conduct of soldiers in the streets was 'remarkably good in comparison with London'.⁶⁴ As had happened under the CDA, this was a comparison of two places of very different size. It also suggests that troops' behaviour in London could be considered to constitute unbecoming conduct. By contrast, Le Havre was the first place in France where women with VD were removed from the area, a policy that commenced in early 1915, indicating an early measure of control.⁶⁵ Problems remained however. A notice to soldiers indicating what places were out of bounds listed not only caf  s and estaminets, but also that British soldiers were 'prohibited from going on any ship in the Port of Havre or any barge on the canals, except

⁶⁰ Hansard, 1119, 19 February 1917.

⁶¹ Buckley, p. 72.

⁶² Laite, pp. 119-22.

⁶³ As a measure of contrast, in Paris in the year from July 1914, the French police identified 3,201 unregistered sex workers. Although there were no official estimates of the number of sex workers in London, in 1915, forty-two per cent of arrests for prostitution in England and Wales were made in London. Fischer and Dubois, p. 338; Laite, p. 223. The Home Office also felt that sex workers in other parts of the country had come from London. TNA, HO 45/10802/307990 (Letter from Secretary of State for War), 11 March 1916.

⁶⁴ TNA, WO 154/114 'Lines of Communication, Report for week ending 4th December 1915'.

⁶⁵ MacPherson, *Diseases of the War*, p. 124.

on duty'.⁶⁶ Le Havre, following a dual policy of controlling men and sex workers, had a strategy that managed the situation effectively. Partly because of its size, London did not.

In February 1917, the government presented the Criminal Law Amendment Bill (CLA) to the House of Commons. This was the alternative to reform legislation which had been proposed in 1910, 1911 and 1916.⁶⁷ The key proposals in the CLA were greater protection for young people, raising the age of sexual consent from sixteen to nineteen, and harsher prison sentences for brothel keepers. Notably, there was still no penalty proposed for those using the services of sex workers, although such a suggestion would have been likely to fail. Herbert Samuel, the previous Home Secretary, commended the House for discussing a matter that was not related to wartime needs.⁶⁸ He cited the case of a sex worker with VD who had been frequently arrested and subjected to detention beyond her sentence to compel her to undertake medical treatment. The Home Office was obliged to advise the magistrates in question that they could not enforce treatment.⁶⁹

On 22 March 1918, the government introduced the most controversial element of DORA to control VD, Section 40D.⁷⁰ This made it a criminal offence for any woman with VD in a communicable form to solicit any man in the armed services.⁷¹ The premise was clear about who was instigating sex. There was no equivalent penalty for men who

⁶⁶ TNA, WO 32/5597 The list of out of bound places was on the rear of leave pass.

⁶⁷ TNA, HO 45/10612/194463 'Protection of Young Children and Young Persons from Corruption or Deprivation: Forwards Draft of Proposed Bill', 28 October 1916.

⁶⁸ Hansard, 1106, 19 February 1917.

⁶⁹ One of the demands of a campaign to repeal DORA 13A was the compulsory treatment of all prisoners with VD, including on their release. Plymouth and West Devon Archives, 94/48.

⁷⁰ This did not require parliamentary assent.

⁷¹ Under the Criminal Law Amendment Act the penalty had been knowingly transmitting the disease. Hansard, 688, 11 April 1918.

infected women,⁷² although the services regularly defended their policy by indicating that men would be punished for concealing VD.⁷³ After being arrested, a woman could be detained for up to a week, during which time she would be tested for VD, either by an appointed doctor or one of her choosing. If she had VD, she could be imprisoned for up to six months.⁷⁴ If she was tested by a doctor and found to be free from diseases, she was issued with a certificate.⁷⁵ Unlike under previous legislation, the woman no longer needed to have had any previous contact with the criminal justice system. Compulsory treatment for women infecting troops had been contemplated from at least the time of Jane Stewart.⁷⁶ Despite the word ‘solicit’ being used in the Act, she did not have to be a sex worker. Like the CDA, DORA 40D meant compulsory treatment for women with VD.

Taken to its illogical conclusion, as it was in the case of Ethel Roberts, a wife who contracted VD from her husband was committing a crime by asking him for sex, and some wives were prosecuted on this basis.⁷⁷ Being ignorant of the fact that she had VD was no defence for a woman arrested under the Act. A wider accusation against the Act by its opponents was that working class women were more likely to be targeted by police.⁷⁸

⁷² Hansard, 468, 19 June 1918.

⁷³ TNA, WO 32/11403 (Letter from R. H. Brade (Chief War Office Negotiator with the Press) to Mrs Ogilvie Gordon (President of the National Council of Women in Great Britain and Ireland)), 6 April 1918.

⁷⁴ Lammasniemi, ‘Naming & Shaming Women: Reporting on VD Trials During WWI’ (2016) <<http://notchesblog.com/2016/07/28/naming-and-shaming-women-reporting-on-vd-trials-during-the-first-world-war/>> [accessed 18 August 2018]

⁷⁵ Hansard, 455, 19 June 1918.

⁷⁶ TNA, HO 45/10724/251861 ‘Jane Stewart (or Polletta) “Camp Followers”’, 11 May 1915.

⁷⁷ ‘Cases of the Week’, *The Vote*, 18 October 1918, p. 426.

⁷⁸ Hansard, 462, 19 June 1918.

Section 40D remained in place until 26 November 1918, the day after parliament was dissolved. Under DORA 40D, 396 women were arrested, 203 women were subsequently charged, but only 101 women were convicted.⁷⁹ In many of the CDA towns, there were no charges brought against women under the Act,⁸⁰ continuing the trend that CDA towns were different to the rest of Britain. Just under half of the women charged pleaded guilty. The women who were charged and found not guilty under the Act had proved that they were not infected with VD.⁸¹ It is improbable that they would have been cleared if they were found to be contagious. When the number of women charged and convicted under the Act was discussed in the House of Commons in October 1918, Colonel Lord Henry Cavendish-Bentinck joined with Mr Hastings Lees-Smith to propose its repeal.⁸² Both men had connections to the army. Lees-Smith, the Labour Member of Parliament for Northampton, was educated at the Royal Military Academy in Woolwich but had rejected a career in the military. Cavendish-Bentinck served with the Derbyshire Yeomanry in the First World War.⁸³ Until 1925 army officers were not obliged to resign their commissions on election to parliament. Once elected, they could speak freely about the army.⁸⁴

Another contentious principle of the Act was that servicemen would not be penalised if the woman they accused of giving them VD was uninfected. The accuser remained anonymous. Like with the proposals to increase the age of consent for sex in

⁷⁹ Laite, p. 122.

⁸⁰ Lammasniemi, *Regulation 40D*, p. 9.

⁸¹ Laite, p. 122.

⁸² Hansard, 262, 17 October 1918.

⁸³ *The Peerage* <<http://www.thepeerage.com/p1822.htm>> [accessed 18 August 2018]

⁸⁴ Although other ranks could stand for parliament, there were no known instances of them being elected, at least prior to the First World War. French, pp. 134-35.

the Criminal Law Amendment Act, there were fears that a serviceman would be vulnerable to blackmail if he made a mistake.⁸⁵ Women could report the soldier or sailor from whom they contracted VD to his commanding officer, but few did. To do so meant the woman indicating both her diseased state, but also that she had been sexually active, both of which were stigmatised by society. However, the men were checked regularly to see if they showed symptoms of VD.⁸⁶ If a woman reported that a man had VD, the worst offence he could be charged with would be the deliberate concealment of the disease.

The Army Council opposed DORA 40D when it was originally proposed, even though by targeting women with VD who had sex with servicemen it would remove these women from circulation. Their position did not change over the period the Act was operational.⁸⁷ This was not from feminist sensibilities, but ‘because it tended to identify the Army as a segregation camp for venereal disease’.⁸⁸ The dominions approved of the law but felt that it did not go far enough.⁸⁹ By contrast, feminist groups such as the Women’s Social and Political Union and the Women’s Freedom League, vigorously disapproved of the Act and campaigned against it from its introduction.⁹⁰ Their disapproval was significant because the franchise had just been extended to (some) women, which meant that the government was more sensitive to any feminist

⁸⁵ Hansard, 983, 7 May 1918.

⁸⁶ The Wassermann test was used to verify cases of syphilis. The standard check was examination of genitalia and in cases where it was suspected to have been transmitted from another man, the anus.

⁸⁷ TNA, WO 32/4745 ‘Extract from War Cabinet 461, 20.8.18’, p. 7.

⁸⁸ Ibid.

⁸⁹ TNA, WO 32/4475 ‘Discussion on Venereal Disease at the Imperial War Conference, 1917-1918, G.T 5455’, 20 August 1918.

⁹⁰ Beardsley, p. 197.

campaigns.⁹¹ In conjunction with parliamentarians, they complained that there were no penalties for any men who infected women.⁹² For this reason they considered it to be unfair. This was the last piece of legislation passed on VD or sexual behaviour during the war. It was and is, however, the most discussed. DORA 40D quickly attracted public attention.

Three months after its introduction, the AMSH wrote to the Under-Secretary of State for War following a meeting of fifty-six similar minded organisations, representing a combined membership of over a million people. They indicated that the meeting had pledged ‘uncompromising opposition’ to DORA 40D, its inequality, unjustness and ineffectiveness.⁹³ Considering the small passage of time since the legislation had been passed, the objection must primarily have been on principle rather than the application or effectiveness of the Act. The Home Secretary, Sir George Cave, proposed adaptations that would address some of the complaints, in particular the privacy of women being tested for VD, and the risk that they would be blackmailed.⁹⁴ However, he realised that these moves would not satisfy those who were most fervently opposed to the Act.

Whilst the Act provoked condemnation for its similarity to the CDA, it should not be presumed that all feminists were anti-sex, or that they all regarded sexual relations with men as exploitative. Some, such as Kitty Marion, were advocates of birth control methods other than abstinence. Few women went as far as Ettie Rout though, whose focus was reducing the VD rate amongst soldiers. Her advice to them was that celibacy was the

⁹¹ French women were not eligible to vote until April 1944, later than other Western countries. Their first opportunity was a year later.

⁹² Hansard, 445, 19 June 1918.

⁹³ TNA, WO 32/11403 (Letter from Alison Neilans, Secretary AMSH to Ian Macpherson, War Office), 14 June 1918.

⁹⁴ TNA, WO 32/4475 ‘Extract from War Cabinet 465 (28.8.18)’.

only certain way to avoid VD, but if they were otherwise inclined, then following certain precautions should mean they were reasonably safe.⁹⁵ She worked with a brothel keeper in France to set up a system that as much as possible enabled disease-free sex.⁹⁶ Although her focus was New Zealand troops, her letter-writing challenged the British War Office and highlighted the fact that the options for dominion troops were not available to those from Britain, because of public opinion. By contrast to the response from Britain and New Zealand, in France she was awarded with a high honour for her contribution to the war effort.⁹⁷

3.3 Policing

In November 1914 Lord Hamilton, the Conservative MP for South Kensington, asked the government if they would institute measures to ‘issue warrants for the arrest of women of notoriously bad character who are infesting the neighbourhood of the various military camps in the United Kingdom, to the detriment of the morals and health of the troops’. He proposed that the women should be detained until the end of the war.⁹⁸ The parallels with the CDA were clear – both proposed the removal of women who posed a specific disease threat to servicemen. The language was revealing, the use of the word ‘infesting’ suggested that the women were a disease. The Home Secretary replied that this was not

⁹⁵ Rout, pp. 50-51.

⁹⁶ Jane Tolerton, *Ettie Rout: New Zealand's Safe Sex Pioneer* (New Zealand: Penguin, 2015), pp. 142-44.

⁹⁷ McMillan, p. 107.

⁹⁸ Hansard, 177-78, 16 November 1914.

possible and that the country must rely on the women volunteer patrols, police and magistrates.⁹⁹

The Women's Police Volunteer Service, later called the Women's Police Service (WPS) was established in October 1914 specifically to manage sex workers. It was originally funded by voluntary donations, with some money from police funds,¹⁰⁰ although from 1916 the government funded them.¹⁰¹ One of its founders, Margaret Damer Dawson, started the organisation out of concern that Belgian refugees risked being forced into the white slave trade. However, there was also a wider concern generally about women's morality.¹⁰² The WPS was particularly active in areas where large numbers of servicemen were present, where as well as providing patrols, they lectured the women working in the factories. By their own remit and despite initially being funded only by voluntary donations, they worked under the direction of the civil police and military authorities.¹⁰³ This decision itself alienated Margaret Damer Dawson from Nina Boyle, the other co-founder, who disapproved of the focus on supporting the authorities.

The first town to have a WPS patrol was Grantham, Lincolnshire. The establishment of a soldiers' camp at nearby Belton Park combined with camp followers had doubled the town's population.¹⁰⁴ The WPS's choice of town was no coincidence: Captain Kensington, Margaret Damer Dawson's brother-in-law, suggested to his

⁹⁹ Ibid.

¹⁰⁰ Haste, p. 35.

¹⁰¹ Jackson, p. 45.

¹⁰² Jackson, pp. 40-48.

¹⁰³ TNA, HO 45/10724/251861 'The Women Police Service: An Account of its Aims with a Report of Work Accomplished during the Year 1915', p. 5.

¹⁰⁴ Jackson, pp. 55-57.

commanding officer, Brigadier-General Hammersley, that he should use the WPS to deal with camp followers.¹⁰⁵ Captain Fitzgerald, who had formerly been the Provost Marshal at Belton, was inclined to this perspective because of his own moral beliefs.¹⁰⁶ According to the AMSH, Grantham was a ‘backwater’ town, with officials who were ‘anti-suffrage’.¹⁰⁷ This possibly enabled the focus on controlling women more effectively than in a town with suffrage leanings where the emphasis on monitoring and regulating women’s behaviour might have been less acceptable. The danger to morality of having soldiers dispersed around the country had been anticipated long before by Josephine Butler.¹⁰⁸

In November 1914 the War Office circulated an instruction that in the event of there not being a close and active cooperation between the commanding officer on the spot and the civil authorities that steps were taken to support the police in dealing with ‘the disorderly conduct of women near soldiers’ quarters’.¹⁰⁹ A similar request was made to the local civil authorities.¹¹⁰ The relationship between military commanders and the police varied according to local circumstances. The relationships between the WPS and military commanders, the police, and the public varied even more. According to the testimony of one member of the WPS in Grantham, the army granted her the authority to

¹⁰⁵ Jackson, p. 56.

¹⁰⁶ ‘Morality of Grantham: Grave Assertion by Capt. Fitzgerald’, *The Grantham Journal*, 12 December 1914, p. 4.

¹⁰⁷ LSE, 3AMS/B03/01 ‘Summarised Report on the Investigation on the Protection of Minors and the Treatment of Venereal Disease in Grantham and Lincolnshire, 20 – 26 July 1915’, p. 4.

¹⁰⁸ Trustram, p. 137.

¹⁰⁹ TNA, HO 45/10724/251861 (Copy of letter from War Office), 2 November 1914.

¹¹⁰ TNA, HO 45/10724/251861 ‘Disorderly Conduct of Women near Soldiers’ Quarters’, 2 November 1914.

enter and search any property within a five-mile radius of the camp post-office.¹¹¹ It is not clear that she had the same powers at her next posting in Hull, which was a merchant navy town, so would have had its own experiences and practices in managing prostitution. The AMSH felt that ‘there is a special source of evil in a seaport town, with its floating brothels’.¹¹² These were not the floating brothels of Singapore that they were discussing, but Hull. The language seems both alarmist and extreme, indicative of a moral panic. There was a surplus of female labour and low pay for those employed in Hull,¹¹³ so it had the factors that the AMSH argued occurred in towns with high levels of prostitution.

Many of the voluntary women’s patrols, both the WPS and other locally organised groups, were commonly regarded as interfering busybodies.¹¹⁴ A summary of London Police Superintendent’s reports in 1916 revealed that they did not think the women had achieved much.¹¹⁵ Most of the praise for the WPS was self-reporting, so should be regarded with caution. Increasingly, the public considered them to be a nosy bunch of meddlers.¹¹⁶ The patrols wandered around the towns, shining torches on couples engaged in intimate behaviour and challenging women and girls who were loitering in public.¹¹⁷ Public spaces, such as parks, were considered potential places of immorality. According to one survey during the war, sixty-three per cent of soldiers who contracted VD did so

¹¹¹ LSE, 3AMS/B07/23 ‘Testimony of Inspector Harburn’, 10 March 1919.

¹¹² LSE, 3AMS/B03/01 ‘Summarised Report of Investigation re the Probation of Minors and the Treatment of Venereal Disease in Sheffield, Leeds and Hull, March 1915’, p. 2.

¹¹³ Ibid.

¹¹⁴ John Gibbons, *Roll on the Next War: The Common Man's Guide to Army Life* (London: Frederick Muller, 1935), p. 52.

¹¹⁵ TNA, MEPO 2/1720 ‘Summary of Superintendent’s Reports’, 12 August 1916.

¹¹⁶ Haste, p. 37.

¹¹⁷ Humphries, p. 21.

in the open air,¹¹⁸ but unlike France, in Britain prostitution was less focused around brothels.

Even when the women police were welcomed by a town, sometimes the scale of what they were trying to manage was too large to handle. For example, in Salisbury there were only two policewomen appointed to guard the morals of the 40,000 men stationed there and the ‘harpies’ that preyed on them.¹¹⁹ Again, the language was far from neutral, and clearly indicated who the authorities considered to be the problem. Most significantly, these women patrol groups did not have the power of arrest. They largely relied on the power of embarrassment to disturb the couple. To make an arrest, they needed to involve a male policeman.

From 1914 there were calls for the return of the CDA, for example by the Plymouth Watch Committee. In fact, the AMSH found that nearly everyone they interviewed in Plymouth ‘favoured the reintroduction of the CDA Acts or similar legislation’.¹²⁰ For CDA towns it had been a tested means of controlling VD at what was considered to be the source – the women. The Prime Minister, Herbert Asquith, indicated that although there had been a proposal from Plymouth Town Hall for ‘a re-enactment of the Contagious Diseases Act’, the Act’s return was not an option the government would consider.¹²¹ Moreover, he indicated that no local group had the power to enact such legislation.¹²² Apart from the need to keep women supporting the war effort, Asquith’s

¹¹⁸ Davenport-Hines, p. 241.

¹¹⁹ Colonel J. G. Adami, ‘The Policy of the Ostrich’, *The Canadian Medical Journal Association*, 9 (April 1919), 289-301 (p. 293).

¹²⁰ LSE, 3AMS/B03/01 ‘Summarised Report of Investigations on the Protection of Minors and the Treatment of Venereal Disease in Plymouth and Devonport, 24-30 March 1915’, p. 4.

¹²¹ TNA, HO 45/10724/251861 (Letter from M. Bonham Carter to Nina Boyle), 14 October 1914.

¹²² Ibid.

pre-war experiences, which included the suffragettes accosting his coach to hand him their leaflets,¹²³ left him cautious not to upset the women's movement. One reason that the government was unwilling to resurrect the CDA was because of its informal agreement with the suffragettes:¹²⁴ they needed women to work during the war. On 10 August 1914 the government committed to release all those convicted of crimes related to promoting women's suffrage. This was initiated without 'solicitation on their part, and without requiring any undertaking on their part'.¹²⁵ The government could not afford a fight on the home front as well as the war.

For the civil police in Britain, dealing with sex workers was a low priority due to the reduced size of the police service in the war, which is why it was largely left to women police patrols. By contrast, the French had a specific group for monitoring sex workers, *le police des mœurs*.¹²⁶ Their role focused on licensing and testing the registered sex workers and dealing with those who were unregistered. The relationship between the British military police and the French police or local municipalities varied.¹²⁷ For the British military police, the key questions in this respect were whether servicemen were in areas that were out of bounds, or out without a permit, or whether a premises was serving servicemen beyond its official opening hours. They needed permission to accompany French medical officers to inspect the brothels.¹²⁸ The British Provost Marshals informed the French authorities about problem establishments. If a café was placed out of bounds

¹²³ Mary S. Allen, *Lady in Blue* (London: Stanley Paul & Co., 1936), p. 24.

¹²⁴ Hansard, 2265, 10 August 1914.

¹²⁵ Ibid.

¹²⁶ Vice squad, literally translating as 'police of morals'.

¹²⁷ In some places the relationship worked well – TNA, WO 154/114 'Visit to Treport', 22 April 1916, or 'Visit to St Omer', 26 May 1916.

¹²⁸ TNA, WO 154/114 (War Diary of APM, Lines of Communication, Rouen), 4 June 1915.

to British troops, the owners were obliged to display a sign to that effect.¹²⁹ Some of these were placed out of bounds temporarily, some permanently.¹³⁰ The British military authorities had no power to enforce these regulations on cafés.¹³¹

One of the reasons for checking brothels and estaminets was to find men who were not supposed to be there and had gone absent without leave.¹³² Over the war the proportion of military police to servicemen increased from a ratio of 1:3306 [sic] in 1914, to 1:339 in 1917 and ultimately 1:292 in 1918.¹³³ In specific numbers there were 508 military policemen at the outbreak of war, which increased to 761 with the recall of reservists: 'By 1918, Corps strength was over 25,000'.¹³⁴ In the last twenty-five years there have been several attempts to portray the military police in a more sympathetic light, but not everyone considered them effective at the time. When the Assistant Provost Marshal for the Line of Communications calculated that the cost of patrolling the streets would be cheaper 'if [the] men were of better stamp',¹³⁵ he was referring to the patrols. The discussions of the naval police portray them as 'officious' and open to bribery.¹³⁶

¹²⁹ TNA, WO 154/114 'Visit to St Omer', 26 May 1916.

¹³⁰ TNA, WO 32/5597 'Part 1, Order 82, Havre'.

¹³¹ TNA, WO 154/114 'Visit to St Saeens' [sic], 27 June 1916.

¹³² Cherry, p. 269.

¹³³ David Englander and James Osbourne, 'Jack, Tommy, and Henry Dubb: The Armed Forces and the Working Class', *The Historical Journal*, 21 (September 1978), 593-621 <<https://www.jstor.org/stable/2638927>> (p. 595).

¹³⁴ Regimental Headquarters, Royal Military Police, 'A Short History of the Royal Military Police and its Antecedents', <https://www.rhqmp.org/rmp_history.html> [accessed 1 January 2022]

¹³⁵ TNA, WO 154/114 'Visit to Paris, 18-20 February 1916'.

¹³⁶ IWM, Sound archive no. 669, reel no. 8; Sound archive no. 679, reel no. 26; Sound archive no. 735, reel 11.

Yet it is wrong to see the military police as a homogenous entity. Aside from the mode of transport dividing military police, the provost marshals in the army divided into regimental police and those based at headquarters. The responsibilities of the latter involved monitoring venereal disease and the opening or closing of estaminets. They included these details in their weekly reports.¹³⁷ These reports differed considerably in terms of the priority placed on these elements. In the navy the division was between the ship police and shore patrols, which were often a scratch composition of men onboard ship. Interestingly, discipline in the navy was considered by one historian to have been tougher in the Second World War than in the First and that in the army the reverse was true.¹³⁸ A common naval adage was that the Good Conduct Record merely represented years of undiscovered crime. In the army the Long Service and Good Conduct Medal was known as the ‘undiscovered crime medal’.

One trait common to both services was a preference for dealing with disciplinary matters locally or informally, rather than referring them up the chain of command. There was a balance to be struck in maintaining cordial relations with local authorities, particularly when overseas, but the preference for informal action was even more pronounced when the alternative meant referring matters to the civil authorities.¹³⁹ This is another reason why it is not possible to make an accurate assessment of the levels of criminal and disciplinary action. The specific ‘crimes’ for servicemen around sex workers and brothels, which in the main were minor ones, were ‘unbecoming conduct’, being out of bounds or without a pass, hiding the matter if they contracted VD, riotous behaviour,

¹³⁷ The War Office note relating to these offences is given the nebulous term of ‘estaminet offences’. TNA, WO 154/8 ‘IX Corps, Police Report for week ended 30-12-16’.

¹³⁸ Jason Sears, ‘Discipline in the Royal Navy, 1913–1946’, in *War & Society*, 9 (1991), 39-60, <DOI: 10.1179/072924791791202369> (pp. 50-55).

¹³⁹ Crozier, pp. 64-65, 208-209; IWM, Sound archive no. 16970, reel no. 33; Cherry, p. 264.

theft, and violence, not all of which were civilian concerns. The preference for unofficial solutions also applied to the treatment of VD. If a serviceman was fortunate, in other words if he had sufficient money or a sympathetic commanding officer, he had options for getting his condition treated privately, which meant that it did not appear on his service record.¹⁴⁰

The army dismissed complaints about soldiers' morality, saying that there was no cause for any alarm. The army were 'as high in morality as any army that has ever taken the field in such numbers'.¹⁴¹ (By contrast, Crozier argued that 'the army is no more moral than other sections of society'.)¹⁴² A line frequently used by the War Office was that the rate of VD in the army was lower than before the war.¹⁴³ However, the army were much larger during the war, with ten times as many men as before, so whilst the percentage of men with VD was lower than before 1914, the number of men affected was higher. As historian Suzann Buckley argues in her analysis of the failure to solve the problem of VD in troops, the proposal that it should be illegal for a person with VD to solicit was 'much denounced' from both sides.¹⁴⁴ It was this clause, which made a strange contrast to the more liberal notions, that caused the CLA to be rejected.¹⁴⁵

Most statistics on the number of sex workers do not reveal the specific acts under which the women were arrested, although Julia Laite argues the police commonly used

¹⁴⁰ Crozier, pp. 80-81.

¹⁴¹ Hansard, 1123, 19 February 1917.

¹⁴² Crozier, p. 220.

¹⁴³ LSE, 3AMS/B07/16 (Letter from David Lloyd George, War Office, to Right Hon. T. R. Ferens), 8 August 1916.

¹⁴⁴ Buckley, p. 71.

¹⁴⁵ Ware, p. 488.

legislation targeting public drunkenness to secure the arrest.¹⁴⁶ The Chief Constable of Salisbury indicated that the Police Superintendent of the Amesbury Division ‘could generally get them [sex workers] for one offence or another’, and move them on, usually under the Salisbury Plain Military byelaw for loitering on government land.¹⁴⁷ This was not a concern for most policemen, although there were a few exceptions and some women were arrested as many as ninety times.¹⁴⁸ In an analysis of the social aspects of crime conducted on a group of seventy-four women convicted on prostitution charges, only thirty-five held no previous convictions of any kind.¹⁴⁹ If a woman had a previous conviction for prostitution, it was easier for police to identify and convict her again. In some cases, low arrest rates were attributed to police corruption.¹⁵⁰ The situation in the majority of cases may have been, as Mark Harrison suggests about France, that as long as the woman was plying her trade discreetly, rather than being visible or causing a disturbance, she was tolerated.¹⁵¹

With the police focus on closing of brothels in Britain, and the equivalent of estaminets (pubs, clubs and cinemas) more of the inhabitants moved to the street or worked from home or rented a room where they could take clients.¹⁵² This created

¹⁴⁶ Laite, p. 120.

¹⁴⁷ TNA, HO 45/10724/251861 ‘Salisbury (Visited Sept. 14th)’ [1915], p. 21.

¹⁴⁸ Hansard, 1101, 19 February 1917.

¹⁴⁹ Herman Mannheim, *Social Aspects of Crime in England Between the Wars* (London: G. Allen and Unwin, 1940), p. 355.

¹⁵⁰ Laite, p. 82.

¹⁵¹ Mark Harrison, p. 154; Edward H. Beardsley, ‘Allied Against Sin: Allied and British Responses to Venereal Disease in World War I’, in *Medical History*, 20 (April 1976), 189-202 (p. 192).

¹⁵² National Archives of Australia (NAA) 11803, 1917/89/1026 ‘Temptations of Oversea [sic] Soldiers in London’, 24 April 1917, p. 196.

problems by making it less clear where the provost marshals should monitor.¹⁵³ The closure of brothels raises another question. Since the British venues where sex was sold were not openly advertised as they were in France, how did servicemen know how to find sex for sale, particularly if they were not residents of that area? Ultimately there were three methods. Firstly, both in France and Britain, cab drivers and others were often willing to direct servicemen to these places,¹⁵⁴ and sometimes received a commission from the venues themselves. This indicates a complicity between local people, brothel owners, and servicemen.

The second way was that where one brothel closed or a landlord had rented rooms to sex workers, the same facilities often opened up again on the same premises. Landlords frequently charged significantly higher rents for these places, either for the whole premises or by the room. Being accustomed to an inflated income, they were reluctant to lose this when occupants were forced to move.¹⁵⁵ Rather than brothels being evenly spread through a town, they concentrated in particular areas and roads. So just knowing the area where brothels would be or the road, would be sufficient, although in Paris, Flexner argued, the bordellos were distributed throughout the city.¹⁵⁶ This would seem to be the exception, but capital cities might have been too large to just be divided in that way. Whilst the prevalence of brothels for sailors in places like Portsmouth or ones for soldiers in Colchester were no surprise, in a city like London, with no attachment to just

¹⁵³ NAA, 11803, 1917/89/1026 'Temptations of Oversea [sic] Soldiers in London', 24 April 1917, p. 197.

¹⁵⁴ TNA, WO 32/5597 (Letter from Superintendent of Police to the Mayor of Gravelle), 28 June 1918.

¹⁵⁵ Adrian Gregory, 'Railway Stations, Gateways and Termini' in *Capital Cities at War: Paris, London, Berlin 1914-1919*, ed. by Jay Winter and Jean-Louise Robert (Cambridge: Cambridge University Press, 2007), pp. 23-56 (p. 49).

¹⁵⁶ Flexner, p. 31.

one service, there were still certain parts of the city focused on the provision for each service.¹⁵⁷

At the lower end of the scale of prostitution was sex outside, which Surgeon Rear-Admiral Bett estimated was unlikely to involve the use of any prophylactics.¹⁵⁸ In the case of male sex workers, sex outside was associated with public toilets. The use of coded signals was particularly true with homosexual prostitution, where the risks and penalties were higher so any man looking to sell sex needed to be certain of the identity a potential customer. Men entering the toilets could be potential customers, just using the facilities, or policemen attempting entrapment.¹⁵⁹

Thirdly, there were frequently signs, that could be interpreted if someone understood the key. The most obvious of these was a queue of men outside a building. A riskier means of assessment was woman's clothing. Sex workers were often thought to dress in a particular way, which meant they could be recognised. Of course, the precarious nature of these appraisals would have contributed to the likelihood of women being misidentified and subsequently harassed by servicemen. In France, a sign such a 'washing done here for soldiers', could mean a small premises was open for business as a brothel.¹⁶⁰ But like identifying a woman as a sex worker by her clothing, such actions could be misinterpreted.

Yet there were usually ways to circumvent regulations or at least the principles of them. For example, an officer in the rehabilitation centre in Craiglockhart was discovered

¹⁵⁷ Laite, pp. 138-39.

¹⁵⁸ Bett, p. 19.

¹⁵⁹ Florence Tamagne, 'The Homosexual Age, 1870-1940', in *Gay Life and Culture: A World History*, ed. by Robert Aldrich (London: Thames & Hudson, 2006), pp. 187-88.

¹⁶⁰ IWM, Sound archive no. 12236, reel no. 5.

in the hospital grounds having ‘brought up some harlot from Edinburgh and was in the act of copulation with her’.¹⁶¹ Women even stayed overnight in some military camps, although this was clearly against regulations.¹⁶² This side-stepping of procedures even operated at an institutional level. As General Childs said at the Imperial Conference in 1917, ‘Advice is not officially given, much as one would like to give it, because that would be immediately followed by a question in the House of Commons which it would be impossible to answer.’¹⁶³ The risk of internal information being made public was a concern to the army, and would remain so.

The agenda for the Imperial Conference in April 1918 entirely focused on preventing VD. Considering the pressures and demands at that point in the war, this indicates the importance placed on the matter, particularly by the dominions. The Canadian Premier, Robert Borden, indicated that the people of Canada would not be willing to send their young men to war in future unless they could be assured that they would not face the same ‘horrible outrage’ from women.¹⁶⁴ The other dominion representatives agreed: London was the culprit. It was not just the immorality and the VD, but the targeted robbery of dominion soldiers by sex workers.¹⁶⁵ Even Paris did not have such a bad reputation, the French considering Parisienne women to epitomise the best and worst of French qualities, sophisticated but immoral.¹⁶⁶ But fewer leave passes were

¹⁶¹ IWM, Private papers of J. H. Butlin, documents.7915 (Letter to W. G. Burnett Hall), 26 June 1917.

¹⁶² L. Troman, *War, Wine and Women* (London: Regency Press, 1979), pp. 49-50.

¹⁶³ NAA, A11803, 1917/89/1026 ‘Temptations of Oversea [sic] Soldiers in London’, 24 April 1917, p. 192.

¹⁶⁴ TNA, WO 32/4475 ‘War Cabinet: Discussion of Venereal Disease at the Imperial War Conference, 1917-1918’.

¹⁶⁵ Brown and Barrett, p. 70.

¹⁶⁶ Tombs, Robert and Isabel, *That Sweet Enemy: The French and the British from the Sun King to the Present* (London: Heinemann, 2006) p. 450.

issued for Paris than other areas and where they were, these were more likely to be granted to officers. Interestingly, one army chaplain considered officers to be three times worse than other ranks for immorality, although he did not provide further details to explain what he meant.¹⁶⁷ This concurred with the notion by Fischer and Dubois, who wrote in their sexual history of the war that officers' brothels were especially depraved.¹⁶⁸ However, there is nothing to indicate that these were commonly held perspectives, or more specifically provide details about who was depraved or the form their actions took.

As well as representatives from the dominions, the conference was attended by the Admiralty, the War Office, and the Home Office. The conference agenda in 1918 is argued to be the closest thing to a policy statement by the army about prostitution, indicating their concerns.¹⁶⁹ The agenda consisted of two items directly related to the prevention of VD, two to dealing with men who had contracted VD, one related to the question of drink and sexual indulgence, one to 'amateur prostitutes' and the army, and one to pornographic literature and photos. One point considered the purpose and costs of allowing access to the regulated brothels. Throughout the record of the meeting the revealing phrase 'sexual indulgence' was used, indicating a shift in thinking from the concept of sex as necessary for the maintenance of morale. The item of 'Constructive measures of meeting sexual problems with special reference to overseas troops' was subdivided into literature, lectures, recreative measures and leave.

Although both services were present at these conferences and other ones, it was common that the navy was not specifically mentioned, spoke little and maintained a low

¹⁶⁷ LSE, 3AMS/B07/23 'Testimony of Revered Herbert Gray', 24 March 1919.

¹⁶⁸ Fischer and Dubois, pp. 332-34.

¹⁶⁹ Cherry, p. 39.

profile. The only time one of the two representatives from the Admiralty spoke was in relation to the provision of early treatment centres for sailors and how the situation was different for the navy to the army in this respect.¹⁷⁰ No-one from the Admiralty was even initially invited to the inter-departmental conference in January 1918 to consider the policy on VD.¹⁷¹ In a similar contrast of representation, the Executive Committee of the National Council for Combatting Venereal Disease (NCCVD) included a major and a RAMC colonel, but there were no naval representatives.¹⁷² In addition to less visibility, this general taciturnity by the navy, both in private and in public, may be part of the reason why they escaped the public criticism that faced the army, despite the higher VD rate. The size of each service towards the end of the war, when sailors were being transferred to the army, would have only slightly hidden the extent of the problem until the post-war period. Earl Derby, the Secretary of State for War, attributed to the Archbishop of Canterbury the opinion that 'it is the army and the army alone that are the immoral part of the community'.¹⁷³ The Archbishop denied this.

In 1917 reports began to circulate amongst moral campaign groups in Britain about the army camp at Cayeux-sur-Mer, France. This was a large rehabilitation camp for 2,000 British soldiers. Nearby was a brothel established for the army. The accepted figures for the number of women and customers at Cayeux-sur-Mer were 15 sex workers serving approximately 360 men per day between them, a daily average of 24 each.¹⁷⁴ At first the

¹⁷⁰ TNA, WO 32/5597 'Minutes of a Meeting of an adjourned Conference regarding Venereal Disease and its Treatment in the Armed Forces', 11 July 1918, pp. 30-31.

¹⁷¹ TNA, WO 32/11401 (Letter from Under-Secretary, Colonial Office to the Admiralty), 24 January 1918.

¹⁷² TNA, WO 32/11401 'First Annual Report of the National Council for Combatting Venereal Disease, 1916'.

¹⁷³ Hansard, 681, 11 April 1918.

¹⁷⁴ Cherry, p. 199.

(British) moral reform groups wrote to politicians about the camp, but by late 1917 when they did not receive the answer they wanted, they took the matter to the public. The original government response when the subject was raised in parliament was that this was a matter for the French civil authorities.¹⁷⁵ Even in 1918, the only interventions that the Army Council felt were available to APMs were when British troops misbehaved, and even then, these had to be carefully handled because of the French authorities.¹⁷⁶ But the discussion in parliament did not end there. Hastings Lees-Smith kept raising further questions in the House of Commons for the War Office to answer. The first challenge was why the regulated brothels were left within bounds for British troops.¹⁷⁷ The AMSH turned the response into a leaflet,¹⁷⁸ in what the speaker of the House of Commons described as a ‘garbled version’.¹⁷⁹ They supplemented the speech by citing Flexner as an expert opinion. The next week Lees-Smith further pressed MacPherson, the Under-Secretary of State for the War Office, about whether the *maisons tolérées* had been in bounds to British troops since the start of the war.¹⁸⁰ MacPherson responded that according to his information the question of restricting access to them only arose where ‘British troops have been misconducting themselves under circumstances which, in the interests of discipline, render it necessary to place such institutions out of bounds’.¹⁸¹ One day later on 19 March 1918, in response to parliamentary pressure, the Cabinet decided

¹⁷⁵ Hansard, 470-71, 18 February 1918.

¹⁷⁶ TNA, WO 32/5597 (121/France/1488) ‘The Army and Maisons Tolérées in France’.

¹⁷⁷ Hansard, 1138, 25 February 1918.

¹⁷⁸ *The Under-Secretary of State for War Defends Tolerated Brothels!* (London: AMSH, 1918).

¹⁷⁹ Hansard, 155, 12 March 1918.

¹⁸⁰ Hansard, 1812, 5 March 1918.

¹⁸¹ *Ibid.*

that the *maisons tolérées* should be put out of bounds to the services.¹⁸² By the next day, the decision was leaked to the press.¹⁸³

A key fact that moral campaigners used in their argument was that these brothels were under the supervision of the Royal Army Medical Corps.¹⁸⁴ The army could not disassociate itself from this accusation. Although the British public had been aware of brothels overseas, the camp at Cayeux-sur-Mer could not be attributed to dominion troops, unlike the brothels of Cairo. It forced an unpalatable truth on the home front, that British men were visiting brothels. Even worse was the idea that the brothel had been opened at the request of the British military authorities.¹⁸⁵ Nor was this the only case. Despite attempts to the contrary, the army could not claim that they were merely tolerating regulated brothels in order to placate the French authorities. In conjunction with the French, the aim was at least partly to reduce the less-controlled, riskier (in terms of VD) unregistered sex workers. The AMSH claimed that they had received information that the local people did not want the brothel.¹⁸⁶ When Field Marshal Douglas Haig was asked about the brothel at Cayeux-Sur-Mer, he indicated that he had no knowledge of it.¹⁸⁷

The pressure of public protest is why MacPherson suggested to the War Cabinet that French brothels should be put out of bounds to British troops and that the question

¹⁸² TNA, CAB 23/5/58 '*Maisons Tolérées* in France', pp. 7-8, 18 March 1918.

¹⁸³ TNA, CAB 23/5/59 '*Maisons Tolérées* in France: Leakage of Information', p. 2, 19 March 1918.

¹⁸⁴ TNA, WO 32/4475 (Letter from W. Thomas to Mr Leggett), 12 December 1917.

¹⁸⁵ Another source suggests that it was opened up at the request of the mayor of Cayeux-sur-Mer to save the morality of the daughters and wives of Frenchmen away fighting. Cherry, p. 197.

¹⁸⁶ LSE, 3AMS/B07/16 'British Troops in France' (draft), December 1917.

¹⁸⁷ TNA, WO 32/5597 Letter from Field Marshal General Haig to the Secretary of State for the War Office), 29 December 1917.

was a 'national rather than a military one'.¹⁸⁸ This was a strange statement, distancing the military from an issue that only applied to them. This recommendation was another demonstration of the War Office's sensitivity to public perception of the army, and how this was sometimes more important than what they considered to be the most effective strategy or support for what the army wanted.

The most surprising thing about the affair was that Haig defended the army's position of tolerated brothels, arguing that they had a lower VD rate.¹⁸⁹ He did not say this from a personal approval of such places, as prostitution was antithetical to his Presbyterian principles.¹⁹⁰ There may have been consciousness of the impact on the men's morale at a critical point in the war. His response cited interaction with the French as a reason not to change policy, advising against making any representations to the local authorities about Cayeux-sur-Mer.¹⁹¹ The army for the decision to be rescinded, but the Cabinet refused.¹⁹² Haig provided three arguments against the Cabinet Office decision.¹⁹³ The first was that it would take an estimated 350 to 400 military police to effectively picket the brothels to ensure that the order was observed. The second was that the order would be counter-productive. It would drive the women from the brothels onto the streets and ultimately increase their availability in comparison to the closed hours of official

¹⁸⁸ TNA, CAB 23/5/58 '*Maisons Tolérées* in France', pp. 7-8, 18 March 1918.

¹⁸⁹ TNA, WO 32/5597 TNA, WO 32/5597 (Letter from Field Marshal General Haig to the War Office), 4 June 1918.

¹⁹⁰ 'Steeped in the teachings of the Scottish Kirk, Haig had no great liking for a system which seemed to condone immorality.' Harrison, *The Medical War*, p. 163.

¹⁹¹ TNA, WO 32/5597 (Letter from Field Marshal General Haig to the War Office), 24 December 1917.

¹⁹² TNA, WO 32/5597 'Prevention of Venereal Disease in the Army: Memorandum on the War Cabinet Decision 366 (18.3.18)'.

¹⁹³ TNA, WO 32/5597 (Letter from Field Marshal General Haig to the War Office), 4 June 1918.

venues. The third reason was that the rise in clandestine sex workers would increase the VD rate. This is discussed further in the chapter on the medical approach.

The situation irritated the French government and the local authorities in particular as some of the brothels had been established at the request of the army.¹⁹⁴ A note from the Mayor of Gravelle to the French Minister of War indicates that the UK Cabinet Office decision was relayed to them through the French government.¹⁹⁵ Haig forwarded this letter to the War Office. It expressed concern about the consequences of the Cabinet Office's decision.¹⁹⁶ The British authorities asked Rear Admiral Didelot, the Governor of Le Havre, if the appearance of the *maisons tolérées* could be concealed, more than they already were.¹⁹⁷ Presumably this was with the intention that the men would still be able to use them without arousing notice and criticism in Britain, since hiding the brothels from the men would be too late at this point in the war. The request was considered impossible, despite the concerns that some of the houses might be forced to close because of lack of custom.¹⁹⁸

The army continued to remind the Cabinet of their disagreement with this decision through the rest of the war.¹⁹⁹ The AMSH later disingenuously argued that the brothels had not been closed.²⁰⁰ The instruction had been to put them out of bounds. The War

¹⁹⁴ TNA, WO 32/5597 (Letter from the Mayor of Gravelle to the French Minister for War), 28 June 1918.

¹⁹⁵ Ibid.

¹⁹⁶ TNA, WO 32/5597 (Letter from Field Marshal Haig to the Secretary of State for the War Office, 24 July 1918).

¹⁹⁷ TNA, WO 32/5597 (Letter from Rear Admiral to the General commanding the 3rd Region, Rouen), 16 April 1918.

¹⁹⁸ Ibid.

¹⁹⁹ TNA, WO 32/5597 (Letter from Field Marshal General Haig to the War Office), 2 September 1918.

²⁰⁰ LSE, 3AMS/B07/16 'Our Reply to the War Office', July 1940.

Office had no capacity to close French brothels. Interestingly, after the Cabinet Office decision, the General Officer Commanding the Fourth Army in France, Henry Rawlinson, became vociferous about the women soliciting around Victoria Station in London, and the absence of police action there.²⁰¹ Similar observations from such senior commanders do not occur through the files until this point, suggesting that the Cayeux-sur-Mer decision, and especially the fact that it was made by civilians, prompted these criticisms in return.²⁰² The army resented the Cabinet Office decision being imposed on them overseas, when previously even in relation to home based forces there had been more consultation.

On 22 October 1917, the French added further restrictions on sex workers, as they had at the end of 1916.²⁰³ Increased control over drinking by the French government had the effect of increasing the illicit market of alcohol.²⁰⁴ Drinking establishments were forbidden from employing sex workers.²⁰⁵ It gave the French army GQG (French Army General Headquarters) the right to remove ‘undesirables’ and ‘refugees’ (a group from which a high proportion of clandestine sex workers was drawn) from an area.²⁰⁶ This would have concentrated more sex workers into fewer areas. The venues in which sex workers could operate were becoming more confined and distinct from ‘respectable’ society. There remained many unregistered sex workers and as this enforcement focused

²⁰¹ TNA, WO 32/5597 (Letter from General Rawlinson, to Adjutant General, GHQ), 29 June 1918. On 4 July this was forwarded to the War Office.

²⁰² TNA, WO 32/5597 (Letter from General Rawlinson to Adjutant General, GHQ), 27 June 1918.

²⁰³ Gibson, *Behind the Front*, p. 329.

²⁰⁴ TNA, WO 154/114 (War Diary of APM Lines of Communication, Etaples), 15 June 1916.

²⁰⁵ Corbin, p. 335.

²⁰⁶ Gibson. *Behind the Front*, p. 329.

on places not registered for sex, it was aimed at them. Its impact would have primarily been on men in the ranks, rather than officers.

The distinction between officers and other ranks was reinforced through separate brothels. However, when the Provost Marshal at general headquarters asked if it was practice to expend military policemen in reinforcing this distinction, the response was that it was not. A circular was then issued to all Assistant Provost Marshals indicating that the use of military police for this purpose was not part of their job.²⁰⁷ If the idea had solely been held by uninformed civilians, the circular would have been unnecessary. Pay was another way of reinforcing the distinction of rank, since the officers' brothels were more expensive.²⁰⁸ Some men indicated that they were unable to afford the more expensive brothels.²⁰⁹ Yet, as if officers did not contract VD, it was only in 1916 that the Assistant Provost Marshal began to enquire about them, as was continually done with other ranks. There may have been some validity to this perspective, although not totally. Officers' brothels were more likely to provide prophylactics as standard and hosted fewer customers.²¹⁰ As officers' brothels were also well patronised, this indicates an obvious reason why officers did not ban visits to the brothels. By monitoring brothels, the authorities were able to note if a particularly high VD rate could be traced to them. If sexual liaisons were inevitable, then issuing an order banning access to them that would be disregarded would undermine authority.

²⁰⁷ TNA, WO 154/114 (War Diary of APM Lines of Communication, Abbeville), 18 July 1916.

²⁰⁸ Cherry, p. 189.

²⁰⁹ IWM, Private papers of J. E. Durey, documents.1851, p. 17; IWM, Sound archive no. 24539, reel 2.

²¹⁰ TNA, WO 154/114 (War Diary of APM Lines of Communication, Rouen), 24 June 1916.

3.4 The Interwar Period

After the war ended, the government reviewed wartime legislation. DORA 40D was quickly withdrawn before the general election. Other regulations, notably DORA 13A, were not lifted as promptly, but were not used any more.²¹¹ The suspension of criticism of servicemen, practised through the war, was dropped in 1919. The media made an exception in cases of men who returned home and learnt that their wives had been unfaithful.

In the interwar years there was little legislation on sex workers or VD, either in relation to the military or civilians, despite several concerted efforts by moral reformers in the 1920s. Most importantly for the purposes of this study, the VD rate in the services was not discussed publicly in the interwar years after 1919 as it had been previously, except by moral reformers. This was not an association the government wanted to make, and with the reduced size of the services following demobilisation, it was no longer a matter of public concern. One example of legislation was the further extension of the Criminal Law Amendment Act in 1922. This proposed raising the age of sexual consent from sixteen to nineteen,²¹² and making it easier to prosecute sex offenders. These proposals, like those from 1885 to 1914, effectively offered some protection for girls in sexual matters. The most contended clause was to remove the concept of reasonable doubt in cases where the girl was under the age of consent. Major C. Lowther argued in the House of Commons that this was an invitation to blackmail, and that its effect was to

²¹¹ Hansard, 1988, 22 June 1920.

²¹² K. A. Stevenson, “‘Not just the Ideas of a few Enthusiasts’: Early Twentieth Century Legal Activism and Reformation of the Age of Sexual Consent” <<http://dx.doi.org/10.1080/14780038.2017.1290999>> (p. 15).

appease various well-meaning societies, largely comprised of women.²¹³ This was the same reason that the proposal had been rejected previously. The compromise reached was that the charge would not apply if it was a first-time offence and the man was under the age of twenty-three.²¹⁴

However, one significant clause amongst the proposals in the Act did not present women as victims. This was ‘To fine prostitutes and their customers who used ships or harbours for that purpose [brothel keeping] 40s [shillings] or month’s imprisonment’.²¹⁵ By contrast, there was no specific mention of army camps. Irrespective of the Act, police surveillance of naval dock areas, particularly relating to access by unauthorised women, was purportedly strict.²¹⁶ This was enforced by stiff penalties for employees attempting to give such women access to dockyard areas. The authorities learnt to recognise the methods used to evade the regulations, such as sham wedding certificates.²¹⁷ Further signifying the importance of the docks to sex work, Ernest Byrmand, a sailor, was charged with demanding money with menace from a known sex worker ‘to keep watch’ by the dockyard wall, while she worked.²¹⁸

Naval dockyards were not the only place where the presence of a woman would commonly mean she was considered to be soliciting. The Metropolitan Police files for the interwar years provide a possible explanation for one of the unexpected occurrences

²¹³ Brown and Barrett, p. 67.

²¹⁴ Stevenson, p. 23.

²¹⁵ *Report by the Joint Select Committee of the House of Lords and the House of Commons on the Criminal Law Amendment Bill and the Criminal Law Amendment (No. 2) Bill and the Sexual Offences Bill*, Cmd 212 1920, Parliamentary papers vol 6.

²¹⁶ Gladys Mary Hall, p. 49.

²¹⁷ Ibid.

²¹⁸ ‘A Pretty State of Affairs’, *Hampshire Telegraph*, 28 July 1922, p. 14.

during the First World War, namely that from 1916 the number of sex workers arrested near garrisons reduced.²¹⁹ The files indicate that the military police on Woolwich Common usually warned the women they observed there, and only if they saw them again handed them over to the police for 'loitering on War Department land'.²²⁰ Interestingly, after demobilisation the number of military police was not reduced in the same proportion as other personnel. In 1922 there were the equivalent of four and a half military policemen to every thousand men in the ranks: in 1914 (presumably before the start of the war) it had been in the ratio of one to three thousand.²²¹

Over the next decade the number of arrests of women assumed to be sex workers decreased. Yet many of the women arrested seem to have been in court many times.²²² The noticeably high levels of demand for prostitution during the war, partly blamed on the presence of foreign servicemen, diminished also. Where arrests were low, the police were sometimes blamed and accused of taking bribes from sex workers²²³ or even blackmailing them.²²⁴ Whilst a certain level of police corruption certainly took place, the consensus is that the reduction in the number of sex workers was caused primarily by the increase in casual sex.²²⁵ The table overleaf indicates the number of women tried on charges of prostitution and convicted as a proportion of the female population of England and Wales. There was a significant increase in the number of women both tried and

²¹⁹ Laite, pp. 119-22.

²²⁰ TNA, MEPO 2/2290 'Metropolitan Police Report: 'Prostitutes', Blackheath Road, 11 August 1924'.

²²¹ TNA, WO 333/3189 'Fifth Interim Report (Military Police Establishments) of the Committee on War and Peace Establishments, 1922', p. 3.

²²² TNA, MEPO 2/9998 (Untitled note), 2 August 1922.

²²³ Hansard, 2639-40, 12 December 1922.

²²⁴ White, p. 288.

²²⁵ Lesley Hall, *Hidden Anxieties*, p. 51.

convicted in 1920. From 1920 onwards the percentage of those women tried who were convicted remained between seventy-eight and eighty per cent.

Table 7: Number of females tried and convicted of prostitution per 100,000 of the estimated female population in England and Wales²²⁶

Year	Persons tried	Convicted	Proportion convicted per 100,000 female population	Percentage of those tried who were convicted
1918	5,288	3,684	1,880	67
1919	4,944	3,612	1,847	73
1920	5,743	4,541	2,309	79
1921	5,715	4,515	2,279	79
1922	5,013	3,941	1,977	79
1923	2,401	1,916	955	80
1924	2,712	2,106	1,043	78

The number of sex workers in the immediate post-war period, was estimated to be 50,000 in London in 1919,²²⁷ which, if accurate, means that the percentage of those tried and convicted was very small. So, soon after the extension of the franchise, the government and society were deciding women's place in society, balancing both the social advances made by women and the needs of the returning servicemen. In parliament much of the discussion was led by former military officers.²²⁸

According to John Newbold, one of the first Communist Members of Parliament, by 1923 there were 'at least 80,000 prostitutes' in London.²²⁹ This was still below the

²²⁶ TNA, HO 45/ 21766 'Statement of the Numbers of Females Tried and Convicted of Prostitution Offences'.

²²⁷ Hansard, 387, 27 October 1919. No indication is given for the basis of this estimate, which Captain Walter Scott-Elliot, the speaker, said was 'a matter of common knowledge'.

²²⁸ Hansard, 343-93, 27 October 1919.

²²⁹ Hansard, 901, 27 April 1923.

alleged rate during the war, but the same number as estimated in 1913.²³⁰ There is no indication of the basis for his estimate. His focus was challenging the church to prioritise social welfare as much as they did politics. The context suggests that he considered the label to apply to every woman with VD.²³¹ Other sources do not support the suggestion that the number of sex workers increased between 1919 and 1923, even with the reduction of women's employment after the services demobilised.

There were certain other factors associated with the reduction of the level of prostitution after the war, such as the reduction in the number of foreigners in the capital.²³² Arrests for prostitution in London dropped further from 1928 to 1929 from 2,315 to 723, following a high-profile prosecution case that backfired on the police,²³³ and the conviction of a Metropolitan Police Officer for corruption related to his links to nightclub and brothel owners.²³⁴ From 1930, arrest figures began to increase.²³⁵ This was when the police focus moved more to preventing prostitution. The laws were publicly regarded as intrusive. When combined with the mistrust in the police, this had the effect of making the public unwilling to support the police by providing evidence.²³⁶ Yet in the early 1930s Sybil Neville Rolf estimated that there were 3,000 sex workers in London.

²³⁰ Hansard, 2341, 12 August 1913.

²³¹ This was still higher than the total number of civilians in England and Wales treated for VD in 1923 (56,758). Laird, *Venereal Disease in Britain*, p. 71.

²³² White, p. 106.

²³³ Ware, p. 526.

²³⁴ Helen McCarthy, Samantha Caslin, and Julia Laite, 'Prostitution and the Law in Historical Perspective: A Dialogue' (2015) <<http://www.historyandpolicy.org/dialogues/discussions/prostitution-and-the-law-in-historical-perspective-a-dialogue>> [accessed 21 November 2018]

²³⁵ TNA, HO 45/21766 'Extract from the Metropolitan Police General Orders Showing in Red the Effect of Amendments effected by Police Orders of May 7 1930'.

²³⁶ Helen J. Self, *Prostitution, Women and Misuse of the Law: The Fallen Daughters of Eve* (London: Routledge, 2004), p. 6.

This is likely to be wrong since she barely distinguished between sex work and any non-marital sex.²³⁷ However it is more consistent with arrest figures.

In 1925, Nancy Astor championed a bill to rationalise the four laws pertaining to the sale of sex (the Vagrancy Act – 1824, the Universities Act – 1825, the Metropolitan Police Act – 1839 and the Town Police Clauses Act – 1847).²³⁸ Reformers argued that these acts violated the principles of English Law.²³⁹ In 1928 Lord Balfour made another attempt at reform, and a departmental committee was established to investigate street offences. This was the biggest review of the legislation on sex since the repeal of the CDA.²⁴⁰ There were two specific aims in their attempts. Firstly, to move to a more gender-neutral notion of importuning a member of the opposite sex in public places for immoral purposes.²⁴¹ Secondly, the law would prohibit being in a public place for the purpose of sex. This would require more than one complainant, but did not require evidence of ‘annoyance’.²⁴² Very few men were prepared to go to court to complain they had been annoyed by a woman’s attentions. In Scotland, unlike England and Wales, it was not necessary to prove the soliciting had caused annoyance, although it was more likely to prompt police action if there had been.²⁴³ Both attempts to change legislation failed and the laws retained their previous diverse elements. In the war years, laws had focused on

²³⁷ Jeffrey Weeks, *Sex, Politics and Society: The Regulation of Sexuality Since 1800*, 3rd ed. (London: Pearson, 2012), pp. 264-65.

²³⁷ Hansard, 2209-12, 20 June 1938.

²³⁸ Hansard, 2209, 20 June 1938.

²³⁹ Kerry Chamberlain, ‘‘Hardened Offenders’, ‘Respectable Prostitutes’ and ‘Good-Time Girls’: The Regulation, Representation and Experience of Prostitution in Interwar Liverpool’ (Unpublished doctoral thesis, Keel University, 2013), p. 3.

²⁴⁰ Self, p. 6. Interesting to note that it was only members of the opposite sex to which this would apply.

²⁴¹ Hansard, House of Lords, 1394, 9 December 1926.

²⁴³ Louise Settle, ‘The Social Geography of Prostitution in Edinburgh, 1900-1939’ *Journal of Scottish Historical Studies*, 33 (2013), 234-59 <DOI: 10.3366/jshs.2013.0078> (p. 255).

sexual relations with servicemen, but in the interwar period the existing legislation reflected the pre-war laws, rather than contemporary society. The legislation to control women's sexuality adopted in wartime was not extended into peacetime. Attempts to legislate sexual behaviour did not end with the failure of the rationalise the laws in 1925 and 1928. A further attempt was made in 1938 with the Public Places (Order and Decency) Bill. The Home Office blocked the bill, as they had previously.²⁴⁴

The immediate question for the Admiralty on demobilisation was how to deal with men who were contagious with VD. Considerable angst was caused about the legal position in one case where a rating with VD wanted to get married.²⁴⁵ The Admiralty's conclusion was that the captain should warn the sailor; they were averse to involving the clergy.²⁴⁶ For the navy, there was a rise in the incidence of VD in the immediate post-war years. With eleven per cent of sailors affected in 1921, this was higher than the incidence during the war.²⁴⁷ But as the graph showed, civilian VD rates rose in the immediate post war years also.²⁴⁸ The proportion of sailors sick from venereal disease decreased from 1921, as shown in table 5.²⁴⁹ According to Rear Admiral Thomas Brown Shaw, the initially high rate was attributable to the level of disease in the civilian population and 'a general increase in promiscuous sex'.²⁵⁰

²⁴⁴ Slater, p. 572.

²⁴⁵ TNA, ADM 1/8590/105 (A.1530 Minute Sheet) 'H.M.S "Tiger:" Projected Marriage of a Man suffering from Syphilis'.

²⁴⁶ Ibid.

²⁴⁷ Brown Shaw, p. 341.

²⁴⁸ Laird, *Venereal Disease in Britain*, p. 71.

²⁴⁹ Brown Shaw, p. 342.

²⁵⁰ Ibid.

3.5 The Second World War: Prostitution and Policing

The way that sex work was monitored had changed from the early years of the First World War. Since 1919 there had been professional women police. They only formed a small percentage of the police service, less than one per cent of the full-time regular force,²⁵¹ and their focus continued to be on monitoring women and children. During the Second World War, they were supplemented by patrols of volunteers from groups including the NVA and the National Council of Women.²⁵² These organisations urged the government to employ more women police.²⁵³ Domestically, monitoring and controlling women's sexual behaviour was still considered a matter of female responsibility. Throughout the war, the number of women in the regular police force only increased from 300 to 500. It took from September 1939 to December 1941 before the number of women auxiliary police increased from 100 to over 1,000.²⁵⁴

Although there were professional women police in Britain from the start of the Second World War, voluntary police patrols again played a role in enforcing public morality. Churches and moral campaigners called for an increase in their number. Sylvia Pankhurst, representing the Women's War Emergency Council, appealed to both the Ministry of Health and the War Office to appoint women to talk to young people, and

²⁵¹ Central Statistical Office, *History of the Second World War: Statistical Digest of the War* (London: HMSO, 1951), p. 15.

²⁵² Joshua Levine, *The Secret History of the Blitz: How we Behaved During our Darkest Days and Created Modern Britain* (London: Simon & Schuster in partnership with IWM, 2015), p. 231; Rose, *Which people's War?* pp. 72-73.

²⁵³ London Metropolitan Archives (LMA), A/PMC/189 54th 'Annual Report of the Executive Committee', 1941, p. 6; TNA, WO 32/17701 (Letter from Sylvia Pankhurst to Walter Elliot, Minister of Health), 9 February 1940; (Letter from Sylvia Pankhurst to Oliver Stanley, Minister of War), 14 February 1940.

²⁵⁴ It increased from 800 in September 1941 to 2,200 in December 1941. Central Statistical Office, *History of the Second World War Statistical Digest of the War* (London: HMSO, 1951), p. 15.

urge them to maintain their moral standards, and warn them about the consequences if they failed.²⁵⁵ Even though police resources did not decline initially, the reliance on self-appointed volunteers applied once again.

The most obvious difference to women's position in society to twenty-five years previously was their working status. They were more actively recruited for war work. Women's employment in 1918 reached thirty-six per cent. In the peak of the Second World War, according to government figures 'up to 90% of single women aged 18 to 40 years were engaged in national service activities'.²⁵⁶ From December 1941 unmarried women and childless widows between the ages of twenty to thirty were conscripted. A problem for the labour exchange was how to deal with women who indicated that they were sex workers.²⁵⁷

The government was concerned that deploying these women alongside others would risk spreading immorality, suggesting that women were a contagious disease. Employing them in any capacity in or near military installations posed the risk that they would continue their profession and possibly affect and influence others. Known sex workers were not accepted into the Auxiliary Territorial Service (ATS).²⁵⁸ The AMSH had considered appealing to them to join up for national service.²⁵⁹ Unsurprisingly, the women were not employed by the government for the war effort, although they were

²⁵⁵ TNA, WO 32/17701 (Letter from Sylvia Pankhurst to Walter Elliot, Minister of Health), 9 February 1940; (Letter from Sylvia Pankhurst to Oliver Stanley, Minister of War), 14 February 1940.

²⁵⁶ Office for National Statistics, 'Long-Term Trends in UK Employment: 1861 to 2018' <<https://www.ons.gov.uk/economy/nationalaccounts/uksectoraccounts/compendium/economicreview/april2019/longtermtrendsinukemployment1861to2018>> [accessed 1 January 2022]

²⁵⁷ TNA, LAB 8/109.

²⁵⁸ TNA, LAB 8/109 (Minute by C. B. McAlpine), 5 February 1943. Of those servicewomen who were it is unknown how many were sex workers prior to joining. Virginia Nicholson, *Millions like us: Women's lives in War and Peace 1939-1949* (London: Viking, 2011), pp. 227-28.

²⁵⁹ LMA, A/PMC/192 'AMSH Secretary's Report, March 1 – May 7 1941'.

entered on the labour register under code 474, the same as for entertainment.²⁶⁰ With other women's unwillingness to work with them, sex work effectively became a reserved occupation, albeit one that the government wanted to change.²⁶¹ However, it is difficult not to admire the *chutzpah* of the sex workers who applied to the Food Office for extra rations because of the need 'to keep their strength up'.²⁶² Their request was refused.

The consensus is that the number of sex workers increased considerably in the war, 'in direct proportion to the number of men conscripted',²⁶³ although the reality may be different. The supply and demand situation meant that the purchase of sex was no longer considered a luxury only available to the few.²⁶⁴ The difference was that there were fewer public complaints about sex workers in the Second World War; sexuality in young people was a different matter. Policing the matter was not a priority, just as it had not been prior to 1939. In the continuation of received wisdom, when the women were arrested, they considered it was easier to plead guilty, even if not soliciting at the time of arrest.²⁶⁵ When women were arrested for soliciting and charged by the courts, military personnel often found ways to avoid testifying against them, and sometimes paid their fines.²⁶⁶ The figures on the table below are lower than those of either the First World War or the early 1920s.

²⁶⁰ IWM, Sound archive no. 18519, reel no. 1.

²⁶¹ TNA, HO 45/25599 'Civilian Venereal Disease Control'.

²⁶² Joshua Levine, p. 260.

²⁶³ John Costello, *Virtue under Fire: How World War II Changed our Social and Sexual Attitudes* (Boston: Little Brown, 1985), p. 83.

²⁶⁴ Edward Smithies, *Crime in Wartime: A History of Social Crime in World War II* (London: Boston, 1982) p. 136

²⁶⁵ Smithies, p. 144.

²⁶⁶ Tom Hickman, *The Call-up: A History of National Service* (London: 2004), p. 193.

Table 8: Arrests for soliciting in London²⁶⁷

Year	Arrests
1938	3,062
1939	1,865
1940	1,585
1941	1,576
1942	2,050
1943	2,279
1944	1,526
1945	1,983

The immediate reduction in the number of arrests from the onset of war is significant and dramatic. The main factor explaining the pattern in the earlier war years is the evacuation from London. Conscription into the services was not the cause as it took from September 1939 to September 1942 for the number of policemen to drop from 68,000 to 60,000.²⁶⁸ The impossibility of policing was why, according to Admiral Sir Percy Royds, there was no point in a commanding officer putting a house or street out of bounds.²⁶⁹ By contrast, the number of people dealt with in magistrates courts for brothel-keeping in England and Wales increased, as indicated in the table overleaf, and in the later years of the war followed an almost inverse pattern to the arrests of sex workers. This focus on brothels was a policy decision, rather than necessarily reflecting a sudden increase in their numbers.²⁷⁰ Whilst the large-scale deployment of men overseas could explain the decline in arrests in 1944, it would not explain why there was an increase in arrests for brothel-keeping. Although Birmingham had a significantly lower rate of arrests for brothel-keeping than London, the year with the highest rate was also 1944, suggesting

²⁶⁷ TNA, MEPO 2/6622 'Return of Arrests for Soliciting Prostitution'.

²⁶⁸ Central Statistical Office, *Statistical Digest of the War: History of the Second World War* (London: HMSO, 1951), p. 15.

²⁶⁹ Hansard, 1825, 15 December 1942.

²⁷⁰ Smithies, p. 145; Ingleton p. 343.

that increasing law enforcement on brothel keeping was a national rather than a local policy.²⁷¹

Table 9: Number of persons dealt with summarily by magistrates' courts for brothel-keeping in England and Wales²⁷²

Year	Number
1935-39 average	198
1940	142
1941	258
1942	343
1943	624
1944	944
1945	843
1946	250

The typical penalty was a fine, which some of those arrested regarded as a kind of tax.²⁷³ The penalty amount increased as the war progressed,²⁷⁴ indicating the growing concern by courts. The fluctuations in the levels of prostitution and VD from 1942 onwards were associated with the arrival of US troops. Overall, the war years cannot be considered to be a continuation of the interwar trend because the variation is so dramatic. Piccadilly Circus once again became notorious. As if reinforcing the perception that these women were providing a public service, the women there were nicknamed 'Piccadilly warriors'²⁷⁵ or 'Piccadilly Commandos'. To give a sense of the scale of the situation, two members of the Public Morality Council walking in Soho at midnight, claimed to have

²⁷¹ Smithies, p. 145.

²⁷² Ibid.

²⁷³ Smithies, p. 144. Interestingly, this was the only tax they paid on these earnings, since the tax man was reluctant to take any in case of the charge of 'living off immoral earnings'. Smithies, p. 143.

²⁷⁴ Smithies, p. 146.

²⁷⁵ Kevin Brown, *Fighting Fit: Health, Medicine and War in the Twentieth Century* (Stroud: History Press, 2008), p. 169.

been approached by thirty-five women, in a space of just over a hundred yards.²⁷⁶ As previously, parks and railway stations were popular places for soliciting.²⁷⁷ In the case of parks, prior to the war they had been closed at dusk, but during the war places like Green Park effectively remained open, creating more opportunities for less obvious soliciting.²⁷⁸

The army's policing efforts to reduce VD were conducted by the Assistant Provost-Marshals (APMs). In some places overseas, a large portion of the military police's time was spent monitoring brothels.²⁷⁹ At first, the absence of Provost Marshals and APMs in France created some challenges with managing the new arrivals, but their numbers were quickly increased. Inexperience in terms of length of service was another factor that affected military police effectiveness. Captain Basset F. G. Wilson, an APM in Paris in 1939, expressed concern that the territorials who had just come over to France were not ready for the job.²⁸⁰ He thought they had good attitudes and would develop to be able to do the job well with further training, but, in the meantime, he doubted that they would 'be able to tackle with sufficient authority and physical strength the more difficult situations, rough houses etc'.²⁸¹

Unsurprisingly, considering the nature of their task, the navy's shore patrols and the army's provost marshals remained unpopular.²⁸² Unlike in the First World War, the

²⁷⁶ Philip Ziegler, *London at War 1939-1945* (London: Sinclair-Stevenson, 1995), p. 55. The sheer scale means this claim should be regarded with caution.

²⁷⁷ Matt Houlbrook, 'Soldier Heroes and Rent Boys: Homosex, Masculinities, and Britishness in the Brigade of Guards, circa 1900–1960', *Journal of British Studies*, 42 (July 2003), 351-81 (p. 359).

²⁷⁸ TNA, MEPO 2/6622 'Prostitution', 4 May 1948.

²⁷⁹ IWM, Sound archive no. 17436, reel no. 5.

²⁸⁰ TNA, WO 167/1346 (Minute by Captain Basset F. G. Wilson to Provost Marshal, GCHQ), 19 December 1939.

²⁸¹ *Ibid.*

²⁸² IWM, Sound archive no. 20590, reel no. 7; Sound archive no. 22705, reel no. 4.

memoirs and oral histories reflecting on time in France do not indicate that the military police were used to ensure that officers' brothels remained for their sole use, although the separation of premises continued as there were signs on some buildings indicating 'officers only'.²⁸³

On 4 June 1940, as the evacuation of British troops from Dunkirk was taking place, Dr Edith Summerskill, a physician, Labour Party Member of Parliament and ardent feminist, asked the War Office representative in the House of Commons why the government had not put the brothel areas in France out of bounds to the British Expeditionary Force.²⁸⁴ She would become one of the most prominent opponents of services' policies to control VD during the war. The Secretary of State replied that the option had been considered and the approach chosen was to encourage good behaviour and health by other means. Barring these venues would result in 'far worse evils', which the AMSH interpreted as homosexuality.²⁸⁵ The Secretary of State argued that most men did not use these establishments.²⁸⁶ If the scale of use was low, this would support the army's argument why the brothel areas did not need to be put out of bounds.

Policing in France was conducted in conjunction with the French military police, indicating that the provost could be flexible enough to adapt, as well comfortable enough to share authority when needed.²⁸⁷ One temporary APM was presented with this challenge when he was working in Messines for a month.²⁸⁸ The job consisted of checking the

²⁸³ Hugh Sebag-Montefiore *Dunkirk: Fight to the Last Man* (London: Viking, 2006), p. 12.

²⁸⁴ Hansard, 783, 4 June 1940.

²⁸⁵ LSE, 3/AMS B07/16 (Letter from AMSH to Mrs G. Fabricus), 20 May 1940.

²⁸⁶ Hansard, 783, 4 June 1940.

²⁸⁷ TNA, WO 167/253 (War Diary for Wambreches), 23 February 1940.

²⁸⁸ IWM, Sound archive no. 17436, reel no. 5.

registration cards of the women working in the brothels to see that it was the same person as on the residential medical certificate. However, the problem was that some of the brothel keepers thought he was there for the same purpose as the customers and tried to keep him there, something not expressed as often in the First World War. ‘That was the only difficulty I had keeping out of the place, getting out quickly.’²⁸⁹ Some doctors expressed discomfort at the task of checking on the women in the brothels, with its unglamorous reality, where the madam would attempt to bribe them to ensure that any reports did not negatively affect their business.²⁹⁰ Corporal Lucas, a British military policeman based in Mons, noted that ‘Most of the patrols were connected with the brothels’, which were based just behind the cathedral.²⁹¹ The patrols operated through the night, usually making several arrests of British soldiers for disorderly behaviour. Patrolling a brothel that was closed to troops was considered to be ‘A job with conflicting interests for any soldier and offering ‘no job satisfaction’. In policing, the distinction of rank was usually maintained²⁹² and arrests had to be made by military or naval personnel of a higher rank. The problem this raised was one that had been challenged early in the war.²⁹³

²⁸⁹ Ibid.

²⁹⁰ Aidan MacCarthy, *A Doctor's War* (Antsey: F.A. Thorpe, 2006), p. 23.

²⁹¹ A. Vaughan Lorell-Knight, *The History of the Office of the Provost Marshal and the Corps of Military Police* (Aldershot: Gale and Polden, 1943), p. 119.

²⁹² An interesting exception later was that Medical Officers were told that out of bounds areas ‘apply equally to all ranks and all sexes of the medical and ancillary services’. TNA, WO 177/377 3 ‘Br. Inf. Div. Medical Administrative Instructions Serial No. 2’, 10 July 1944, p. 3.

²⁹³ TNA, WO 167/1346 (War Diary), 29 December 1939.

3.6 Defence Regulation 33B

On 15 November 1942 the Ministry of Health enacted the only legislation in the Second World War on VD, Defence Regulation 33B. This required anyone with VD to indicate the person from whom they contracted the disease. If two different informants identified the same person as the source, that person was obliged to undergo medical testing to determine if they had VD and if contagious, undertake treatment. As with the CDA, if the tested person did not have VD, a doctor would sign a certificate certifying this.²⁹⁴ Prison sentences for non-compliance were enforced. The regulation was adopted with only thirty-one members of parliament voting against it, some because they opposed the compulsory treatment element, others because they felt that the legislation did not go far enough.²⁹⁵ Edith Summerskill tabled a prayer, the official motion of dissent, asking the King to annul the Act on the grounds that it did not go far enough. She felt it could result in considerable damage, in the meantime achieving little other than controlling a few sex workers.²⁹⁶ Another person who felt that the Act was not sufficiently strong was Admiral Sir Percy Royds. He hoped that the Act would be the first move towards compulsory VD treatment in the civilian population.²⁹⁷ He argued that the percentage of naval ratings affected by VD had increased by over a hundred per cent.²⁹⁸ His statement is not supported by other records however.²⁹⁹ Despite his argument that the regulation protected

²⁹⁴ TNA, ADM 261/4 'Compulsory Treatment of Venereal Disease – Defence Regulation 33B', 9 November 1944.

²⁹⁵ Hansard, 1807-84, 15 December 1942.

²⁹⁶ Hansard, 1807-09, 15 December 1942.

²⁹⁷ Hansard, 1825, 15 December 1942.

²⁹⁸ Ibid.

²⁹⁹ The total of sick days spent in the hospital had reduced since 1939. Ellis and Rowlands, p. 15.

women as much as men, he acknowledged that its benefit would be to prevent ‘this small minority’ from being ‘a serious and avoidable drain on manpower’.³⁰⁰ By contrast, Lady Astor felt that the problem was that VD was ‘a moral disease’.³⁰¹

Under the regulation, the informants would remain anonymous.³⁰² The purpose of concealing the accuser’s name was to encourage them to name the source of infection, which might not have happened if the accused person knew who had made the claim. The requirement for two referrals was intended to prevent blackmail.³⁰³ Despite the intention to make it gender-balanced, the application of the law was unequal. This was unsurprising and was even anticipated.³⁰⁴ Because of their exposure to lectures and access to medical staff, servicemen would have been better informed than civilian women about the signs of VD, and so more likely to report the person from whom they contracted it first, rather than wait to be named as the source. In the nine months following the implementation of the regulation, 3,344 women and 213 men were reported. The majority of these undertook medical testing willingly. Only a small proportion of these were reported as the source of infection by more than one person, 228 women and 4 men.³⁰⁵ Treatment was only compulsory after two referrals.³⁰⁶ The law did not mention any particular group. The government was clear on the need for it to seem gender-neutral. There was a phenomenon of men who claimed to have contracted these diseases from their wife on more than one

³⁰⁰ Hansard, 1826, 15 December 1942

³⁰¹ Hansard, 1828, 15 December 1942.

³⁰² TNA, ADM 261/4 ‘Compulsory Treatment of Venereal Disease – Defence Regulation 33B’, 9 November 1944.

³⁰³ Dawes, p. 239.

³⁰⁴ TNA, HO 45/25599 ‘Venereal Disease: Proposed new Defence Regulation’.

³⁰⁵ LMA, A/PMC/192 ‘Official Figures from Ministry of Health: Regulation 33B 1943-1945’.

³⁰⁶ Hansard, 1808, 15 December 1942.

occasion.³⁰⁷ It was unverifiable and regarded with some scepticism by the army. Yet a survey in Salford in 1941 indicated that in twenty per cent of VD cases, marital relations were the cause.³⁰⁸ This does not prove which partner contracted the disease first, but it adds credibility to the concept.

In the first three months after the regulation was implemented, only three people were prosecuted.³⁰⁹ All of them were women. As time progressed, the regulation arguably became more relevant. One London social worker in 1945 indicated that some names had been submitted six or seven times.³¹⁰ The services believed that some women were responsible for infecting even higher numbers of men.³¹¹ The significance of Defence Regulation 33B to the services was two-fold. Firstly, the pressure for action was attributed to the services,³¹² with some parliamentarians suggesting that civil society should adopt the stricter code of VD management practiced by the services.³¹³ The idea that the services instigated the regulation is not unreasonable. They had been frustrated by their inability to compel women considered to be responsible for spreading VD to be treated.³¹⁴ Secondly, British and allied forces were the cause of three quarters of the referrals under

³⁰⁷ TNA, WO 222/12 'Medical History of the War: Venereal Disease in the British Army, 3 September 1939 to 31 August 1944', p. 16.

³⁰⁸ Davenport-Hines, p. 265.

³⁰⁹ TNA, HO 45/25599 'Regulation 33B Provisional Summary of Reports Received from Medical Officers of Health for the Period 8th January to 30th June 1943'.

³¹⁰ Margaret A. Wailes, 'Contact Tracing and the Prostitute', *The British Journal of Venereal Diseases*, 21 (March 1945), 15-17 (p. 15).

³¹¹ IWM, Private papers of F. E. de W. Cayley, documents.7788, p. 9.

³¹² Hansard, 1834, 15 December 1942.

³¹³ Hansard, 1864, 15 December 1942.

³¹⁴ Dawes, pp. 236-37.

the regulation.³¹⁵ The reason was that it was easier for members of the public to evade indicating the source of their disease and more difficult for those in the services. Servicemen were inspected for signs of the disease, when for the rest of the population it was a matter of being referred or self-referral. For servicemen with VD, treatment was compulsory.

As in the First World War, one way for servicemen to manage the situation when they did not want to identify the woman in question was by giving vague responses that meant the woman could not be found. There were also occasions where genuinely little information was held about the woman in question. It is not possible to tell to what extent which of these two reasons applied. Falsely accusing someone of being the source of infection was an offence against the Act,³¹⁶ with the potential penalties of fines and imprisonment.³¹⁷ The Bishop of Norwich argued that the role of informant was something alien to British culture.³¹⁸ The question remained, what proportion of those named as the source were infectious. This was something parliament was unable to answer.³¹⁹ One secondary source suggests that half of those tested were uninfected, but does not list the source of this information.³²⁰

³¹⁵ Wailes, p. 15.

³¹⁶ TNA, ADM 261/4 'Compulsory Treatment of Venereal Disease – Defence Regulation 33B', 9 November 1944.

³¹⁷ D. Harcourt Kitchin, 'Some Legal Aspects of Venereal Disease', *The Medical Press and Circular* (October 1943), 264-68 (p. 267).

³¹⁸ Hansard, House of Lords, 460, 8 December 1942.

³¹⁹ Hansard, 77-78w, 26 June 1947.

³²⁰ Dawes, p. 243.

The low number of individuals who were referred by two different people is regularly cited as evidence of the failure of the regulation,³²¹ even though it was anticipated at the time that this would be low.³²² The problem was many-fold. Most infected people could not or would not identify the person from whom they had contracted the disease.³²³ In Bristol up to ninety per cent did not comply.³²⁴ When servicemen were obliged to provide evidence in court, often they did not attend from ‘an admirable but misguided sense of loyalty’.³²⁵ More significantly, in terms of referrals, the greater source of infection was not the small number of individuals infecting many others, but many single referrals. The Ministry of Health issued a circular to local authorities on the issue (no. 2896)³²⁶ instructing them to seek out individuals who had been named by even just one referral to encourage the person to seek medical treatment. The pressure applied to these individuals has been described as ‘coercive voluntarism’.³²⁷ The feminist magazine *Time and Tide* described it as ‘Nazi to the very core’.³²⁸ The AMSH argued that when there had been an increase in syphilis in 1932 the government had not sought to introduce similar measures.³²⁹ This was a disingenuous argument since there was no spike in

³²¹ Mary Spongberg, *Feminizing Venereal Diseases: The Body of the Prostitute in Nineteenth Century Medical Discourse* (New York: New York University Press, 1997), p. 181.

³²² Hansard, 1808, 15 December 1942.

³²³ TNA, HO 45/25599 ‘Regulation 33B: Reports from Medical Officers of Health for the Period 8th January to 30th June 1943, i.e. Since its Operation’, p. 1.

³²⁴ TNA, HO 45/25599 ‘Regulation 33B: Reports from Medical Officers for Health of the period 8th January to 30th June 1943’, p. 1.

³²⁵ TNA, WO 222/1479 ‘Movements of British Field Ambulances BEF 10th May to Evacuation Dunkirk’, p. 36.

³²⁶ Ware, p. 513.

³²⁷ Pamela Cox, ‘Compulsion, Voluntarism, and Venereal Disease: Governing Sexual Health in England After the Contagious Diseases Acts’, *Journal of British Studies*, 46 (January 2007), 91–115 <www.jstor.org/stable/10.1086/508400?> (pp. 104-06).

³²⁸ Self, p. 56.

³²⁹ Ibid.

syphilis in 1932 in the population, and excluding a couple of small rises, the number of syphilis cases reduced between 1920 and 1940.³³⁰ By contrast, an evaluation of Defence Regulation 33B by the Mass Observation project found ‘overwhelming approval’ of both the Act and the government’s educational efforts on VD.³³¹

Defence Regulation 33B was not as contentious as DORA 40D. This was deliberate as the Ministry of Health was determined it should bear no resemblance to the former Act.³³² They removed the analogous draft clauses from the new law.³³³ The emphasis was medical treatment, not punishment for contracting the disease. Parliament discussed and debated several points of the regulation in particular detail.³³⁴ These were the voluntary nature of treatment apart from the few twice-referred cases, the anonymity of those identifying someone as a source of the disease, and the gender imbalance in the referrals. With the exception of those in the services, prisoners, and underage girls, in effect those under the authority of state institutions, treatment for VD had been voluntary since the CDA.

Defence Regulation 33B was the change that prompted criticism of government policy on sexuality from the church. Most critiques of the regulation only cite the figures for the first nine months of its operation. In 1943 ninety-three per cent of referrals were cases of men indicating a woman as the source of disease, by contrast to a woman

³²⁹ In fact, the treatment figures for syphilis in England and Wales reduced from 42,805 in 1920 to 16,739 in 1940. Laird, *Venereal Disease in Britain*, p. 71.

³³¹ Reynolds, p. 205.

³³² TNA, HO 45/25599 ‘Defence Regulations, 1939: Regulation 33B’, p. 3.

³³³ Roger Davidson, *Dangerous Liaisons: A Social History of Venereal Disease in Twentieth-Century Scotland* (Amsterdam: Rodopi, 2000), p. 208.

³³⁴ Hansard, 1807-87, 15 December 1942.

indicating a man. By 1945 referrals against women had increased to ninety-eight per.³³⁵ With the services' focus on disease it is likely, but unconfirmed, that this imbalance may have been largely caused by servicemen recognising symptoms earlier. The VD figures show that only around 50,000 of the incidences of VD per annum were new cases.³³⁶ For every year of its operation, this was less than half of all cases. When compared to the table below it reveals that only a very small percentage of VD cases resulted in people being reported under the Act.

Table 10: Persons reported under Defence Regulation 33B according to Ministry of Health figures³³⁷

	1943		1944		1945	
	Men	Women	Men	Women	Men	Women
1 notification	287	4,206	242	7,270	167	7,560
2 or more notifications	5	358	4	823	7	1,023

Along with the Foreign Office, the War Office urged the government to introduce further legislation to reduce the risk of British women infecting American servicemen with VD.³³⁸ From 1942 onwards, the British government was concerned that their practices should be aligned with American ones.³³⁹ In June 1943 the government convened a committee of representatives from different departments, the dominions, and the US to discuss the problem of VD. Whilst the War Office was part of the group from

³³⁵ LMA, A/PMC/192 'Official Figures from Ministry of Health: Regulation 33B 1943-1945'.

³³⁶ Central Statistical Office, *Statistical Digest of the War* (London: HMSO, 1951), p. 42.

³³⁷ LMA, A/PMC/192 'Official Figures from Ministry of Health: Regulation 33B 1943-1945'.

³³⁸ Sonya O. Rose, 'The 'Sex Question' in Anglo-American Relations in the Second World War', *The International History Review*, 20 (1988), 884-903 (p. 887).

³³⁹ Rose, *The 'Sex Question'*, p. 886.

the start, the Admiralty was not initially included. It was not until the sixth meeting that the Admiralty sent a representative as they had not received an invitation previously.³⁴⁰ The reason cited why the navy had not been invited sooner was that it did not appear that the navy had a problem with VD.³⁴¹ This concurred with earlier thoughts about the navy expressed in July 1941 by Surgeon-Commander Coulter.³⁴²

Defence Regulation 33B expired in December 1947.³⁴³ That this was not withdrawn before the 1945 general election is evidence that it was not as politically sensitive as DORA 40D.

3.7 Conclusion

The CDA was the benchmark for legislation through the two world wars. The legislative framework was something that the government quickly turned to in the First World War to reduce the incidence of VD in the services. The public response to the Act, meant that the government's default position was voluntary treatment for disease. To try to tackle the deficiencies of this, compulsory treatment was introduced in DORA 40D and for those people under Defence Regulation 33B with VD who were accused of infecting more than one person.

³⁴⁰ TNA, MH 55/2325 'Joint Committee on Venereal Disease', 10 September 1943.

³⁴¹ Ibid.

³⁴² L. W. Harrison, *The Present Trend of Incidence of Venereal Diseases*, p. 261.

³⁴² Mason and Riedi, p. 186.

³⁴³ Davidson, p. 223.

Like under the CDA, the initial assumption was that sex workers were the major cause of transmission. So, until 1918 legislation aimed to control them, particularly their proximity to military bases. Over time both the government and the services realised that this was less accurate. The lack of arrests is one indication of the ineffectiveness of legislation.

Whilst the government had been clear during the First World War that there would be no return to the CDA, it took the public response to DORA 40D for them to realise that legislation had to appear to be equally applied to both sexes, rather than just servicemen. Legislation could not be rushed and policing in conjunction with the services was necessary for success.

4

The Impact of Moral Reform on Preventing VD in the Services

Moral reform came from a number of different sources, but predominantly had its basis in Christian ethics. The main principle was the promotion of celibacy for unmarried men and for married men away from home. For moral reform organisations, marriage was central to their notions of acceptable sexual health. In this they conflicted with the services. Some army officers were affiliated with moral reform organisations in a way that does not appear to have been true for the navy. Both the army and navy discouraged the men from marrying, instead wanting them to be solely committed to their employment, which was one reason why permission to marry was so limited. A soldier under the rank of sergeant, and to an extent officers or sea-going sailors, needed the permission of their commanding officer to marry. There were requirements relating to age, length of service and good character before permission would be granted. Only six to twelve per cent of the whole regiment were given permission to marry, which in turn increased their average age at marriage.¹ An even lower per cent were able to live with their wives on base, or for them to follow the regiment overseas. These licensed marriages were referred to as 'on the strength'. By contrast, in 1876 a third of officers were married.² They were better able to support a wife. One of the reasons for the services' reluctance was cost, as marriages on the strength increased costs³ because of the associated allowances. Army wives on the strength were permitted to accompany their husbands to UK bases, but not on overseas campaigns.

¹ Cherry, p. 47.

² Ibid.

³ Trustram, pp. 116-17.

The influence of moral reform was not just direct through the church and reformers, but also via periodic support from the public and the attention they could attract from parliamentarians. The different elements of moral reform, from lectures and pamphlets, to media sources including films and newspaper campaigns, were used to varying degrees.

4.1 Before the First World War

The public became aware of the Contagious Diseases Act in 1869, due to the campaigns against it. This explains why there was little social comment on it before then by contrast to afterwards.⁴ The objections to it were broadly defined as moral, constitutional and medical.⁵ The moral complaint was that the Act encouraged male licentiousness. The constitutional criticism focused on the fact that the law was applied unequally, mainly impacting on poor women, and that so-called voluntary co-operation was more akin to coercion. The objection to it on medical grounds was that greater advances to public health had been made in towns not covered by the Act, and that where the legislation applied it had actually retarded improvements in the health of the armed services.⁶

The strong opinions in favour of the Act and against it led to an effective stalemate between abolitionists and ‘expansionists’.⁷ Helen Ware argues that the repealers’ overconfidence in the strength of popular opinion and their unwillingness to negotiate with

⁴ Lee, p. 7. This corresponded with press coverage. Of the 28 references to the CDA between 1864 and 1869 in the National Library Newspaper Archive, 19 are from 1869.

⁵ TNA, WO 33/27 ‘Summary of Replies and Observations in Reference to Certain Statements of the Grounds on which the Contagious Diseases Acts are Opposed’.

⁶ Ibid.

⁷ Hansard, 209-334, 13 February 1872.

the government when the Act was reviewed in 1871, meant that the repeal of the Act took more than a decade longer than needed.⁸ One of the first lobby groups against the law, and arguably the most successful, was the Ladies' National Association for the Repeal of the Contagious Diseases Act, founded in 1869 and led by Josephine Butler, the wife of a clergyman. Others followed, including the Working Men's National League (1875) which joined with the middle class feminist movements opposing the Act.⁹ They had minimal interaction with the services, instead focusing on changing the views of society and parliament. Whilst religious groups campaigned about the immorality of sex workers, feminist organisations focused on the injustices towards women. One strategy adopted by feminist groups was to encourage women not to comply with the Acts, in particular to resist detention.¹⁰

The lack of unity between the different groups can be attributed to their perspective on where the problem lay. Were soldiers base men incapable of controlling themselves, as the War Office thought? In which case, was prostitution 'a necessary evil'?¹¹ Or were the women themselves irredeemably lost, as Florence Nightingale thought.¹² The answer to these questions determined the solution.

Plymouth was particularly targeted for 'moral cleansing' by moral reform campaign groups. It was one of the largest towns under the Act, and in the 1870s thirty-four per cent

⁸ Ware, p. 213.

⁹ Trustram, p. 123.

¹⁰ Rasor, p. 96; Judith Walkowitz and Daniel Walkowitz, "'We are not Beasts of the Field': Prostitution and the Poor in Plymouth and Southampton under the Contagious Diseases Act", in Mary S. Hartman and Lois Banner, ed., *Clio's Consciousness: New Perspectives on the History of Women* (London: Harper and Row, 1974) pp. 192-225 (pp. 212-13).

¹¹ *Soldiers and the Social Evil*, p. 7.

¹² London, British Library, ADD MS 45772, ff 234-37.

of the men in the three towns that constituted the Plymouth area (Plymouth, Devonport and Stonehouse) were in military service or employed in government installations.¹³ Between 1891 and 1911 it was nearly half.¹⁴ The famous area for brothels, the appropriately named Union Street, linked Plymouth and Devonport.¹⁵ From the 1870s onwards, national and local morality campaigns tried to ‘clean up’ Plymouth, i.e. reduce the number of sex workers, but there were many individuals and businesses with an interest in the brothels and pubs continuing to operate. Leading the moral clean-up in Plymouth was a very active police Inspector, Silas Anniss, whose men checked the brothels for unregistered women twice a day.¹⁶ In 1870, there were an estimated 139 brothels in Plymouth alone.¹⁷

Just as Plymouth was popularly considered the archetypal naval town, Aldershot was the most examined army town, called the home of the army because of the number of soldiers based there. In 1883 moral reformers claimed responsibility for the closure of twenty-two brothels in Aldershot.¹⁸ This was significant because it was achieved by a national moral reform group rather than a local one. It was not just a matter of the larger

¹³ Walkowitz and Walkowitz, p. 206.

¹⁴ G. H. Bennett, *Dockyard, Naval Base and Town: The Social and Political Dynamics of Plymouth 1800 to 1950* <<http://hdl.handle.net/10026.1/10135>> [accessed 1 July 2019]

¹⁵ Brad Beaven, *The Resilience of Sailortowns in English Naval Ports, c. 1820-1900* (February 2016) 72-95 (University of Plymouth) <<https://doi.org/10.1017/S0963926815000140>> (p. 82).

¹⁶ The Rt Hon. James Stansfeld on the Failure of the Contagious Diseases Act as provided by the Official Evidence submitted to the Select Committee of the House of Commons, 1879, 1880 and 1881, p. 22.

¹⁷ ‘Moral Regulation’ <https://www.everydayoffending.org/?page_id=10> [accessed 16 September 2020]

¹⁸ Trustring, p. 125. Although the source material indicates that the National Vigilance Association claimed responsibility, that organisation did not come into being until 1885. However, it could refer to its predecessor organisation, the Society for the Suppression of Vice.

numbers of members in a national group. The 1880s was the beginning of a moral and religious revival, one strand of which was targeting immorality.¹⁹

From the mid-nineteenth century onwards, individuals and charities tried to improve the behaviour and living conditions of servicemen. The first home for serving soldiers was opened in 1855. Although it closed four years later, others would follow.²⁰ Two naval officers opened the Royal Portsmouth Sailors' Home in 1852,²¹ although the most notable organisation for sailors was Aggie Weston's Missions for Seamen, founded in 1876. These organisations provided cheap accommodation and food for servicemen. Later on, the army and the navy would support these ventures, but initially they were charitable concerns. In many cases the goal of these missions was to provide the men with a home-like environment and in doing so separate them from the triumvirate evils of alcohol, gambling, and sexual immorality. These homes were often established near large garrisons.²² Some men welcomed these places, just as they objected to the stereotypes of themselves as drunken, sexual degenerates, whilst others appreciated the cheap lodgings, but disliked the more religious elements of these programmes.²³

Military clergymen were a significant body in the attempt to keep servicemen moral, although there were also many clergymen on the board to extend the CDA.²⁴ Their

¹⁹ Ronald Hyam, *Empire and Sexuality: The British Experience* (Manchester: Manchester University Press, 1990), p. 68.

²⁰ Campbell, p. 28.

²¹ Richard Blake, *Religion in the Royal Navy, 1815-1879: Piety and Professionalism* (Woodbridge: Boydell Press, 2014), pp. 100-01.

²² Spiers, p. 145.

²³ IWM, Sound archive no. 735, reel no. 14; Skelley, p. 164.

²⁴ Hansard, 989, 16 March 1886.

primary tool for promoting morality was to preach celibacy.²⁵ Some commanding officers and medical officers lectured the men about the dangers of women and venereal disease. Some commanders felt that it was not only difficult to speak to the men about sexual matters, but also best left to the clergy and medical officers.²⁶ Groups like the Church of England Purity Society, founded in 1880, regarded the reform of the army as their special mission.²⁷ In the navy, Christian officers were referred to as 'blue lighters'. Deep religious convictions appear to have been less tolerated in the army.²⁸

Following a regulation in 1876, the army ruled that medicine would not be supplied free to the families of men who married without permission.²⁹ Simultaneously, diseased sex workers were medically treated under the CDA. In this way, the War Office paid less towards the maintenance and welfare of wives and children of 'off the strength' (unapproved) marriages than they did to sex workers,³⁰ thus indicating their priority. This was particularly paradoxical as the services believed that married men were less likely to sleep with multiple partners and contract VD.³¹ It was also thought that these commercial affairs protected marriages.³² It is not possible to determine whether or not this was a valid perception, because it is not known how many marriages were off the record.³³

²⁵ IWM, Sound archive no. 735, reel no. 11.

²⁶ TNA, WO 33/2979 'Advisory Committee of Spiritual and Moral Welfare of the Army: Reports from Commands on the Conditions of Soldiers' Life at Home and Abroad'.

²⁷ Trustram, p. 117.

²⁸ Ibid.

²⁹ Trustram, p. 133.

³⁰ Trustram, p. 135.

³¹ Trustram, p. 119.

³² Trustram, p. 137.

³³ Trustram, p. 119.

Society still maintained the view that men had sexual needs.³⁴ If these needs were not met through marriage, then what was the alternative? Homosexuality was illegal. It was also specifically against Section 42 of the Army Act.³⁵ That did not mean that it did not exist, particularly where men were confined to enclosed spaces with only male company for many months. Masturbation, another common sexual activity, was popularly regarded as ‘self-abuse,’ a perspective which was compounded by Robert Baden-Powell’s influential 1908 book, *Scouting for Boys*.³⁶ Considering the aim of the scout movement as a form of junior military training, and their later connection with specific service branches (sea scouts and air scouts), this attempt to influence thinking about sex takes on greater significance. As the scouts had 150,000 members in 1913, its size was not irrelevant.³⁷ Neither homosexuality nor masturbation were alternatives that the services could or would promote, although they were conscious that both were practiced.

Many ranks and ratings felt that they could not afford to marry because of the low wages.³⁸ Frequent movement to foreign places also reduced the opportunities for them to meet ‘respectable women’. The popular image of servicemen in Victorian Britain meant that many respectable women were cautious about being seen with them. One of the reasons used to justify why so few men were given permission to marry was the belief that young men largely made unsuitable marriages. Sir Henry Storks, Lieutenant Colonel, Colonial Governor of Malta and later Under-Secretary to the Minister of War, argued that

³⁴ Trustram, p. 117.

³⁵ Cherry, p. 260; Matthew Seligmann, *Rum, Sodomy, Prayers and the Lash Revisited: Winston Churchill & Social Reform in the Royal Navy, 1900-1915* (Oxford: Oxford University Press, 2018), pp. 63-64.

³⁶ Lesley A. Hall, *Sex, Gender and Social Change*, p. 76. Fears about masturbation long preceded Baden Powell.

³⁷ Brian Bond, *War and Society in Europe, 1870-1970* (Leicester: Leicester University Press, 1983), p. 75.

³⁸ IWM, Sound archive no. 692, reel 16.

service wives were effectively prostitutes and the source of much venereal infection.³⁹ In fact, he wanted wives to be examined for VD.⁴⁰ The restrictions forced many men to marry without consent or remain single. Judith Walkowitz argues that the services wanted to create 'a professional bachelor army and navy without family ties or local identities'.⁴¹

Servicemen's wives had a bad reputation, arguably because of their connection to servicemen.⁴² The mobility of the army meant that wives were frequently abandoned, and left with the choice of finding another man to support them or turning to prostitution.⁴³ In Britain, this action was supported by Section 40 of the Mutiny Act. This reduced soldiers' liability to their family as when they left the family became the financial responsibility of the parish.⁴⁴ For moral reformers, there was a direct connection between the services' position on marriage and servicemen's moral and spiritual welfare.⁴⁵ They argued that the lack of support for marriage and the opt-out of soldiers' responsibility through regulations like the Mutiny Act 'led to immorality and mitigated against the soldier living a pure life'.⁴⁶

In the immediate pre-war period, the suffrage movement had been gaining publicity. This did not just focus on the question of the franchise, but attempted to highlight men's sexual behaviour through slogans like 'Votes for women, chastity for

³⁹ Trustram, p. 127.

⁴⁰ Ware, p. 211.

⁴¹ Walkowitz, p. 4. Supported by Rasor, p. 206.

⁴² Trustram, p. 127.

⁴³ Michael Snape, *The Royal Army Chaplain's Department 1796-1953: Clergy under Fire* (Woodbridge: Boydell Press, 2008), pp. 108-09.

⁴⁴ Trustram, p. 137.

⁴⁵ Trustram, pp. 132-37.

⁴⁶ Trustram, p. 135.

men'.⁴⁷ Christine Pankhurst argued that seventy-five to eighty per cent of the male population had gonorrhoea and 'a considerable percentage' also had syphilis.⁴⁸ There is nothing to suggest any scientific basis to this idea, as the Royal Commission would show.

4.2 The First World War: Celibacy and marriage

In the war a new issue for the services was that many of the new recruits of Kitchener's Army were married. The war years also saw an increase in the number of marriages,⁴⁹ sometimes for the purpose of losing virginity in a socially or religiously acceptable way,⁵⁰ or for the man to ensure that the woman was supported financially if he died. Because of the requirement to increase the number of men serving, this forced the services into greater acceptance of marriage and into making better provision for servicemen's wives and children. This was not an insignificant issue for the services: the amount spent on allowances, almost half a billion pounds, was almost as much as the pay bill for the army.⁵¹ Unlike other countries, Britain also paid separation allowances to unmarried couples who had cohabited prior to the war. The army and navy's traditional qualms about wives prevailed, and such allowances were conditional on the woman's respectable behaviour. Over the course of the war 16,000 women had their allowances stopped on the

⁴⁷ Self, p. 53.

⁴⁸ Lesley Hall, *Sex, Gender and Social Change*, p. 85.

⁴⁹ By May 1918, 38% of naval ratings were married. Anthony Carew, *The Lower Deck of the Royal Navy 1900-39: The Invergordon Mutiny in Perspective* (Manchester: Manchester University Press, 1981), p. 89.

⁵¹ Susan Pedersen, 'Gender, Welfare and Citizenship in Britain during the Great War', *The American Historical Review*, 95 (October 1990), 983-1006 (p. 985).

grounds of ‘immoral behaviour’.⁵² The woman’s actions were monitored by the police, voluntary patrols and several charitable bodies, such as the National Society for the Prevention of Cruelty to Children.⁵³ Marriage was still not a private concern even when separation allowances were not involved. When a British 2nd Lieutenant serving in France wanted to marry a local woman whom his commanders considered to be a sex worker, it became a matter involving the Consul-General, the Assistant Provost Marshal and the Base Commandant.⁵⁴ Where the outcome of such cases was recorded, they often ended badly.⁵⁵

From 9 August 1914, on the instruction of Lord Kitchener, the Secretary of State for War, the men’s pay books contained a warning that while in France and Belgium they might be tempted by wine and women, but that they should resist both entirely; ‘While treating all women with perfect courtesy, you should avoid any intimacy’.⁵⁶ As Craig Gibson says, considering how often inconvenient regulations were disregarded, it would be strange if this injunction were resolutely obeyed,⁵⁷ as it was not. Even at the time, Crozier disagreed, arguing that ‘He who hopes to wage war without wine and women is living in a fool’s paradise’.⁵⁸ Although sex is only obliquely mentioned in Kitchener’s warning, the implications were obvious: women were a problem and the solution was

⁵² Richard van Emden and Steve Humphries, *All Quiet on the Home Front* (London: Headline, 2003), p. 269.

⁵³ Brown and Barrett, p. 68.

⁵⁴ TNA, WO 154/114 (War Diary of APM, Lines of Communication, Rouen), 18 August 1916.

⁵⁵ Crozier, p. 91.

⁵⁶ Kitchener’s Address to the Expeditionary Forces.

⁵⁷ Craig Gibson, *Behind the Front*, p. 309.

⁵⁸ Crozier, p. 127.

self-control.⁵⁹ This contradicted the popular idea at the time that men needed sex. This very notion was one at the heart of the debate and was not unchallenged.⁶⁰ Was sex necessary? Was self-control possible? Revealingly, Kitchener's warning only mentioned women overseas, despite its relevance to the home front. Making such a warning in relation to Britain would make it too obvious that the problem was not a foreign one.

Padres appealed to the troops for moral abstinence. Their arguments certainly convinced some men, as did lingering moral instruction from childhood.⁶¹ The Admiralty Regulations of 1913 contained a clause that chaplains should behave in a moral way that inspired respect.⁶² Yet servicemen found it amusing when padres were either seen going into a brothel or had contracted VD⁶³ or were otherwise embarrassed, such as when the subaltern asked the padre in a loud voice, 'Did you see any tarts in Gravesend?'⁶⁴

What clergymen found difficult to counteract was the men's fears about battle, and the fact that 'they didn't want to die virginal'.⁶⁵ A contentious notion that is now becoming more accepted is that the troops had a lot more sexual experience than is usually

⁵⁹ Haste, pp. 48-49.

⁶⁰ Waite, p. 71.

⁶¹ Childhood: IWM, Sound archive no. 11938, reel no. 5. Lectures: IWM, Private papers C. G. Beech, documents.734, p. 63.

⁶² Admiralty Regulations, Chapter 1, no. 649.

⁶³ Graves, p. 295.

⁶⁴ IWM, Private papers of P. G. Heath, documents.11043, p. 34.

⁶⁵ Graves, p. 295.

acknowledged.⁶⁶ Thoughts of morality, the future, and even concern about the risk of VD, were remote by contrast to the risk of death.⁶⁷

Servicemen were conscious that sex could be secured without payment by bartering. Some men appealed to sex workers to provide their services freely on patriotic grounds.⁶⁸ Home Office files suggested that the prompt for this unpaid service was the women themselves,⁶⁹ although this may not be the truth. By contrast to this concept of patriotic sex, the early appeals to the men by the government and moral campaigning groups proposed the opposite by equating patriotism with celibacy.⁷⁰ Not all of the women who congregated around the military camps, ports and railway stations were soliciting. But in a theme that would become one of the dominant ones of the war, young women were considered to be overtaken by their enthusiasm for men in uniform. Their excitement, noticeable from 1914, was labelled 'khaki fever',⁷¹ although Joanna Bourke argues that the extent to which this occurred can be easily exaggerated.⁷² There are even claims that the girl guide movement was created partly as a means to control girls.⁷³ The

⁶⁶ Denis Winter, *Death's Men: Soldiers of the Great War* (London: Penguin, 1978), p. 150; Mark Harrison, *The Medical War*, p. 159.

⁶⁷ IWM, Sound archive no. 24546, reel no. 3.

⁶⁸ Graves, p. 105; Fischer and Dubois, p. 328.

⁶⁹ TNA, HO 45/10724/251861 (Letter from Sir Thomas Barlow, President of the Royal College of Physicians, to Home Secretary), 7 December 1914.

⁷⁰ One commentator said that the army should be taught that celibacy is 'the very highest form of patriotism'. J. W. Kneeshaw (Letters to the Editor) 'Labour and Conscription', *Birmingham Daily Gazette*, 13 September 1915, p. 4.

⁷¹ E.g., TNA, HO 45/10724/251861 'Moral Conditions in and about Training Camps', 22 October 1914.

⁷² Bourke, p. 156.

⁷³ Rose, *Which People's War?* p. 89. As the Girl Guide movement started in 1909, it is more likely to be the Brownies, which were started in 1914.

theory was that if they could be occupied in a respectable manner, preferably one that involved moral training, it would prevent them from following less reputable pursuits.

Some men did not visit sex workers for moral reasons or from the fear of catching VD.⁷⁴ Yet despite the army's history of 'muscular Christianity', soldiers who declined to visit brothels on the grounds of religion or because they were teetotal, were often the object of ridicule. As one soldier indicated, 'One always felt that in army life religion was accepted as an optional extra and a soldier who tried to go along with his faith was regarded as an "odd-bod"'.⁷⁵

Some of the oral histories indicate this separate and distinct status for religious men. Men who joined the services prior to the war often noticed differences between themselves and the hostilities-only men in terms of discipline. The latter, they felt, did not understand service conventions. It was thought that there would have been fewer volunteers if they had understood that they would be condemned to 'a monastic existence for the duration of the war'.⁷⁶ By contrast, hostilities-only men sometimes indicated a horror at the bawdiness and lewdness of the language used by professional servicemen.⁷⁷

Moral campaigners, including the church, argued that the country's responsibility to servicemen was to keep them safe from temptation.⁷⁸ The pithy line used by E. B. Turner when preaching to the troops was 'how much better they would be employed pumping lead into the Hun rather than lying in hospital having '606' (salvarsan) pumped

⁷⁴ IMW Sound archive no. 735, reel no. 11.

⁷⁵ IWM, Private papers of C. G. Beech, documents.734, p. 99.

⁷⁶ IWM, Private papers of P. G. Heath, documents.11403, pp. 377-78.

⁷⁷ IWM, Private papers of P. Clare, documents.15030, Prelude.

⁷⁸ Hansard, 663-64, 11 April 1918.

into them'.⁷⁹ The success of shame tactics like these is questionable. Oral histories indicate that not all soldiers even understood that there were penalties.⁸⁰ So as a strategy to prevent men risking exposure, its effect was negligible, serving better as a punishment.

The social contract about not criticising the services was still largely in place in spring 1917. Even the church was cautious when they spoke about servicemen.⁸¹ However, that would change later in 1917. One of the causes of this was servicemen returning home on leave and infecting their wives with VD. The services were concerned about this. They maintained policies of not releasing men with VD until they had finished treatment.⁸² Some servicemen said that it was wives acting as sex workers in their husband's absence that was the problem.⁸³ The sexual activities of servicemen's wives were of greater interest to the service authorities than the actions of the men. Whilst it was still largely accepted that men had sexual needs, the same principle was not applied to women. Even the notion of sexual satisfaction for women discussed in Marie Stope's book *Married Love*, published in 1918, was limited to wives. Sex for unmarried women was socially unacceptable.

The rush by men to get married, in some cases partly through the urge to have sex, resulted in many imprudent marriages. Bigamy increased. Prior to 1914 the rate remained

⁷⁹ Alex Comfort, *The Anxiety Makers* (S.I: Dell, 1970), pp. 146-47.

⁸⁰ IWM, Sound archive no. 661, reel no. 7.

⁸¹ TNA, HO 45/10523/140266 (Letter from Rev Charles Brown D. D., Ferme Park Brotherhood, to Home Office), 29 March 1917.

⁸² MacPherson, *Diseases of the War*, p. 346.

⁸³ IWM, Private papers of S. T. Eachus, documents.11667, 8 August 1917, p. 129.

under 150 prosecutions per year. From 1915 onwards, it never reduced to below 200.⁸⁴ One element of this was wives thinking that their husbands had died in the war, but there is no sense that this was the majority of cases. The number of divorces, which in 1913 was 577, had increased to 3,100 by 1920.⁸⁵ An even larger spike occurred during and immediately after the Second World War.⁸⁶ The common perception was that marriages broke up because of female infidelity and from 1916 to 1920 the proportion of men instigating proceedings increased, reversing the pre-war trend.⁸⁷ Women were unable to institute divorce proceedings solely on the grounds of adultery – they needed to claim an additional cause, such as cruelty. In cases where a soldier refused to pay alimony, the Army Council used their powers to enforce any magistrates' order. The navy, in another move which demonstrated their more 'hands-off' approach to these matters, did not intervene. They discussed whether the position for sailors was essentially different and whether the army's practice should be adopted by the navy.⁸⁸ Ultimately, they decided not to change the policy.

To some extent infidelity was anticipated, as was shown in the popular play, *The Girl that Took the Wrong Turning*. The story concerned a sailor who returns home to find that his girl, Sophie, has run away to London and become a sex worker. The sailor goes to London where he finds Sophie, and still marries her. For the navy in particular there

⁸⁴ David J. Cox, "'Trying to get a Good one': Bigamy Offences in England and Wales, 1850-1950", *Plymouth Law and Criminal Justice Review*, 1 (2012)
<http://www.plymouthlawreview.org/vol4/Cox,%20David%20-%20Trying%20to%20get%20a%20good%20one.pdf> [accessed 16 June 2019] (p. 6).

⁸⁵ Haste, p. 46.

⁸⁶ David Cox, p. 24.

⁸⁷ David Cox, p. 26.

⁸⁸ TNA, ADM 1/8430/240 (Untitled note), 2 June 1915.

was a distinction between ‘nice girls’ and ‘not-nice women’,⁸⁹ although sometimes it was hard to distinguish between them. In theory ‘nice girls’ did not agree to sex prior to marriage and were considered suitable to introduce to family; those who were ‘not nice’, by contrast, were those that did and were not. The lure of married persons’ allowance for sailors’ wives allegedly led some women to have sex in the attempt to secure a husband.⁹⁰ Continuing the pre-war custom, some sailors still established regular arrangements with women as a de facto marriage for their time onshore.⁹¹ The notional classification of women into nice and not nice has its parallel with the suggestion that sailors divided into sanctimonious prigs and drunken louts: both categorisations are over-simplifications, and many people’s behaviour fell in between these two positions.⁹²

The question of whether a serviceman visiting a brothel was married or not was irrelevant from the services’ perspective. Married men were commonly considered to have sexual needs, an argument that the church contested.⁹³ In the absence of their wives, these needs were met elsewhere. In 1917 the army restricted the issue of passes to wives to visit husbands in France, ostensibly because of the amount of traffic into the *zones des armées*. In June 1917, members of the Soldiers and Workmen’s Council, an unofficial body, adopted twelve resolutions about living and working conditions.⁹⁴ One of these was that the constant separation of families, in particular of husbands and wives, was

⁸⁹ McKee, p. 186. Feminist discourse would observe the distinction of ‘girls’ and ‘women’ in this.

⁹⁰ McKee, p. 185.

⁹¹ McKee, p. 187; Chesney, p. 322. This also happened with army officers, overseas. K. Craig Gibson, ‘Sex and Soldiering in France and Flanders: The British Expeditionary Force along the Western Front, 1914-1919’, *The International History Review*, 23 (September 2001), 535-79 (p. 563).

⁹² McKee, p. 169.

⁹³ Arthur F. Winnington-Ingram, *Cleansing London* (London: C. Arthur Pearson, 1916), p. 30.

⁹⁴ TNA, WO 32/5455 ‘Resolutions Adopted at a Meeting of the Soldiers and Workmen’s Council, 24/6/17’.

‘producing a social change which will strike a mortal blow at the fabric of civilisation’. Some enlisted men were disgusted at the idea of visiting brothels but were informed by other servicemen that sex was necessary.⁹⁵ Some servicemen disapproved of men who expected celibacy from their wives whilst having sex with other women,⁹⁶ but this only interested the services if the man contracted VD or went absent from duty. Ultimately, like homosexuality or visiting sex workers, it appears that if a man did his job well, any extra-curricular practices were ignored.⁹⁷

4.3 Immorality and moral education

As with the CDA, residents in garrison and port towns were more likely to complain about the women than about the men and were less concerned about the potential return of the Act. In some places they even wanted more authority to deal with the ‘undesirable persons’ and their ‘immorality’.⁹⁸ This difference did not apply to the servicemen. In Aldershot, when the doctors spoke to their commanding officers about the women infecting the soldiers with VD, the response was that nothing could be done. Any action was met with the response ‘leave the prostitutes alone’.⁹⁹ This different perspective of the

⁹⁵ IWM, Private papers of C. G. Beech, documents.734, p. 17.

⁹⁶ McKee, pp. 190-91.

⁹⁷ Hickman, p. 209. There was a close monitoring of ‘military prostitution’ in the bars in Paris and French ports. Tamagne, p. 188. As one regimental sergeant major said ‘You can’t have eight hundred troops living together and something of that not being practised. But so long as we didn’t stumble on it then we didn’t go looking for it’. Between 1920 and 1937 the army averaged forty prosecutions for homosexuality per year. French, p. 133.

⁹⁸ TNA, HO 45/10724/251861 ‘Petition from 6,000 women of Folkestone ‘Praying that Powers may be given to the Local Authorities to deal with Effectively Deal with the Question of the large Number of Prostitutes now in the Town’’, 24 December 1915.

⁹⁹ LSE, 3AMS/B07/16 (Letter from Alison Neilans to Dr Wilson, 24 April 1915).

CDA towns was not simply because they had large garrisons: Birmingham and Bristol, which both had long traditions of military service, were highlighted by the AMSH, as different from the CDA towns in terms of tolerating prostitution.¹⁰⁰ Similarly, Norwich, which had a long military history but no connection with the CDA, regarded the billeting of extra troops in the city as the stimulus for the ‘rowdy and wanton behaviour’ there.¹⁰¹ Similarly, the Chief Constable of Rochester did not regard the women as the aggressors, although he was careful not to criticise the locally based troops.¹⁰²

The AMSH observed approvingly that in the north of England there was less tolerance of prostitution.¹⁰³ This was historical as northern towns had been the strongest opponents of the CDA. The AMSH’s opinion of Plymouth, by contrast, was significantly lower. They considered that the town had a low moral tone, that the Watch Committee were corrupt, and that the Chief Constable only retained his position because he was ‘not too strict in interpreting the law’.¹⁰⁴

Moral reform groups issued leaflets and moral lectures, both to troops and civil society groups. According to Ettie Rout, a New Zealand sexual health campaigner, the YMCA refused to allow disinfecting facilities to prevent VD in their hostels.¹⁰⁵ Like the dry garrison canteens, this was not a neutral act but an attempt to control the soldier’s

¹⁰⁰ LSE, 3AMS/B03/01 ‘Summarised Report of Investigation re the Probation of Minors and the Treatment of Venereal Disease in Bristol, Cardiff and Birmingham, 23 June – 7 July 1915’, p. 5.

¹⁰¹ TNA, HO 45/10724/251861 ‘Petition ‘To the Lord Mayor, Alderman, and Councillors of the City of Norwich’.

¹⁰² TNA, HO 45/10724/251861 ‘Chatham and Rochester, visited Sept. 10th and 11th,’ [1915], p. 3.

¹⁰³ LSE, 3AMS/B03/01 ‘Summarised Report of Investigation re the Protection of Minors and the Treatment of Venereal Disease in Sheffield, Leeds and Hull, March 1915’, p. 3.

¹⁰⁴ LSE, 3AMS/B03/01 ‘Summarised Report of Investigation re the Protection of Minors and the Treatment of Venereal Disease in Plymouth and Devonport, 24-30 March 1915’, p. 3.

¹⁰⁵ Ettie Rout, *Two Years in Paris: Experiences in Combating Venereal Disease Among Soldiers and Others* (London: E. A Rout, 1923), p. 29.

space and by doing so, his behaviour. For sailors in Britain, Aggie Weston's hostels remained popular because they were cheap. It is unclear whether the sailor would be admitted to these hostels if they returned in a drunken state.¹⁰⁶ Aggie Weston personally was less popular because of her campaign to stop the rum ration. To her, temperance was the key to moral salvation.¹⁰⁷

By August 1916 the official records recorded that 'lectures [on morality] had been given to three quarters of a million men in garrisons'.¹⁰⁸ The National Council for Combating Venereal Disease (NCCVD) alone gave lectures to nearly 50,000 servicemen by February 1915¹⁰⁹ and a total of 1,956 lectures by selected lecturers to 1,621,943 troops in the United Kingdom over the whole war.¹¹⁰ Considering the number of British troops, not including those from the dominions and colonies, the figure suggests very large audiences but not reaching every man. The division of lectures was uneven, with some groups being subject to lectures regularly, and others managing to avoid them. So these numbers may not properly reflect how many individuals they reached, if people were subject to more than one lecture. Under some commanders such talks were compulsory, under others they were optional. The perspective of the local commander made a significant difference to the approach, not least by the example they set.¹¹¹

¹⁰⁶ Admitted drunk: IWM, Sound archive no. 721, reel no. 8. Denied admittance: IWM, Sound archive no. 661, reel no. 7. The interviewee considered her to be popular apart from with the Portsmouth sailors.

¹⁰⁷ Conley, pp. 79-92.

¹⁰⁸ TNA, HO 45/10802/307990 'Conference on Venereal Disease', 2 August 1916.

¹⁰⁹ Sean Scally, *Moral Instruction, Venereal Disease, and Eugenic Manliness during World War I* (2020) <<http://notchesblog.com/2020/02/25/moral-instruction-venereal-disease-and-eugenic-manliness-during-world-war-i/>> [accessed 14 June 2020]

¹¹⁰ MacPherson, *Diseases of the War*, p. 121.

¹¹¹ Crozier, p. 106.

There was initially little centralised propaganda. The reference in one 1915 Assistant Provost Marshal's file pertaining to Rouen that 'lectures are being given, leaflets sent round and a decrease [in VD] is now looked for'¹¹² suggests that these measures were not being previously undertaken on a systematic basis and that the action was in response to a crisis situation. Three months later, the figures had reduced and stabilised, although numbers were not cited.¹¹³ Until 1918, military policy on allowing access to brothel areas was largely at the discretion of the local commanding officer and his medical officer.

Both overseas and in Britain, medical staff lectured to servicemen. In cases where the medical officer was disinclined to lecture about the risks of VD or women, the commanding officer would sometimes do this. Until 1918 there was no systematic training about how to give these lectures, which were unlike other medical precautions. These inconsistencies may explain why there was uncertainty about whether the lectures were beneficial.¹¹⁴ There were also the significant differences in approach. Medical officers would generally lecture on VD and the risks, whilst clergymen tended to focus on promoting celibacy on the grounds of morality. Army lectures and pamphlets employed concepts of eugenics, namely that keeping yourself 'clean' and 'pure' was a patriotic duty to family and to future generations.¹¹⁵

The feminist movement became more vocal about prostitution in the war, expressing their views in publications such as *The Vote* and *Common Cause*. Their

¹¹² TNA, WO 154/114 'Visit to Rouen, 10-11th July 1915'.

¹¹³ TNA, WO 154/114 'Lines of Communication: Weekly Report', 23 October 1915.

¹¹⁴ TNA, WO 32/11401 'First Annual Report of the National Council for Combatting Venereal Disease, 1916', p. 24.

¹¹⁵ Waite, p. 46.

interests were not restricted to the issue of the franchise. Like with the CDA, they held an unexpected alliance with various churches, moral reformers and liberal politicians, although it should not be presumed that their motivations were the same. Many feminists argued that sex workers were treated more harshly than their male clients.¹¹⁶ Yet it is not certain that their central concern was the fate of the women, rather than the fact that women were treated more severely than men.

Moral reformers were not the only ones influencing the public's thinking. Not all of the information was well received by the troops. One serviceman argued that Max Pemberton's article, 'The Grave Sex Pest', was 'unspeakable trash'.¹¹⁷ His objection was the notion that 'no healthy lad can resist that kind of temptation' i.e., being constantly accosted by women.¹¹⁸ At the time, sex workers were highly visible on the London streets,¹¹⁹ which partly explains the attention accorded to them by moral reformers. According to the newspapers, soldiers did not dare to walk around in certain parts of the city for fear of being accosted.¹²⁰ There was similar language in personal correspondence, indicating that it was not merely an exaggerated media perspective.¹²¹ Both in and outside of London, the worst areas continued to be close to the major railway stations.¹²²

¹¹⁶ 'The Northern Men's Federation for Women's Suffrage and Land Reform', *The Vote*, 12 July 1918, p. 319.

¹¹⁷ (Reporting on the Weekly Despatch article in) Max Pemberton, 'The Grave Sex Plague', *The Burton Daily Mail*, 4 June 1917: IWM, Private papers of J. H. Butlin, documents.7915 (Letter from J. H. Butlin to Basil Hall), 3 June 1917.

¹¹⁸ Ibid.

¹¹⁹ An interesting codicil, based on assessment of the British Newspaper Archives, is that a significant proportion of the criticism of London came from Irish newspapers.

¹²⁰ 'Soldiers in London', *The Times*, 10 February 1917, p. 7.

¹²¹ IWM, Private papers of J. H. Butlin, Documents.7915 (Letter to Basil Hall, 12 October 1916).

¹²² Laite, p. 81. An interesting codicil to this is that the church owned a lot of the real estate near Paddington Station. Jerry White, *London in the 20th Century* (London: Vintage Books, 2008), p. 49.

The accusations of a lack of action to address prostitution were not true in London, despite the complaints.¹²³ London was divided into a number of policing districts, which combined with the number of people travelling through made it difficult to police. At the Imperial Conference in April 1917 when discussing the question of the temptations facing overseas soldiers, there was a suggestion that London could be put out of bounds, at least for dominion troops.¹²⁴ It is not indicated in the records who made the proposal, but it was dismissed as unworkable.¹²⁵

The alternative to the services punishing men contracting VD was to penalise immorality. In the case of men, this would have to be done directly by the services, in the case of women it required legislation. Yet even army chaplains hesitated to 'make civil or criminal law coincide with moral[ity]'.¹²⁶ A (political) ministerial circular purportedly argued that 'The prophylaxis of venereal disease is to be kept entirely distinct from the protection of morals and the measures of the police. The two services differ in object, the one having a hygienic end, the other aiming to protect public order.'¹²⁷ The statement did not specify which was the priority. There were differences in approach between moral reform organisations, for example between the NCCVD and the AMSH. The underlying

¹²³ AMSH, 'The State and Sexual Morality' (London: AMSH, 1920), p. 46.

¹²⁴ NAA, A11803, 1917/89/1026 (Letter from Walter Long to Sir R. Munro Ferguson), 19 October 1917.

¹²⁵ Ibid. The Canadians had previously made recommendations that the British authorities refused to sanction. Buckley, pp. 68-69.

¹²⁶ LSE, 3AMS/B07/23 'Committee of Inquiry into Sexual Morality, Reverend Herbert Gray', 24 March 1919.

¹²⁷ Flexner, p. 351. Similar to the letter quoted in *Medical Press and Circular*, 31 January 1917, p. 90.

principle of the former was principally eugenic.¹²⁸ By contrast, the AMSH prioritised public order and improving morality.

The recommendations made by the Royal Commission included sex education for both civilians and the services.¹²⁹ For civilians this was largely a new phenomenon, having been avoided before the war through Edwardian sensibilities. The implication of the Royal Commission was that the problem was civil society, although the report argued that servicemen with VD whose terms of service had expired should be detained until they were non-contagious, something that the services adopted. The NCCVD was charged with implementing the findings of the commission.

Both services had provided forms of sex education prior to the war. This largely consisted of occasional lectures and printed materials. One naval surgeon said that the only thing the Admiralty had issued was a one card-pamphlet, available on request.¹³⁰ Following the Royal Commission report, the army adopted a more systematic approach, with an aim that lectures about VD should be given every six weeks, twice as often as for other communicable diseases.¹³¹ The AMSH preacher Dr Edward Turner,¹³² who had campaigned for the Royal Commission on VD,¹³³ purportedly lectured to a million men

¹²⁸ Sean Scally, *Moral Instruction, Venereal Disease, and Eugenic Manliness during World War I* (2020) <<http://notchesblog.com/2020/02/25/moral-instruction-venereal-disease-and-eugenic-manliness-during-world-war-i/>> [accessed 14 June 2020]

¹²⁹ *Royal Commission on Venereal Diseases: Final Report of the Commissioners*, Cmd 8189, 1916, points 218-29, pp. 61-62.

¹³⁰ William E. Boyd, 'Psychology and the Presence of Venereal Disease', *Journal of the Royal Naval Medical Services*, 4 (1918), 388-92 (p. 392).

¹³¹ TNA, WO 32/5597 'Memorandum on the War Cabinet Decision 366 (18.3.18)'.

¹³² Later he became the chairman of the NCCVD.

¹³³ AMSH, *The State and Sexual Morality* (London: AMSH, 1920), p. 9.

by 1920.¹³⁴ For one person alone, this represents a large reach. Records show that during and after the war he delivered over 2,000 public lectures.¹³⁵ In 1918 the War Office circulated a specimen lecture warning of the risks of sex and advising about the importance of disinfection after potential exposure to VD.¹³⁶ The navy also circulated a specimen lecture, although the date is unclear from the source material.¹³⁷

The training experience of young naval officer cadets did not include exposure to women at a critical age. So, they were not particularly well prepared to lecture men about avoiding the opposite sex. The authorities continued to display a kind of protectionism towards young men in sexual matters, that contrasted with the attitude they demonstrated in disciplinary matters. It has been argued that discipline was strictest on training ships.¹³⁸ Cadets were the group that concerned the Commander in Chief in Devonport as most vulnerable to sex workers.¹³⁹ When in 1921 the NCCVD offered to provide educational films, the navy replied that they would receive them but were unwilling to screen them to boys or youths in training establishments.¹⁴⁰ This indicates a distinction on grounds of age that is consistent with the concept of sexual rites of passage to adulthood. Surgeon Commander Duncan indicated that the VD rate at training establishments was ‘very low’.¹⁴¹

¹³⁴ Haste, p. 49.

¹³⁵ Davenport-Hines, p. 227.

¹³⁶ MacPherson, *Diseases of the War*, p. 123.

¹³⁷ Brown Shaw, p. 345.

¹³⁸ IWM, Sound archive no. 690, reel no. 8.

¹³⁹ TNA, HO 45/10802/307990 (Letter from Vice Admiral G. Warrender to Home Office), 18 April 1916.

¹⁴⁰ TNA, ADM 1/8624/77 ‘Memorandum No. TS/5309’.

¹⁴¹ L. W. Harrison, *The Present Trend of Incidence of Venereal Diseases*, p. 257.

In the navy, not every ship had a medical officer or a padre., The significance of this was that these were the two people most likely to provide advice about VD and women, although sometimes the captain or an external speaker lectured. As part of a flotilla, smaller ships would borrow the human resources of a larger ship as necessary. The options for a regular lecture on the same subject were therefore somewhat reduced. A strange phenomenon was the popularity of sex education lectures to the services as a form of entertainment.¹⁴² It is not clear in these cases how effective they were at achieving their primary aim of reducing VD, or encouraging celibacy, although for the War Office lectures was a part of their strategy before the use of any prophylactics.¹⁴³ Some recruits felt that the authorities ‘would have done better to leave us alone in these matters, both for good and for bad’.¹⁴⁴ Naval lectures focused on ‘education about the dangers of sexually transmitted disease, encouragement of precautionary measures, promotion of after-the-fact prophylaxis’.¹⁴⁵ This suggests that it was regarded as inevitable that the men would have sex. The naval strategy was more consistent than the diverse approaches practiced by the army.

One of the resources produced to tackle VD, commissioned by the (British) War Office, was a film called *Whatsoever a Man Soweth*,¹⁴⁶ taking its title from the biblical

¹⁴² IWM, Sound archive no. 661, reel no. 6.

¹⁴³ MacPherson, *Diseases of the War*, p. 129.

¹⁴⁴ Gibbons, p. 55.

¹⁴⁵ McKee, p. 191.

¹⁴⁶ *Whatsoever a Man Soweth*, dir. by Joseph Best (War Office, 1917).

phrase. This is considered to be both the first British sex-education film and the first ever government-made film.¹⁴⁷ It includes soldiers and sailors from both Britain and Canada.

The film revolves around the story of two brothers, Tom and Dick, both faced with the temptations of women. In the film, unknown women frequently approach the men. Dick is depicted by an almost stereotypical image of the time as the innocent soldier arriving in London. He is waylaid by a woman who quickly departs when an officer approaches them. The officer arranges for Dick to be shown around a VD hospital to see the effects of VD. Later in the film there is another sequence where Dick is again accosted by another woman, but this time he is rescued by a butch member of the women's police patrol. By contrast, Tom has sex with a sex worker, is robbed by her and develops VD. On the advice of a friend, he treats himself with what he later discovers is a quack remedy. He wrongly believes he is cured. He returns to his wife and infects her. As a result, when their son is born, he is blind due to congenital syphilis. The message was that the cost of a moment's pleasure had implications for the future happiness of himself and others. If he sowed his wild oats, he would reap what he sowed, but so would others. This film's message matched other public efforts to appeal for celibacy on the grounds of civic and moral duty.

Irrespective of policy, many servicemen considered that the risk to their lives meant that they needed to fully experience life. The notion that men needed sex was challenged by feminist and moral reform groups.¹⁴⁸ Alison Neilans, the Secretary of the AMSH, indicated that she 'should oppose regulation and licensing of prostitution even if it were efficacious', a revealing comment which brings into question the reliability of the

¹⁴⁷ Katy McGahan, 'Sea, Sailors, and Syphilis: Birds, Bees, and Bunny Rabbits' [pamphlet accompanying the film] *The Birds and the Bees: 60 Years of British Sex Education Films*, p. 1.

¹⁴⁸ 'Criminal Law Amendment', *The Medical Press and Circular*, 456, 18 April 1917, p. 318.

evidence the organisation used to support their views. After the Royal Commission report and the campaign about Cayeux-sur-Mer and DORA 40D however, what had been regarded as a military matter, became a national concern. Following the Cayeux-Sur-Mer edict, public and parliamentary attention focused on Britain.¹⁴⁹

Particularly in the later part of the war, France was also struggling with questions of morality. These concerns focused on the increase in illegitimate births and the relations of British men with French women. The tensions between French moral reformers and British servicemen increased when in December 1917 the *Conseil National des Femmes Françaises* launched an attack on a pamphlet called *Five Minutes Conversation with Young Ladies*, which was found in the possession of a British soldier.¹⁵⁰ The booklet was a chat-up phrase book translating English to French, which according to the *Conseil* was designed to 'Facilitate vice by foreign men',¹⁵¹ and French feminists described as 'almost pornographic'.¹⁵² There had been no lack of sexual liaisons in the previous years. From the outset of war, many French women quickly learnt sufficient English to meet their needs. Some of the brothels even provided English lessons to their 'inmates'.¹⁵³ The men did not need to know much French to indicate their requirements.

¹⁴⁹ Hansard, 678, 11 April 1918.

¹⁵⁰ Susan Grayzel, 'Mothers, Moraines and Prostitutes: Morale and Morality in First World War France' in *The International History Review*, 19 (March 1997), 66-82 (p. 77).

¹⁵¹ Cherry, p. 158.

¹⁵² Tombs and Tombs, p. 479.

¹⁵³ Corbin, p. 335.

4.4 The Interwar period

Several social trends relating to the services continued after the First World War. The first was the battle by external groups for the moral soul of the armed services. Moral campaigners wanted to maintain their influence on public policy. For the services, there was a balance between operating in a low-budget environment, and retaining control of sex education themselves. The second trend, connected to it, was that the services' policies on matters such as pay, marriage, and the provision of recreational facilities, influenced the level of risk men took in their sexual behaviour.

Just as they had during the war, the AMSH attempted to engage senior members of the Admiralty and War Office on the question of morality in the services. Their correspondence continued after the war.¹⁵⁴ As in 1917, with the initial lobbying about Cayeux-Sur-Mer, this was unsuccessful as it did not lead to the army and navy changing their position. So in 1920, when this strategy was not yielding results, the organisation shifted its focus trying to engage the Prime Minister.¹⁵⁵ The latter's office was allegedly of the same opinion, that the conversation should be with them rather than with the services.¹⁵⁶ The Chaplain of the Fleet, who the AMSH tried to engage in the planned deputation to the Prime Minister, disagreed. He felt that it should remain internal services' business.¹⁵⁷ Many religious groups also indicated that they did not wish to be part of the delegation.¹⁵⁸

¹⁵⁴ LSE, 3AMS/B07/16 (Notes September 1919), p. 1.

¹⁵⁵ LSE, 3AMS/B07/16 (Letter from E.B. Turner, AMSH, to David Lloyd George), 21 May 1920.

¹⁵⁶ LSE, 3AMS/B07/16 (Letter from Secretary AMSH to Mr Dean), 31 May 1920.

¹⁵⁷ LSE, 3AMS/B07/16 (Letter from Archdeacon H. S. Wood, Chaplain of the Fleet, to Alfred B. Kent, Acting-Director AMSH), 5 February 1920.

¹⁵⁸ LSE, 3AMS/B07/10.

The Committee for Social Investigation and Reform rejected the opportunity to support a memorandum produced by the AMSH that called for the services to abandon the use of brothels, sex workers and prophylactics and embrace ‘the needs of the whole man’.¹⁵⁹ The Committee’s argument against signing the memorandum was that the AMSH’s perspective was based on a large citizen army, rather than the small professional services that existed after the war. As such, the application of ‘restrictive discipline’ was ‘invidious and undesirable’.¹⁶⁰

In the immediate post-war years, with a large contingent of British forces still in France, the AMSH and the NCCVD were concerned about the conduct of British troops. According to a report by the NCCVD, the ban on troops using the *maisons tolérées* was not being rigidly enforced, although no details were given to explain.¹⁶¹ According to other sources, the military police were thought to be standing by and not intervening when men visited brothels,¹⁶² although the ban against entering such places was not officially cancelled until 1922.¹⁶³ Purportedly the military police were just present to maintain order.¹⁶⁴ There was no similar order in relation to estaminets.¹⁶⁵ One frequent tactic adopted by moral reformers, both in peace-time and during the wars, was to claim that

¹⁵⁹ LSE, 3AMS/B07/16 (Letter from Committee of Social Investigation and Reform to Alison Neilans), 30 April 1920.

¹⁶⁰ Ibid.

¹⁶¹ Wellcome Library, RAMC 1126 ‘Minutes of a Meeting of the Services Committee, Monday July 1919, at 4.30 p.m.’ Examining the APM War Diaries suggests that the primary concern in the immediate post-war period was traffic control.

¹⁶² LSE, 3AMS/B07/16 (Copy of letter from B. C. Hopkinson, London Light Infantry), 28 June 1919.

¹⁶³ LSE, 3AMS/B07/23 ‘The British Army Admissions to Hospital for Venereal Disease’.

¹⁶⁴ LSE, 3AMS/B07/16 ‘Private Conference on Maisons Tolérées’ and the British Army, Fabian Hall’, 18 July 1919.

¹⁶⁵ Wellcome Library, RAMC 1126 ‘Minutes of a Meeting of the Services Committee, Monday 7 July 1919, at 4.30 p.m.’.

servicemen contacted them to complain about the services' support for immorality.¹⁶⁶ This enabled these organisations to claim that they were speaking on behalf of the men.

In 1919 the AMSH held an inquiry into sexual morality during the war,¹⁶⁷ bringing together twenty-two similar minded organisations.¹⁶⁸ Their findings were not adopted by the government. An examination of the questions they asked indicates that the process was not conducted with impartiality. The interviewer asked biased questions to produce the desired reply.¹⁶⁹ For instance, they asked a police magistrate whether policemen's interpretation that sex workers were annoying punters was 'second-hand evidence of a very flagrant character'.¹⁷⁰ Such a statement cannot be regarded as an open question. The AMSH made repeated requests to meet with the Prime Minister about 'the moral environment of H.M. forces in France', but each time his office cancelled the meeting and it ultimately did not happen.¹⁷¹ But the AMSH's concern was not confined to sexual behaviour during the war. They felt that crimes including bigamy, sexual assault and indecent assault and 'unnatural offences' increased in the post-war period as a direct result

¹⁶⁶ E.g., LSE, 3AMS/B07/16 (Copy of letter from B. C. Hopson, Senior Chaplain to the Forces), 26 June 1919.

¹⁶⁷ LSE, 3AMS/B07/23 'Eleventh Meeting of Committee of Inquiry into Sexual Morality', 24 March 1919.

¹⁶⁸ Harris, p. 105.

¹⁶⁹ A particularly good example of this is the interview with Mr Archibald J. Allen, who was a member of the London Council for the Promotion of Public Morality, and the National Vigilance Association. LSE, 3AMS/B07/23.

¹⁷⁰ 'Has it occurred to you that when a policeman comes and says he saw certain persons who seemed to be annoyed, that that is second hand evidence of a very flagrant nature?' LSE, 3AMS/B07/23 'Committee of Sexual Inquiry into Sexual Morality', 19 May 1919.

¹⁷¹ LSE, 3AMS/B07/16 (Letter from Secretary AMSH to Mr Dean), 31 May 1920.

of young British men and women having been exposed to the regulated brothels in France.¹⁷²

The influence of moral reform organisations in the interwar period declined, partly as a result of sex education, the very principle of which was antithetical to the aims of some organisations, for example the National Vigilance Association.¹⁷³ Whilst the intervention of some organisations was tolerated by the services during the war as a means of providing necessary resources, their attentions in peacetime were not as welcome. Despite some army officers holding membership of moral reform organisations, the instigation for these relationships seems to have been from the organisations themselves, not from the services. In the longer term, particularly with the Admiralty, moral reform organisations had to petition to be involved in welfare decisions about the men.¹⁷⁴ Engagement, even with the government-backed NCCVD, was on the services' terms, rather than those of the moral reformers.¹⁷⁵ Although the Local Government Board provided the majority of funding for the NCCVD via the Treasury, twenty-five per cent of the NCCVD's money came from local authority rates. As time progressed, local authorities increasingly resented paying these contributions. Conversely, the NCCVD felt that they were underfunded.¹⁷⁶ However, even in the early days there were problems. When the NCCVD spoke at Portsmouth in 1921, 'it was assumed that these [talks] would

¹⁷² LSE, 3AMS/B07/16 (Letter from E. Trancred to Colonel William Elliot, 24 April 1940).

¹⁷³ Frank Mort, *Dangerous Sexualities: Medico-Moral Politics in England since 1830* (London: Routledge and Kegan Paul, 1987), p. 204.

¹⁷⁴ TNA, ADM 1/16706 'Report of the Proceedings of a Conference at the Medical report of the Admiralty on July 13th, 1921 to Consider the Offer of the National Council for Combatting Venereal Diseases to Supply Films and Literature for Propaganda Work in H. M. Navy'.

¹⁷⁵ Wellcome Library, SA/BSH/C.1.4 'Minutes of a Meeting of the Propaganda Committee and District Representatives held on Monday January 17 1921'.

¹⁷⁶ TNA, MH 55/191 'Shorthand Notes of a Deputation to Rt. Hon Neville Chamberlain by Society for the Prevention of Venereal Disease, 26 July 1923'.

not be made [into] an opportunity for speaking against the policy adopted by the Portsmouth Town Council'.¹⁷⁷

Whilst in 1924 the Admiralty agreed to borrow instructional films from the NCCVD, they decided that lectures about how to prevent VD should be only given by naval medical officers instead of external volunteers.¹⁷⁸ Economics was the reason given for the decision, as in 1923 when the Admiralty refused the option of occasionally screening the NCCVD's films that financial year.¹⁷⁹ After the films were shown in Chatham, the VD rate actually increased slightly.¹⁸⁰ With the exception of the 1917 film *Whatsoever a Man Soweth*, which was sponsored by the War Office, the films shown were the same as those screened to the civilian population. A later evaluation of BSHC films showed that between 1930 and 1940 only six persons in a thousand would have seen one of their films.¹⁸¹ The Ministry of Health decided against screening *Whatsoever a Man Soweth* to civilian audiences¹⁸² and there was no further production of films on this issue specifically for servicemen.

The lower priority of lecturing about women and VD, and the reduced budget to do so, meant that producing bespoke films for this purpose was not a priority in the interwar

¹⁷⁷ Ibid.

¹⁷⁸ Wellcome Library, SA/BSH/C.1/5 'Minutes of a Meeting of the Propaganda Committee, Monday 15 October 1923 – 3.pm'.

¹⁷⁹ Wellcome Library, SA/BSH/C.1/5 'Minutes of a Meeting of the Propaganda Committee, Monday 19 November, 1923 – 3 pm'.

¹⁸⁰ Wellcome Library, SA/BSH/C.1.5 'Minutes of a Meeting of the Propaganda Committee, Monday 15 October 1923 – 3.pm'.

¹⁸¹ Hansard, 1809, 15 December 1942.

¹⁸² Wellcome Library, SA/BSH/C.1.5 'Minutes of a Meeting of the Propaganda Committee and District Representatives held on Monday 15 November 1924 – 3.p.m'.

years.¹⁸³ Such actions would not only have required a higher state of emergency in order to be commissioned, but would have also needed public recognition of the fact. Some films mentioned servicemen. For example, the 1931 BSHC film *Any Evening after Work* includes a lecture where one of the examples given is of a sailor who returns home with VD and infects his wife. The characters shown in the film were not servicemen. The use of sailors in the lecture in the film may be because the BSHC thought the public would accept the idea of sailors as a vector of disease, or they wished the navy to use the film. Particularly, in its previous iteration as the NCCVD, the BSHC used American films, which had the benefit of further reducing costs.¹⁸⁴ However, the navy in particular had some reservations about the use of films for educating the men about the risks of VD. Surgeon Commander Parnell indicated that in addition to being ‘poorly acted and unreal’, he had not seen a film ‘whose effects would be such that the sexual exploits of men would be lessened or obviated’.¹⁸⁵

Despite the fervour about sexual morality during the war years, not everywhere was equally determined to act on it after the war. The towns where the CDA had operated continued to demonstrate particular reluctance to act. Moral reform groups retained a particular interest in these places but with mixed results. In June 1921, the Secretary of the Portsmouth Branch of the NCCVD resigned as there had not been a meeting since the end of 1919.¹⁸⁶ When a member of the NCCVD spoke to the Medical Officer of Health [sic] for Portsmouth, she was told that the men had not been offered lectures on morality

¹⁸³ Wellcome Library, SA/BSH/C.1/5 ‘Minutes of a Meeting of the Propaganda held on Monday 19 November 1923 – 3 pm’.

¹⁸⁴ Wellcome Library, SA/BSH/C ‘Minutes of a Meeting of the Propaganda Committee, Monday 15 October 1923 – 3 pm’.

¹⁸⁵ Hull, p. 1266.

¹⁸⁶ Wellcome Library, SA/BSH/C.1.4 ‘Minutes of a Meeting of the Propaganda Committee held on Monday 20 June 1921, at 3.0 p.m’.

and VD prevention.¹⁸⁷ Sheerness Cinema refused to allow the NCCVD to lecture the audience or distribute leaflets.¹⁸⁸ In former CDA towns, moral reform organisations were tolerated rather than welcomed. It was not just the towns; Devon County Council refused to contribute funds towards the establishment of a branch of the NCCVD.¹⁸⁹ Even after the First World War, the AMSH still suspected several admirals of ‘hankering after [the] C.D Acts’.¹⁹⁰

Various churches tried to meet with army chaplains and chaplains of the fleet to discuss the morality of servicemen. Their success was little better than that of the moral reform organisations.¹⁹¹ The NCCVD faced its own challenges in post-war Britain. They had banned the mention of prophylactics in their lectures during the war.¹⁹² Now many doctors, especially ex-army doctors,¹⁹³ raised the issue. In 1919, the disagreement on this issue caused a split in the organisation and the formation of the Society for the Prevention of Venereal Disease (SPVD), an organisation that espoused personal prophylactics. This split was precipitated by a report by Lord Astor,¹⁹⁴ which will be discussed further in the

¹⁸⁷ Wellcome Library, RAMC 1126 ‘Minutes of a Meeting of the Services Committee, Monday 26 May 1919, at 5.0 p.m’.

¹⁸⁸ Wellcome Library, SA/BSH/C.1.4 ‘Minutes of a Meeting of the Propaganda Committee and District Representatives held on Monday January 17 – 1921 - at 2.30 p.m’.

¹⁸⁹ Wellcome Library, SA/BSH/C.1.4 ‘Minutes of a Meeting of the Propaganda Committee held on Monday 3rd May, 1920 at 3 p.m’.

¹⁹⁰ LSE, 3AMS/B07/16 (Untitled note, September 1919), pp. 1-2.

¹⁹¹ Wellcome Library, RAMC 1126 ‘Minutes of a Meeting of the Services Committee, Monday 25th November 1918, at 5 p.m’.

¹⁹² Wellcome Library, RAMC 1126 ‘Minutes of a Meeting of the Services Committee, Monday 7th July, 1919 at 4.30 p.m’.

¹⁹³ Bridget A. Towers, ‘Health Education Policy 1916-1926: Venereal Disease and the Prophylaxis Dilemma’ in *Medical History*, 24 (January 1980), 70-97 (p. 80).

¹⁹⁴ Davenport-Hines, pp. 237-38.

chapter on the medical approach. This difference echoed a wider lack of unity between such groups, which is at least partly responsible for their lack of success.¹⁹⁵

Despite the changing times, some moral reformers were still inclined towards stereotyped perceptions, such as the idea that all sailors were good-hearted fools soon parted with their money.¹⁹⁶ Others regarded sailors as having shed their position as ‘the bad boy of the family’.¹⁹⁷ Propaganda adjusted accordingly to adopt these new ideas, as was demonstrated in a pamphlet by the BSHC entitled *From Man to Man*.¹⁹⁸ This attempted to convey the message that celibacy was not priggish; it was a matter for every man. This also reflected a move away from the language of ‘purity’ that had been adopted previously.¹⁹⁹ During the war, brothel visits in France had usually been a group activity, so the requirement in propaganda terms was to persuade servicemen that celibacy was the norm and did not challenge masculinity.

Considering the navy’s tolerant position on prostitution during the war, the two campaigners associated with the navy in the post-war period were strong female advocates for celibacy. Sybil Neville-Rolfe, a leading figure of the NCCVD, was the daughter of an admiral, but her connection to the navy went beyond that. In 1905 she married a lieutenant but was widowed the following year. In 1917 she married a naval commander.²⁰⁰ She regarded poor home circumstances and low intelligence to be the

¹⁹⁵ Stefan Slater, ‘Lady Astor and the Ladies of the Night: The Home Office, the Metropolitan Police and the Politics of the Street Offences Committee, 1927-28’, *Law and History Review*, 30 (May 2012), pp. 533-73 (p. 544).

¹⁹⁶ McKee, p. 184.

¹⁹⁷ Knox, p. 6.

¹⁹⁸ LSE, 3AMS/B07/16 ‘From Man to Man’ (BSHC, 1927).

¹⁹⁹ Mort, p. 203.

²⁰⁰ *The Peerage* <<http://thepeerage.com/p18974.htm>> [accessed 19 October 2018]

common factors in sex workers' backgrounds.²⁰¹ In 1925 the NCCVD changed its name to the British Social Hygiene Council (BSHC) reflecting the lessening social interest in VD, and the increased thinking around eugenics, yet again aligning themselves with American thinking.²⁰²

The other woman, Nancy Astor, became the Member of Parliament representing Plymouth in 1919. She was supported in her parliamentary campaigns by Alison Neilans of the AMSH.²⁰³ Nancy was the wife of the Hon. Waldorf Astor, who wrote the 1919 parliamentary paper against prophylactics. They would both use their influence and support on behalf of the AMSH.²⁰⁴

The significance of both women, and one reason why they can be considered unrepresentative, is that both were wealthy,²⁰⁵ so they had greater resources to promote their beliefs. Their status provided them with a platform to promote views that may not have reflected the people around them. With both women, any impact on the navy's policies and practices was indirect. They were associated with the navy but were not naval representatives. Plymouth's support of Nancy Astor reflected many factors, rather than her promotion of celibacy and teetotalism.²⁰⁶ She had to approach her morality goals via the general principle of improving welfare for sailors, to which she was committed, whilst acting less directly as a champion against alcohol.

²⁰¹ Sybil Neville-Rolfe, *Social Biology and Welfare* (London: George Allen & Unwin, 1949), pp. 194-96.

²⁰² Davenport-Hines, p. 343.

²⁰³ Slater, *Lady Astor*, p. 539.

²⁰⁴ E.g., when Lord Astor approached the War Office on behalf of the AMSH. LSE, 3AMS/B07/23 (Letter from Lord Astor to Alison Neilans), 23 October 1939.

²⁰⁵ Gladys Mary Hall, pp. 36-37.

²⁰⁶ Anthony Masters, *Nancy Astor: A Life* (London: Weidenfeld and Nicholson, 1981), pp. 93-95.

Despite the services' concerns about VD, the primary sexual alternative option, marriage, still posed problems. The services had returned to their anti-marriage stance following the cessation of the war. The separation allowances that had been made in wartime were now dropped in the navy.²⁰⁷ In real terms wages dropped for new entrants, and the navy hoped that basing more of the fleet in the Mediterranean would reduce costs.²⁰⁸ Economic necessities forced the Admiralty into other cost-cutting measures.²⁰⁹ In 1931 the decrease in wages, which for the longest-serving ratings meant cuts of a quarter of their salary, accompanied by how it was handled, prompted the Invergordon Mutiny.²¹⁰ The low pay forced ratings into the kind of pre-war conditions that made them feel that they had no opportunity to marry.²¹¹ In the other services, married men retained a higher rate of pay.²¹²

One woman in the Government Naval Service told the AMSH that the navy never got beyond the principles of 'out of bounds' and prophylactics. She desired weekly lectures to 'raise the moral tone of the young navy'.²¹³ There is no sense that hers was a representative view.²¹⁴ Some naval commanders believed that placing brothels out of bounds was not a useful policy.²¹⁵

²⁰⁷ Carew, p. 145.

²⁰⁸ Ibid.

²⁰⁹ Hansard, 632, 17 March 1938.

²¹⁰ Lavery, p. 14.

²¹¹ IWM, Sound archive no. 692, reel no. 16; Rasor, p. 206.

²¹² Hansard, 1208-09, 11 March 1931.

²¹³ LSE, 3AMS/B07/16 (Untitled note, September 1919).

²¹⁴ LSE, 3AMS/B07/16 (Untitled note, September 1919), p.1.

²¹⁵ Ibid.

In 1927 the Admiralty decided that rather than providing a standardised lecture, the message should be drafted locally, ‘amended to suit local conditions’ and displayed in prominent places on board.²¹⁶ This suggests a recognition of the importance of tailoring the message. It may offer another explanation for rejecting the offer of other organisations delivering the lectures. In 1929 Captain Thomas Brown Shaw referred to a standard lecture that had been available from the Royal Naval College in Greenwich for several years.²¹⁷ It is unclear whether this was in existence when the Admiralty rejected the idea of a standardised lecture.

Sex education, both at schools and to servicemen, remained unprofessional and more reflective of fears and concerns, rather than informative. As the environment of public schools already minimised any contact boys would have had with girls and women, except relatives, the school environment became more significant in shaping ideas about the opposite sex. The sex talk that Captain Pulmer of the navy received when leaving Ashampstead School in 1930 at the age of thirteen not only did not mention sex, instead focusing on avoiding ‘self-abuse’ (the euphemism for masturbation) and ‘unnatural practices’ (meaning anal sex). It also claimed that wet dreams were healthy, without explaining what they were.²¹⁸ It was only when he subsequently went to the Royal Naval College at Dartmouth that the meaning of the talk became clear.²¹⁹ The implication was that he learnt from his fellow students rather than lectures. This kind of furtiveness in discussing sex was not limited to the inter-war period but persisted until the 1960s.

²¹⁶ Admiralty Orders, 1465.

²¹⁷ Brown Shaw, pp. 345-46.

²¹⁸ IWM, Private papers of A. P. Culmer, documents.24368, ‘The Memoirs of Captain A. P. Culmer DSC RN’, p. 15.

²¹⁹ Ibid.

Although this would change to a limited degree in the Second World War, it reflected a wider social discomfort when discussing sexual matters.

Examining the lists of those attending meetings of the NCCVD and on the boards of committees of other moral reform groups, reveals many army physicians and officers willing to serve these organisations.²²⁰ This is not true of the navy. The involvement of army officers in such organisations may explain why there was more engagement with the army than with the navy. As well as some army officers being more receptive to the ideas of these organisations, the organisations knew who to contact to progress their ideas. Some army lecturers argued that sex was not a bodily necessity,²²¹ even if policies like the provision of official brothels overseas seemed to contradict this. The ban which in 1918 placed regulated brothels out of bounds to British troops did not apply beyond France and Belgium. Like during the war, servicemen largely trusted these places to provide disease-free access to sex.²²² This was argued to be because of their endorsement by commanders.²²³

For the army, India was the country where they could still best operate the policies of their choosing in relation to brothels, although questions more widely about troops and prostitution overseas were raised in parliament at different times.²²⁴ Leaflets issued to

²²⁰ Wellcome Library, SA/BSH/B2 'Minutes of a Meeting of the Demobilisation Sub-Committee Held on Wednesday November 6'.

²²¹ LSE, 3AMS/B07/23 'Health Memorandum for British Soldiers in India' (Calcutta: Government of India Press, 1930), p. 16.

²²² IWM, Sound archive no. 669, reel no. 9.

²²³ LSE, 3AMS/B07/23 'Memorandum on Some Aspects of the Problem of Prostitution in Relation to the Army', p. 3.

²²⁴ Hansard, 1060, 14 February 1924; Hansard, 2111, 13 December 1927.

troops, including those by the AMSH, argued that celibacy was the only policy.²²⁵ By using propaganda materials produced by others, the army effectively handed part of the control of the message to external organisations. This may have contributed to the fact that the message was not a systematic campaign against either sex workers or VD.

In preparation for deployment to India, soldiers were told ‘things like keeping away from women’ and what to do if they did not and subsequently contracted VD.²²⁶ Sex was referred to as ‘illicit sexual intercourse’ both in correspondence from the army to the War Office²²⁷ and in the literature issued to the men.²²⁸ This both contrasted it with marital sex, but more importantly demonstrated official disapproval of it to the War Office, even if the practice was actually to ensure access to safer sex. If the exact wording of correspondence reveals hidden meanings, then according to a letter from the India Office to the AMSH in 1932 it was only contrary to the policy of the Indian government and the services to issue ‘any *official* advertisement or recommendation of any brothel, whether for the use of the army or otherwise’ [my emphasis].²²⁹ The unnecessary addition of the word ‘official’ leaves the potential for unofficial promotion, provided it could not be linked back to the authorities.

General Frank Richards, who became one of the army’s senior medical experts during the Second World War gave his first lecture on avoiding VD just before the Second

²²⁵ LSE, 3AMS/B07/16 Douglas White, *To the Men Serving in His Majesty’s Force: What does Sex mean to You?* [pamphlet]

²²⁶ IWM, Sound archive no. 871, reel no. 1.

²²⁷ TNA, WO 32/5940 (Letter from Lt. General for Commander-in-Chief in India to the Under-Secretary of State for War), 17 September 1925.

²²⁸ Wellcome Library, RAMC 1124 *Venereal Diseases*, 4th edition [pamphlet] Army Headquarters, India, Adjutant General’s Branch, July 1926.

²²⁹ LSE, 3AMS/B07/23 ‘The British Army Admissions to Hospital for Venereal Disease’.

World War. In it, he ignored the advice given by the experienced captain, and covered the subjects of sex and masturbation. His embarrassment increased throughout the talk until:

When I huskily announced that I was finished... into the dead silence burst the roar of a bull-voiced and popular subaltern, one year older than myself. 'Well, doctor – you've certainly taken a load off my mind.' The laughter raised the roof.²³⁰

What he may have forgotten was that although there were still many virgins, the general populous were more sexually experienced than previously.²³¹ Despite the army having provided a template for lectures, not everyone followed it, which may possibly explain the difficulties in the experience listed above. Lectures were yearly,²³² representing the perception of a lower level of risk than during the war years.

In the latter half of the 1930s moral reformers made new efforts to influence the agenda, particularly with the increase in the number of young men in the militias.²³³ Even prior to Britain's involvement in the Second World War, the AMSH tried to engage various people, including Colonel Harrison, to support their efforts by making a public statement against the use of approved brothels.²³⁴ In the approach to war, securing the opinion of influential individuals was essential. In the latter half of the 1930s, the services

²³⁰ Costello, p. 87.

²³¹ Winter, p. 150.

²³² Costello, p. 88.

²³³ LSE, 3AMS/B07/23 (Letter from Alison Neilans, AMSH to Lord Astor), 21 July 1939.

²³⁴ LSE, 3AMS/B07/16 (Letter from Secretary (Alison Neilans) of AMSH to Colonel Harrison), 9 February 1939. The file indicates that there was further correspondence between them, but not all of this was retained.

expanded. But as members of the navy had demonstrated in 1920, they expected matters concerning them to be raised directly with them rather than taken to politicians.²³⁵

4.5 The Second World War: Morality

Like in 1914, from the onset of war, the number of marriages increased. In the UK these rose from 409,000 in 1938 to 534,000 in 1940, the wartime peak year.²³⁶ Thirty per cent of brides were under the age of twenty-one.²³⁷ Many couples rushed to marry, often following a very short courtship. The couple normally had to separate shortly after the wedding service for the man to return to duty,²³⁸ since the ceremony usually occurred when the man was on leave or had been given a 48-hour pass for the purpose. Leave was organised in the army according to multiple factors including operational necessity and the amount of time since their last leave, but was cancelled if the man in question had contracted VD.²³⁹ In the navy leave when on base was restricted to the local area.²⁴⁰ As the war proceeded, there would be several significant repercussions of these marriages in terms of manpower and morale.

²³⁵ LSE, 3AMS/B07/16 (Letter from Archdeacon H. S. Wood, Chaplain of the Fleet, to Alfred B. Kent, Acting-Director AMSH), 5 February 1920.

²³⁶ The number declines from then, only significantly increasing again in 1945. *Statistical Digest of the War* (London: HMSO, 1951), p. 7.

²³⁷ Steve Humphries and Pamela Gordon, *A Man's World: From Boyhood to Manhood 1900-1960* (London: BBC Books, 1996), p. 140.

²³⁸ Haste, p. 103.

²³⁹ TNA, WO 167/11 'Leave Administration Instruction No. 1'.

²⁴⁰ Lavery, p. 52.

It was not just in exceptional circumstances that couples were separated. There was limited accommodation for married couples and little capacity to build more.²⁴¹ In the navy, under war conditions even officers were not entitled to more than single quarters.²⁴² The problem was that the majority of professional servicemen in the interwar years were unmarried, as the services had strict rules on marriage whilst serving. In addition to these new marriages, as in the First World War, conscription meant the introduction of a higher proportion of married men. The services made some gestures to adapt to this new demographic, but overall marriage was still tolerated rather than encouraged. The moves to recognise it included reducing the fee for marriages in France in all three services, and because of the large influx of married men, reducing the qualifying age for marriage allowance for officers to twenty-one.²⁴³

A comparison in the *British Medical Journal* suggested that the difference between the professional pre-war army and the citizen army was that the latter would be more moral, as more were married.²⁴⁴ Men on entering the services in wartime tended to be older than the eighteen-year-old recruits in peacetime, and therefore more likely to be married.²⁴⁵

Many people at the outbreak of war considered that ‘men’s’ morals are better; they are more responsible and their relations with women are less sordid than in the old

²⁴¹ For example, the navy’s total number of houses and flats in England and Wales by January 1945, was 2,675. TNA, ADM 1/19121 ‘England and Wales’, 31 December 1945.

²⁴² TNA, ADM 1/17390 (Minute by Head of CNIT), 16 February 1945.

²⁴³ IWM, Private papers of A. P. Culmer, documents.24368, ‘The Memoirs of Captain A. P. Culmer DSC RN’, p. 201.

²⁴⁴ ‘Incidence of Venereal Diseases’, *British Medical Journal*, 2 (August 1941), p. 208.

²⁴⁵ Lavery, pp. 55-56.

days'.²⁴⁶ Yet moral reform organisations were still concerned about how the war would affect society. The AMSH recognised that their first battle was to get powerful people to support their position. They drafted a letter to be published in *The Times* and sent it to various influential people including Viscount Astor and key church figures.²⁴⁷ The letter focused on two points. The first was concern that new recruits to the services were being given prophylactics and that the lectures would focus on how to use these. The second (connected) concern was that sex education to the troops would be devoid of moral focus.²⁴⁸ They argued that these actions would send the message to recruits that they were expected to have sex. For moral reform groups there was no moral-medical division. If people were moral, there would be no need for medicine.²⁴⁹ However, ultimately the AMSH did not send the letter to *The Times* because they could not secure the support of three key dignitaries and without them they felt that the letter could not be published.²⁵⁰ It is not confirmed who the individuals were, but one source indicates that the difficulty in persuading the Archbishop of York was the key cause of the withdrawal.²⁵¹ The War Office refused to distribute the leaflets offered by the AMSH on the grounds that they were unsuitable and might even produce the opposite outcome to the one intended.²⁵² This can be seen as a sign of their declining influence.

²⁴⁶ Lesley A. Hall, 'Venereal Diseases and Society in Britain, to the Contagious Diseases Acts to the National Health Service', in *Sex, Sin and Suffering: Venereal Disease and European Society since 1870*, ed. by Roger Davidson and Lesley A. Hall (London: Routledge, 2001), p. 130.

²⁴⁷ LSE, 3AMS/B07/23 'Draft of Letter for The Times or other Papers' [n.d.]

²⁴⁸ Ibid. The letter mentioned both chemical prophylactics and rubber sheaths.

²⁴⁹ They exempted wives infected by their husbands and children from this judgement.

²⁵⁰ LSE, 3AMS/B07/23 (Letter from Alison Neilans, AMSH to Reverend Dr Russel), 13 December 1939.

²⁵¹ Ibid.

²⁵² LSE, 3AMS/B07/16 (Letter from the Director of Hygiene of the War Office to Alison Neilans, AMSH), 5 March 1940.

The Public Morality Council were more successful in their lobbying than the AMSH, and successfully solicited a promise from the Provost Marshal of London District to bring the question of street soliciting affecting troops in London to the attention of his commanding officer.²⁵³ The General Officer Commanding London District undertook to raise the subject with his troops.²⁵⁴ It is possible that the Public Morality Council's more subtle, less challenging approach was part of the reason for their success.

It was not just influential individuals who moral reformers were unable to persuade, but also key institutions. Even with the church, they faced challenges, although clergymen joined moral reform organisations independently. The difficulty was not the fact that the church owned much of the brothel areas of London,²⁵⁵ the geographic significance of which was the proximity of major railway terminals. The church's problem was that they felt a pull of loyalty to the government because of the war and agonized over whether they could or should criticise government policy in relation to servicemen's behaviour and the *maison tolérées* in France at such a time.²⁵⁶ A more direct conflict, at least in some cases, was that where a chaplain disagreed with the medical officer about lectures on sexual morality and VD, they were forbidden to raise the discussion with the men.²⁵⁷

Despite any natural sympathies with the aims of moral reformers though, the church was prepared to openly disagree with them. When the AMSH sent a copy of their four-page document, *The Problem of the 'Maisons Tolérées' and the BEF in France*, to the Social Welfare Department of the Methodist Church, the latter responded strongly against

²⁵³ LMA, A/PMC/189 'Minutes of a Meeting of the Executive Committee', 29 April 1941.

²⁵⁴ Ibid.

²⁵⁵ LMA, A/PMC/189 'Extract from Letter explaining the Position of the Public Morality Council'.

²⁵⁶ Lambeth Palace Archives, MWC/T/BRO.

²⁵⁷ John Ellis, p. 271.

it on a number of grounds.²⁵⁸ They argued that the AMSH lacked evidence for their accusations. Colonel Harrison agreed with the Methodists on many points – the circular was opinion not fact, containing sweeping statements and lacking in evidence,²⁵⁹ for example the idea that using brothels would cause men to be unsatisfied and that they would then turn their lust to further adventures.²⁶⁰

The decline in the status of the church in the years following the First World War is well documented. Although both armed services continued to provide chaplains, the authority of both the church and chaplains more generally was reduced.²⁶¹ Previously, preaching to the men had included both religious and eugenic elements of ‘saving oneself’. Over the course of the war, the clergy followed the government’s lead and changed to the more egalitarian tone of civic responsibilities. Those who ignored this shift, including moral reformers such as Nancy Astor, became increasingly distanced from the perspectives of those around them. Part of the reason was that marriage and virginity were central to their notions of propriety. In wartime these were increasingly seen as old fashioned, even if childbirth out of wedlock was still publicly disparaged.²⁶² A Mass Observation survey indicated that fifty-eight per cent of men and thirty-four per cent of women entered marriage not as virgins.²⁶³

²⁵⁸ LSE, 3/AMS B07/16 (Letter from Reverend Henry Carter to Alison Neilans), 10 May 1940.

²⁵⁹ TNA, MH 55/1339 ‘Comments on “The Problems of Maison Tolérées” and the BEF in France’, 23 April 1940.

²⁶⁰ TNA, MH 55/1339 ‘The Problems of the “Maison Tolérées” and the BEF in France’, AMSH, April 1940.

²⁶¹ Stuart Bell, *Faith in Conflict: The Impact of the Great War on the Faith of the People of Great Britain* (Solihull: Helion, 2017), pp. 206-08.

²⁶² Rose, *Which People’s War?* p. 91.

²⁶³ Haste, p. 122.

Defence Regulation 33B provided a focal point for criticism of government policy by moral reform groups including the church.²⁶⁴ In 1943 the AMSH approached the Archbishop of Canterbury again, asking him to write a letter to *The Times* on behalf of religious leaders about the moral crisis of VD. He refused, saying that instead he would present his views at a conference on VD run by the Council of Health Education.²⁶⁵ Some Scottish churches were non-committal about the regulation.²⁶⁶ Scottish law required the testimony of two persons for a report of soliciting, so in this way the legislation was more compatible with their existing laws. The Metropolitan Police concluded that Scottish law had ‘little advantage over the English provisions’.²⁶⁷

When British services moved to the Middle East and Italy, more brothel areas were put out of bounds.²⁶⁸ The lobbying campaign against regulated brothels was stronger by then as it had been operating for longer. Like the AMSH, lobbying groups such as the Public Morality Council continued to campaign against the use of brothels overseas by British servicemen.²⁶⁹ Their aims included encouraging the government to place brothels overseas out of bounds and asking them to issue a note to the troops like the one by Kitchener in the First World War. In the UK they regularly notified the police of venues that were being used as brothels.²⁷⁰ Yet despite their efforts, they did not succeed in closing them all. Sybil Neville-Rolfe of the BSHC proposed several explanations for

²⁶⁴ Hansard, 459-60, 8 December 1942.

²⁶⁵ LMA, A/PMC/192 ‘A Meeting of the Executive Committee of the Association for Moral and Social Hygiene’, 13 January 1943.

²⁶⁶ Davidson, p. 213.

²⁶⁷ TNA, MH 55/2325 ‘Joint Committee on Venereal Diseases’, 25 June 1943, p. 3.

²⁶⁸ John Ellis, p. 272.

²⁶⁹ Joshua Levine, pp. 230-31.

²⁷⁰ LMA, A/PMC/189 ‘Minutes of a Meeting of the Executive Committee, Tuesday 29 April 1941’.

this.²⁷¹ The first was public apathy, and the unwillingness of the public to complain about brothels. If this were true, then moral reformers definitely had different concerns to the rest of society. The second was that the police and watch committees considered that if sex workers were to operate, it was better to know their location. Colonel Harrison attributed the organisation's lack of success directly to Sybil Neville-Rolfe.²⁷²

A survey of the British public in 1949 revealed that twenty-four per cent of men admitted to having had sex with someone other than their spouse-to-be prior to their marriage. Two-thirds of these included sex in the previous five years.²⁷³ According to a radio broadcast by the Bishop of Lichfield, chaplains said that sex comprised fifty per cent of the services' problems.²⁷⁴ Fear or knowledge of a wife's infidelity could cause a man to seek sex elsewhere when he had not done so previously.²⁷⁵ From the services' perspective, the key point about men's sexual behaviour, apart from the manpower costs of contracting diseases, was the impression it made of Britain overseas. Some clergy and medical officers challenged married men by saying that 'a brothel was hardly the place for a married man'.²⁷⁶ This represented a change from the Victorian notion that visiting sex workers protected marriages. Still, wives tended to forgive but preferred not to want

²⁷¹ Neville-Rolfe, pp. 173-74.

²⁷² Dawes, p. 221.

²⁷³ England, p. 593.

²⁷⁴ LMA, A/PMC/192 '(Broadcast) Press Cuttings for Executive Committee February 10th and March 9th 1944'. The figure seems questionably high for confessions to chaplains.

²⁷⁵ Wellcome Library, GC/135/B.2.4 Major E. D. Wittkower RAMC and Captain J. Cowan, 'Some Psychological Aspects of Sex and Promiscuity: Summary of an Investigation', p. 12.

²⁷⁶ Osmond, p. 105.

to know what their husbands did; the war exonerated them.²⁷⁷ It was easier to forgive activities that took place overseas than in Britain.

With the opportunity for sex being so readily available to servicemen, it raised the question of their wives' activities. This concern gnawed at the men's morale, and was considered by the authorities to be responsible for neurosis.²⁷⁸ The strongest determinants of sailors' mental health problems, excluding the hazards of war, were their work conditions, type of service, and domestic difficulties.²⁷⁹ German propaganda tried to increase the men's fear that their wives were unfaithful in their absence.²⁸⁰ Like in the First World War, women's sexual behaviour was publicly judged more severely than that of men. There were genuine grounds for the men's concern. A survey in 1949 showed that one in five married women had had an extra-marital affair.²⁸¹ If that was what was confessed, the true figure may have been even higher.

As in the First World War, family allowances were not always issued promptly. This caused at least one woman to threaten the Public Assistance Committee that unless she received her husband's money soon she would 'be forced to live a life of immorality'.²⁸² It is unlikely that this was a genuine threat, as it would not be something

²⁷⁷ Eliot Slater and Moya Woodside, *Patterns of Marriage: A Study of Marriage Relationships in the Urban Working Class* (London: Cassel & Company, 1951), p. 219.

²⁷⁸ Goodman, p. 136.

²⁷⁹ Geoffrey Tooth, 'Nervous Breakdown in the Navy: Domestic Difficulties as a Causal Factor', *British Medical Journal*, 1 (March 1944), 358-60.

²⁸⁰ Herbert A. Friedman, *Sex and Psychological Operations*, <<http://www.psywarrior.com/sexandprop.html>> [accessed 27 October 2019]

²⁸¹ *The History of Sex in the City*, <<https://www.sussex.ac.uk/news/media-centre/press-releases/media/media574.html>> [accessed on 20 August 2020]

²⁸² Maureen Wells, *Entertaining Eric: Letters from the Home Front 1941-44* (London: IWM, 1988); p. 21.

²⁸² Wells, p. 26.

said to an organisation with the power to stop the allowance. It was more likely to have been a means of prompting the authorities to speed up their administrative processes. Many women had to work because the allowances were insufficient.²⁸³ ‘Allotment Annie’, whose real name was Elvira Taylor, was married to six sailors simultaneously, presumably for the allowances.²⁸⁴

In 1943, reflecting the high VD rate of the war in the desert, the army shifted further from the more religious, moral messaging they had used previously, towards a more secular tone, namely citizenship. There were elements of this with which moral campaigners agreed, notably that celibacy should not be based on the fear of contracting disease,²⁸⁵ and that abstinence did not reflect a lack of virility nor would lack of sex lead to that as a result.²⁸⁶

The navy did not escape the attentions of the AMSH, who were not satisfied by the navy’s previous responses that brothels would only be put out of bounds where local circumstances permitted. Another organisation that contacted the Admiralty persistently was St Joan’s Social and Political Alliance, a Catholic feminist organisation.²⁸⁷ Like the AMSH, their point of contention was the navy’s policy in relation to brothels. In November 1944 the Second Sea Lord wrote to Admiral Cunningham, who was involved in Operation Dragoon, the liberation of Southern France, about the policy on brothels in

²⁸³ Haste, p. 102.

²⁸⁴ Hylton, p. 122.

²⁸⁵ LSE, 3AMS/B07/16 Douglas White, *To the Men Serving in His Majesty’s Force: What Does Sex Mean to You?* [pamphlet]

²⁸⁶ TNA, WO 177/378 ‘Venereal Disease’.

²⁸⁷ TNA, ADM 1/19093 (Letter from Florence Barry, Honorary Secretary of St Joan’s Social and Political Alliance, to First Lord of the Admiralty), 10 January 1945.

Alexandria.²⁸⁸ He apologised that he had been unable to prevent ‘the nosy parkers’. The point of his letter was to convey the information that ‘the board have been therefore obliged to rule that the tolerated houses must cease to be tolerated and must be put out of bounds’.²⁸⁹ The letter was a private notice, he said, ‘to avoid dealing with the matter officially’, and to warn that at some point soon he would compose a suitable reply to those pursuing the matter. The board accepted that there would be ‘evil effects’ to this policy, namely an increase in the incidence of VD.²⁹⁰

In January 1945 the Admiralty carefully considered the wording of their next response to moral reformers ‘to avoid future similar trouble’.²⁹¹ The notes indicate that ‘while it is now true to say that it is entirely contrary to Admiralty policy for brothels to be opened by Naval authorities this was not until a very short time ago the case’.²⁹² However, in a letter of 8 March 1945 the Admiralty still indicated that it was ‘impractical to divest Senior Naval Authorities of discretion in this matter’.²⁹³ Their correspondence about putting brothel areas out of bounds only applied to Alexandria. It is unclear whether this was enforced.

Demobilisation started on 18 June 1945, so before Japan was defeated. The number of arrests for soliciting or riotous and indecent behaviour in London increased from 1,983 in 1945 to 4,289 in 1946,²⁹⁴ reflecting the greater visibility of women soliciting following

²⁸⁸ TNA, ADM 1/19093 (Letter from Second Sea Lord to Admiral Cunningham), 20 November 1944.

²⁸⁹ Ibid.

²⁹⁰ Ibid.

²⁹¹ TNA, ADM 1/19093 (Note on behalf of Head of Naval Branch), 31 January 1945.

²⁹² TNA, ADM 1/19093 (Note by Head of N. L.), 15 February 1945.

²⁹³ LSE, 3AMS/B07/27 (Letter from C. B. Laing, Admiralty to E. M. Turner, 8 March 1945).

²⁹⁴ TNA, MEPO 2/6622 ‘Return of Arrests for Soliciting Prostitution During the Year 1945’.

the end of the blackout and the return to different policing priorities. Unlike after the First World War, the number of sex workers did not decrease as rapidly after 1945 and remained a feature of London life for more than a decade afterwards.²⁹⁵ The Archbishop of Canterbury appealed to the country to reject wartime immorality and return to Christian principles,²⁹⁶ but society had changed.

4.6 Educational tools

Sex education in the services started to become more systematic in the 1930s with templates provided for lectures (although these were not always followed), literature, and films. In theory, the services were dealing with men and women who had been exposed to sex education since its introduction to the public following the Royal Commission in 1916. In practice, the level of ignorance suggests that knowledge was uneven at best, and at worst confusing. The Medical Director-General of the Navy, Surgeon Vice-Admiral Sir Sheldon Dudley, felt that by the time men joined up it was too late to expect clean living from them when far away from home. By then they had formed their attitudes towards sex and morality and ‘rationalized their behaviour with any religious or ethical code they possess’.²⁹⁷

²⁹⁵ White, p. 322.

²⁹⁶ Levine, *Secret History of the Blitz*, p. 235.

²⁹⁷ Sheldon Dudley, ‘The Prevention of Venereal Disease in the Royal Navy’, in *Inter-Allied Conferences on War Medicine 1942-1945 Convened by the Royal Society of Medicine*, ed. by Henry Letheby Tidy (London: Staples Press, 1947), pp. 251-54 (p. 251).

Some servicemen received frequent lectures about how to avoid VD, whilst others received very few.²⁹⁸ This may partly reflect the usual differences in thinking about how often lectures should occur, but logistical considerations are another likely explanation. If they were too infrequent, men would be less conscious of the risks. Many men who contracted VD denied ever having ever been lectured on the subject, although that must be treated with some suspicion.²⁹⁹ Yet a lack of lectures could reflect the workload of the medical officer rather than the subject being considered a low priority or officers being reluctant to speak.³⁰⁰ By contrast, if too frequent, lectures on the issue created resentment.³⁰¹ Similarly, men did not like to be ‘told’ anything, and if handled wrongly the effect could even be contradictory, encouraging men who would not otherwise take the risk to have sex.³⁰² Sometimes the fear of VD purportedly made the men so scared of women that they engaged in homosexual activities,³⁰³ although living for long periods in an all-male environment was probably a more significant explanatory factor.

There were even occasions when men keenly anticipated and even enjoyed the lectures.³⁰⁴ It is unclear how these were considered fun, since the lecturers were careful to avoid titillation. Any humour would have been at the expense of the lecturer. The navy, who recognised that sailors traditionally regarded lectures as recreation even if their aim was information, advised that lectures should not be boring if they were to be

²⁹⁸ Lesley A. Hall, *Venereal Diseases and Society in Britain*, (p. 131).

²⁹⁹ F.A. E Crew, *History of the Second World War: United Kingdom Medical Series: The Army Medical Services Organisation and Administration*, 2 vols (London: HMSO, 1955), p. 232.

³⁰⁰ Mark Harrison, *Medicine & Victory*, p. 103.

³⁰¹ TNA, WO 32/17701 (Untitled note from Private Secretary to Secretary of State), 23 February 1940.

³⁰² IWM, Sound archive no. 28776, reel no. 12.

³⁰³ McKee, p. 192.

³⁰⁴ J. M. Langley, *Fight Another Day* (London: Collins, 1974), p. 29.

successful.³⁰⁵ Sometimes lectures were too interesting. One temporary medical officer, after delivering what he considered to be a good lecture about VD to the men, was asked about the currency exchange rate.³⁰⁶ He indicated that he was not surprised when a number of the men subsequently contracted VD.

Although lectures could be provided by a number of people, allegedly some medical officers refused to lecture the men on sex.³⁰⁷ It was unclear where the responsibility lay as officers, medical officers, and clergy each thought it belonged with them,³⁰⁸ as all three groups were concerned with the men's welfare. There were similarities in the approach of these groups. Even the Archbishop of York acknowledged that doctors emphasised the fact that sexual continence was the most certain way to avoid VD.³⁰⁹ One of the first leaflets on the subject in the Second World War, produced by the War Office in October 1939 was guidance for medical officers on how to lecture men on preventing VD.³¹⁰ The content built on a concept that had been realised previously, namely that a large audience would divide into three groups: those who could naturally resist the temptations of women, the man who 'falls to temptation', and the man who 'deliberately sets out to gratify his sexual appetite', in other words those with no or little interest in sex, the majority of men who might talk about sex but had minimal sexual experience, and those

³⁰⁵ TNA, ADM 261/4 'Venereal Disease: Guidance for Lectures', 25 May 1944.

³⁰⁶ John Broom, *The Royal Army Medical Corps in the Second World War* (Barnsley: Pen and Sword, 2019), p. 157.

³⁰⁷ IWM, Sound archive no. 28776, reel no. 12.

³⁰⁸ TNA, WO 177/378 'Venereal Disease', 8 April 1940.

³⁰⁹ Hansard, House of Lords, 447, 8 December 1942.

³¹⁰ *A Note to Regimental Medical Offices Called Upon to Lecture on the Prevention of Venereal Disease Among Troops* [pamphlet] (War Office, 1939).

who were most liable to contract VD.³¹¹ It was at this middle group that the lectures were aimed.

The optimum solution for conveying information about VD to servicemen was for the speaker to adapt the approach to the audience. Few officers had the opportunity to do this as effectively as one Chief Ordnance Artificer. He took two young sailors aside during a port call in Gibraltar, advised them to go to a brothel, buy a drink or several and watch a woman that they considered to be attractive. The process of watching one woman go up and down stairs with other men cured the rating relaying the story of any desire to visit sex workers as he realised how many men had been upstairs with her.³¹² There are no indications that actions like that of the artificer were common, so it should not be assumed that the navy all viewed the matter in the same way. The example also needs to be balanced against incidences such as when one Master at Arms not only encouraged the loss of virginity of a sailor, but physically forced him on top of a sex worker.³¹³

The army also recognised that these quiet talks by officers and NCOs to troops who had newly arrived overseas were particularly powerful in encouraging them to avoid ‘intercourse with stray women’.³¹⁴ Even without such instruction the same observation could produce that effect. Following a pleasant encounter losing his virginity, one soldier returned to the same brothel to repeat the experience, but the queues of men crowded inside the brothel caused him to leave the building instead.³¹⁵

³¹¹ Ibid; MacNalty and Mellor, p. 78.

³¹² IWM, Sound archive no. 22147 reel no. 3.

³¹³ Humphries, *The Call of the Sea*, pp. 18-21.

³¹⁴ TNA, WO 222/1479 ‘Minute on Venereal Disease from Director Medical Services BEF’, 4 March 1940.

³¹⁵ William Harding, *A Cockney Solider: An Autobiography 1918-46* (Braunton: Merlin Books, 1989), pp. 84-85; T. S. Hope, *The Winding Road Unfolds* (London: Putnam, 1937), p. 143.

In 1940 the Central Council for Health Education commissioned the film *Love on Leave* to support the message of avoiding non-marital sex.³¹⁶ The status of the protagonist woman is shown by her drinking and smoking in a bar, and also by her wearing furs and make-up. The audience would have understood this as representing frivolity and selfishness in a time of austerity. Although she (Lorraine) makes the commonly accepted point at the time about ensuring that the fighting boys had a good time, any sympathy the audience feels is dissipated by the fact that she is sleeping with several men, without them knowing about the others.

The leading character in the film, a soldier, George, returns from leave and is disappointed that his fiancé, Katherine, will not marry him immediately because she is in mourning for her brother. After a few drinks in a bar, George goes home with Lorraine and starts living with her. He soon finds that the money he keeps giving her to pay the bills, is not being used for this purpose (at this point the film is reverting to a First World War theme that working women were spending their money on frivolities). Going through her purse to get the money to pay the electric bill he finds a letter addressed to her. From it he becomes aware that she has been treated for VD. More damning, he realises that Katherine's brother died by suicide after discovering that he had contracted VD through sexual contact with Lorraine. At this point George leaves Lorraine. He visits the doctor and is kept in suspense, waiting to find out whether or not he has VD.

This is the cue in the film for the doctor to give a long lecture. This includes the traditional argument that promiscuous behaviour is a risk to the health and happiness of the indulger and their loved ones. In a theme picking up from the inter-war propaganda,

³¹⁶ Jez Stewart, *The Birds and the Bees: 60 Years of British Sex Education Films* [pamphlet accompanying the DVD set of that name] p. 23. The other sex education film sponsored by the War Office in 1945, *Six Little Jungle Boys*, was aimed at those fighting the war in the East.

the doctor indicates that he recognises the difficulty of waiting. The new part of the message is that the doctor tells the viewer that they would not want their wives or girlfriends behaving in such a manner and that ‘men can’t have it both ways’. George is told he does not have VD and resumes his relationship with Katherine. The challenge of the film is the balance of trying to educate the audience about VD in a way that was entertaining to watch, but without offending sensibilities by being explicit, nor seen as rewarding non-marital sex.

The educational efforts of the army to prevent VD were not merely tokenistic or to appease the government. Colonel John Ingram, one of the army’s venereologists, believed that ‘to hide under a veil of secrecy all matters relating to sex must invite curiosity and encourage indecency and the risk of venereal infection’.³¹⁷ A circular on medical administrative instructions in September 1939 suggested that propaganda and advice by NCOs and Commanding Officers were the most effective means to control VD.³¹⁸ But myths and confusion still abounded. For example, amongst the questions sent to Dr Glenn, the sex agony-uncle of *The Mirror*, was whether you could contract syphilis from being bitten by a camel.³¹⁹ This specific myth endured until the 1960s. This kind of ignorance was not assisted by Sir Kingsley Wood, the Minister for Health before the war, contending that venereal diseases could be innocently contracted without ever explaining exactly what he meant. The context suggests that he was not referring to congenital syphilis.³²⁰ He was not alone in that type of thinking.

³¹⁷ Colonel John T. Ingram, *Dermatology in War-Time* (Reprinted from Journal of the Royal Army Medical Corps, August 1940), p. 4.

³¹⁸ TNA, WO 177/1 ‘Medical Administrative Instructions’, 14 September 1939.

³¹⁹ Dawes, p. 228.

³²⁰ Dawes, p. 213.

There were many different reasons that caused men to be celibate. Some men were scared by the lectures.³²¹ Tactics to induce this response included showing the men slides with pictures of infected male genitalia.³²² In some cases the effect was so powerful that burly men in the audience were known to faint.³²³ However, such scare tactics were rarely successful. The unintended side effect of this form of education led to a phenomenon that had been previously noted, *syphilliphobia*.³²⁴ Some people who did not have syphilis, and sometimes could not even have been exposed to it, became frightened that they had contracted it. The situation was so bad that at one point in Plymouth, fifty per cent of those attending the VD clinic were not infected.³²⁵ Following one intensive public education campaign in Wales, the number of civilians attending who did not have VD doubled.³²⁶

This fear did not just apply to civilians. The army's psychiatric advisor, Lieutenant-Colonel J. Pearce, claimed that thirty per cent of cases 'were officers and men with a belief of delusional strength that they were infected with venereal disease. Many of these cases were seriously depressed and called for careful observation to prevent suicide'.³²⁷ Surgeon-Commander Coulter, who would later write the Official History of naval medicine of the war, also argued that if the men were encouraged to believe myths such as the idea that they would be crippled if they contracted VD, the medical officer would

³²¹ IWM, Private papers of C. G. Beech, documents.734, p. 63.

³²² IWM, Sound archive no. 19804, reel no. 3.

³²³ IWM, Private papers of C. G. Beech, documents.734, p. 63.

³²⁴ Bett, p. 22.

³²⁵ Plymouth and West Devon Archives, 1495/15 'Medical Officers of Health Department: VD Civilian Cases'.

³²⁶ L. W Harrison, *Venereal Diseases*, p. 174.

³²⁷ Mark Harrison, *Medicine & Victory*, p. 150.

then be placed in ‘an invidious position’, by being proved wrong when the man was cured.³²⁸

Shame tactics were still sometimes attempted, as demonstrated by the medic who told his men that they ‘were sticking [their] pricks where he wouldn’t put the heel of his dirty boot’.³²⁹ This ‘dirty boot’ theme was commonly used by medics and other officers until the 1960s as a means of indicating their disapproval of men who contracted VD.³³⁰ For other men, warnings by members of their family were effective at enforcing celibacy.³³¹

In 1941 the Army Council issued further guidance about lectures to officers in a pamphlet called *The Soldier’s Welfare*.³³² They recognised that it was particularly difficult for young officers to lecture older, married men. The leaflet promoted a five-point plan to prevent immorality. These were: to set a good example to the men, encourage them to stay in contact with their families, officers should educate themselves on sexual matters in order to talk sensibly about the subject, ensure that the men know where to get prophylactic treatment and what to do, and encourage plenty of healthy interests and amusements for the men in the evenings. The leaflet stated that the ‘great majority of men want to live clean and decent lives’ but that ‘drink, boredom, ignorance, bad companions and absence from home are the main causes of immorality’.³³³ In this

³²⁸ Dudley, p. 251.

³²⁹ Ellis, p. 305.

³³⁰ Sebag-Montefiore, p. 16.

³³¹ IWM, Sound archive no. 11938, reel no. 5; no. 19804, reel no. 3.

³³² LSE, 3AMS/B07/26 ‘The Soldier’s Welfare: Notes for Officers’, 16 July 1941.

³³³ Ibid.

sense, nothing had changed. The army would continue to try to tackle some of the five points, but not to an equal extent.³³⁴

The lectures for women in the services did not go into the same level of biological details as those for the men. Wider society did not view women as having the same sexual urges and needs. Instead, the focus of lectures to women was on maintaining a high moral tone.³³⁵ The information conveyed to them was sometimes in an abstract form:³³⁶

We had cosy little chats on the actual discipline of the A.T.S, with the subtle sort of inference that it would be best not to drop a clanger, like “a bun in the oven” or “a touch of the clap”, which on both counts “good” little A.T.S. would be better off without.³³⁷

Official lectures to women did not include information about how to prevent contracting VD,³³⁸ although this information was sometimes included in private conversations in addition to how to avoid pregnancy. The female doctor who advised a group of Women’s Auxiliary Air Force personnel to ensure that men used a condom was reprimanded by the RAF.³³⁹ Although moral reform groups complained about inequality in the law, the Public Morality Council felt that medically examining women for VD (and presumably pregnancy) would ‘condone loose behaviour’.³⁴⁰

³³⁴ The sale of spirits to soldiers was banned, but it was of little effect. Longden, pp. 78-81.

³³⁵ L. W. Harrison, *The Present Trend of Incidence of Venereal Diseases*, p. 260.

³³⁶ Dorothy Calvert, *Bullbattle Dress, Lanyard & Lipstick* [n.p.] (New Horizon, 1978), p. 14.

³³⁷ Ibid.

³³⁸ IWM, Sound archive no. 30019, reel no. 17.

³³⁹ LMA, A/PMC/191 ‘AMSH Secretary’s Report March 1 – May 7 1941’.

³⁴⁰ LMA, A/PMC/192 ‘Declining Population’ [n.d]

In October 1942, the government, supported by parts of the press, began a campaign to educate the public about venereal disease.³⁴¹ Most of the public were willing to learn more about it, although some people found the subject distasteful.³⁴² The campaign consisted of posters, radio broadcasts, leaflets and films and in-line with other government propaganda was carefully monitored by the Mass Observation project.

One American film, *Sex Hygiene* produced in 1943 was considered so shocking by British doctors, that it was only shown to British soldiers based overseas, not when in the UK.³⁴³ By contrast, the American naval version of the film was considered by the services to be better and was shown to troops in Britain as well.³⁴⁴ Similarly, the pamphlet *A Doctor speaks to Seamen* was suppressed or withdrawn. It is unknown which or why, but according to the Chief Constable of Newport and Monmouthshire, ‘the exception taken to that circular was by the Union representatives, and not by the seamen themselves’.³⁴⁵

The most iconic propaganda posters around women and VD come from the second half of the war. The one overleaf, from 1943, aimed at males, is based on the principle that it was not possible to tell if a woman had VD just by looking at her. The skull in the poster is clearly female. The headwear is reminiscent of a wedding veil, with the flower

³⁴¹ Famously, *The Mirror*, which had been otherwise been in disagreement with the government, was the first to break the press taboo on the subject, with openness. By contrast, *The Express*, another leading daily newspaper, refused to display government advertisements on the subject. Adrian Bingham, *The British Popular Press and Venereal Disease During the Second World War*, p. 1055.

³⁴² Hall, *Venereal Diseases and Society in Britain*, p. 131.

³⁴³ Crew, p. 233.

³⁴⁴ Crew, p. 232.

³⁴⁵ TNA, HO 45/25599 (Letter from Chief Constable of Newport and Monmouthshire, to Theobald Mathew, Home Office), 1 January 1944.

representing a vagina.³⁴⁶ By having sex with an ‘easy’ girlfriend, the poster implies, a man risked marrying death.



Figure 2: Poster about the ‘easy’ girlfriend

Most moral reform organisations promoted their simple messages to the services that promiscuity led to unhappiness and that prophylactics were wrong.³⁴⁷ To some extent this was a change from their previous position, by now recognising that not every woman who had unmarried sex was a sex worker, so they modified the tone of their messaging. Yet the obsession by some organisations with sex workers continued. For example, in a

³⁴⁶ Goodman, p. 150.

³⁴⁷ LMA, A/PMC/192 *To Men and Women in the Forces by a Doctor* [pamphlet] SCM Press.

leaflet specifically targeted at soldiers, the AMSH indicated that ‘prostitutes are poison to an army’.³⁴⁸ It is not clear whether their message had any impact.

The National Vigilance Association blamed foreign men for the increase in the number of sex workers.³⁴⁹ When the women were mentioned in the newspapers, if servicemen were present this was also mentioned. The two groups were conflated. This was especially true if the men were foreign. If the soldiers were black, this factor would also be mentioned, although other identifying factors were omitted.

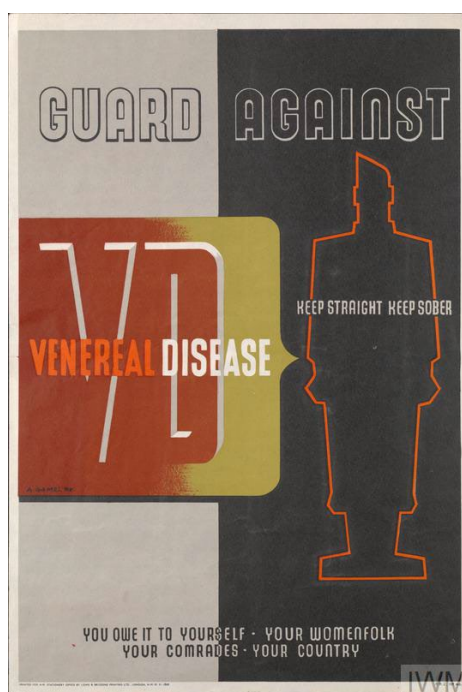


Figure 3: Poster ‘Guard against VD’

From 1942 to 1943 the government and the services also adapted their messaging, reflecting the new focus on civil responsibilities. A pamphlet by the Ministry of Health

³⁴⁸ LSE, 3AMS/B07/16 Douglas White, *To the Men Serving in His Majesty's Force: What does Sex mean to You?* [pamphlet]

³⁴⁹ Kevin Brown, *The Pox: The Life and Near Death of a Very Social Disease* (Stroud: Sutton Publishing, 2006), pp. 169-70.

in 1943 urged moderation in all things.³⁵⁰ The poster above, designed by Abram Games, acknowledges the influence of drink on sexual behaviour. Although this link was recognised, there was less campaigning against it than in the First World War. The government appealed to men's sense of citizenship to argue why they should 'keep straight and sober'. As Games' poster showed, the policy of shaming was not completely abandoned, it just became more subtle. If a man contracted VD, and the poster was clearly aimed at servicemen, he was failing the people who mattered most, those for whom he was fighting. The services also used a number of American posters, but those produced in and for Britain better reveal the government and services' thoughts and priorities. One estimate holds that the publicity campaign prior to D-Day prevented around 15,000 men from contracting VD,³⁵¹ a number large enough to make a significant impact. However, this claim must be treated with some caution since primary sources are not provided to check the veracity of it. Similarly other factors, such as control of leave must be taken into account and the level of discipline in 'the intense training in spring 1944'.³⁵²

In 1943, the Army Council issued further advice to officers, specifically aimed at company commanders, on how to talk to the men about sex.³⁵³ The emphasis of the new messages focused on citizenship and responsibilities.³⁵⁴ Unlike previously, the new pamphlets produced by the army acknowledged the risk of death and how fear led men to behave in different ways than they would normally have done in peace time. The tone is chummier, less lecture style than previous literature. It still advocated celibacy, as did

³⁵⁰ Ministry of Health, *How to Keep Well in Wartime* (London: HMSO, 1943), p. 14.

³⁵¹ Hylton, p. 129.

³⁵² Caddick Adams, p. 400.

³⁵³ War Office, *The Two Sides of Army Life: A Talk to Men about their Welfare and their Sex Problems, by a Company Commander*, March 1943.

³⁵⁴ Mark Harrison, *Medicine & Victory*, p. 148.

the moralist tracts. Yet in a pamphlet on lectures to RAMC recruits, produced in March 1943, there is no mention of VD.³⁵⁵ This suggests that it was not anticipated that they would be the people lecturing on the subject. In 1944 Montgomery concluded that personal talks by officers to their men were the best way of transmitting the message about sexual conduct.³⁵⁶

In 1944 the navy noted that ‘chaplains and medical officers are seldom good’ at lecturing the men.³⁵⁷ Not that either of those groups regarded lecturing as the only means of enforcing the message. Men who were thought to be too deeply religious were mistrusted by the other men, if less devout they were ‘merely tolerated’ although at best some were considered to be good fellows.³⁵⁸ Naval medical men recognised that persuading the men to avoid unmarried sex through fear tactics was unlikely to succeed.³⁵⁹ Lectures by the White Cross League, a Christian temperance organisation established in 1883, were considered more effective than those by clergy.³⁶⁰ The navy also expected their senior officers to speak to the men on the issue of sex.

Like the army, the navy also produced guidance about how to conduct lectures.³⁶¹ These needed to hold the interest of the audience. To achieve this, they should be short (a

³⁵⁵ Wellcome Library, RAMC/1929 *Notes for Recruits’ Lectures, 1st Depot Training Establishment, Royal Army Medical Corps*, 5th edition [pamphlet] March 1943.

³⁵⁶ TNA, WO 219/1551 ‘Venereal Disease, October 1944’.

³⁵⁷ TNA, ADM 1/18872 ‘Enclosure in more No. 4315/C391’ 25 August 1944.

³⁵⁸ Sidney Knock, “*Clear Lower Deck*”: *An Intimate Study of the Men of the Royal Navy* (London: Philip Allan, 1932), pp. 61, 262.

³⁵⁹ Dudley, p. 254.

³⁶⁰ TNA, ADM 1/18872 ‘Enclosure in More No. 4315/C391’, 25 August 1944. The White Cross movement had historic links with those in favour of the CDA. Walkowitz and Walkowitz, p. 218.

³⁶¹ TNA, ADM 261/4 ‘Venereal Disease – Guidance for Lectures’, 25 May 1944.

point on which the army agreed, advising no longer than twenty minutes)³⁶² and avoid moralising, preferably adopting a conversational tone. Despite the navy's traditional tolerance of regulated brothels, the guidance warned that such places were no guarantee that the 'inmates' of such places were free from disease.³⁶³ Similarly, they recognised that celibacy was the only certain way to avoid VD, but they felt that the 'sex instinct' meant that lecturing men produced 'no measurable results'.³⁶⁴ Like the Army Council, the navy acknowledged that some officers would find it difficult to convey this information to a cynical audience and might require preparation and practice. Their key advice, however, which was consistent with the navy's historic approach, was that 'officers should work out their own way to interest the men'.³⁶⁵

4.7 Conclusion

Like legislation did for the government, the moral reform approach provided the services with a means to demonstrate they were acting on the situation, even if the effects of these actions were less evident. There were other advantages to the moral reform approach. In comparison to investing in welfare, producing leaflets and giving lectures was cheap and relatively easy to distribute resources widely. Moral reform organisations reduced the costs further by their contributions.

³⁶² TNA, WO 177/378 'Venereal Disease', 6 April 1940.

³⁶³ TNA, ADM 261/4 'Venereal Disease – Guidance for Lectures', 25 May 1944.

³⁶⁴ Dudley, p. 251.

³⁶⁵ Ibid.

Although the number of leaflets and lectures did not decline over the two world wars, they changed in tone and messaging. The Christian philosophy that was behind the earlier works was replaced as society adapted. This shifted from the tone of religious imagery to that of citizenship, emphasising the men's responsibility to the people who mattered most to them, friends, family and colleagues. Initially, the value of lectures was assessed by how many men they reached. Both services considered how to make lectures more effective and drew a number of similar conclusions. Lectures should not be boring, nor stimulate demand. Whilst they needed to reach all men, by the Second World War they realised large groups were less effective. The navy also consistently maintained the principle that commanders should adapt their policy and messaging to local circumstances.

At the midpoint of both wars, the government launched programmes to educate the general population about VD. In both cases it was responding to a VD crisis in civilians, although the fighting fitness of the services was the underlying concern. In 1916 the Royal Commission prompted this as there had been no collation of the VD rates in civilians until that point. By extending education to civilians as well, the government effectively acknowledged that VD in the services could not be tackled in isolation from the wider population.

5

The Impact of Welfare on Preventing VD in the Services

The provision and control of welfare and its relationship to VD in the services is a largely unexplored subject. Unlike legislation, welfare as a means of influencing sexual behaviour was less easily defined and unlike moral reform, there were fewer people devoted to this as a strategy or recording their activities. The analysis of welfare generally is underdeveloped in comparison to other elements of war studies. In this chapter, it is limited to the provision and control of welfare where the prevention of VD was a specific aim.

The means by which the focus on welfare reduced the incidence of VD in the services was two-fold. Firstly, it meant removing or reducing the potential for activities that were considered to increase the risk of VD, of which drinking alcohol was the best known, although it also included the closure of places where sex occurred. Secondly, it meant offering and encouraging the kinds of recreation opportunities that provided a positive alternative to sex, most notably sport and entertainment.

5.1 Before the First World War

In the nineteenth century, it was not considered desirable for a son to enlist in the ranks, and the army in particular did not have a good reputation.¹ As Kipling noted in his *Barrack Room Ballads* poem ‘Tommy’ in 1890, ‘Single men in barracks don’t grow into

¹ Sharon Murphy, *The British Soldier and his Libraries, c. 1822-1901* (Dublin: Palgrave Macmillan, 2016), p.158.

plaster saints'.² The historian Richard Holmes argued that barracks functioned to keep their inhabitants in as much as to preclude outsiders.³ The popular perspective of the army more widely changed slightly in the years preceding the First World War with the example of men like General Kitchener of Khartoum and General Gordon being publicly regarded as heroes, epitomising a form of 'Muscular Christianity'. However, the ordinary soldier was still often criticised for 'drunkenness, hooliganism and immorality',⁴ reflecting the difference between enlisted men and commissioned officers. And in late Victorian society, the 'respectable' working class retained a prejudice against the army 'that could not be allayed by mere statistics or recruiting publicity'.⁵

A large part of the image problem for the services was the association with alcohol. Military towns had many pubs. Even into the twentieth century naval towns like Portsmouth were renowned for having streets where the buildings largely consisted of alternating pubs and brothels.⁶ As well as being pick-up zones, many pubs also functioned as brothels, hence the government's concern about pub landlords sheltering diseased sex workers. An 1882 analysis of pubs operating as brothels in the CDA towns indicated that despite the 1872 Licensing Act increasing local magistrates' powers over the running of public houses,⁷ few closed, and most pubs served both functions for many years.⁸

² Rudyard Kipling, 'Tommy' <http://www.kiplingsociety.co.uk/poems_tommy.htm> [accessed 1 July 2020]

³ Richard Holmes, *Soldiers: Army Lives and Loyalties from Redcoats to Dusty Warriors* (London: Harper Press, 2011), p. 513.

⁴ Mason and Riedi, p. 144.

⁵ Spiers, p. 146.

⁶ IWM, Sound archive no. 12812, reel no. 2.

⁷ Licensing Law 1872, Section 14.

⁸ TNA, HO 45/9511/17273A 'Table for the House of Commons on the Contagious Diseases Act' 17 August 1882.

Contrary to that trend, in Deal it was estimated that between 1878 and 1881 the last remaining public houses also operating as brothels closed, although the number of houses used as a venue where sex was sold rose.⁹ Barrack conditions were poor. This had the effect of encouraging men to spend as much time out of them as possible.¹⁰ Pubs, by contrast, were more welcoming.¹¹ Florence Nightingale famously advocated that improving the quality of barrack life was the solution to preventing servicemen from cavorting with sex workers.¹² Similarly, *Soldiers and the Social Evil* suggested that soldiers should not be condemned for wanting a change from barrack conditions.¹³

There were attempts to change these conditions and with them both army culture and reputation. The three decades after the Crimean War were a period of reform for the army. The most important of these was the Army Enlistment Act of 1870, enacted in 1880 (known as the Cardwell Reforms after the Secretary of State for War, Edward Cardwell). In order to attract a wider pool and better quality of recruits, this addressed many elements of army service including pay, leave, punishments, and service conditions. It introduced short service, one aim of which was to improve servicemen's morality.¹⁴ The rationale was that long overseas tours made it difficult for soldiers to remain chaste. The War Office hoped that the Cardwell Reforms would raise the calibre of men recruited, although they accepted the change by Childers in 1881 of increasing the length of home

⁹ Sargent, pp. 180-81.

¹⁰ Trustram, p. 116.

¹¹ Lee, p. 53.

¹² London, British Library, ADD MS 45772, ff 238-39.

¹³ *Soldiers and the Social Evil*, p. 6.

¹⁴ Skelley, p. 54.

and overseas commitments.¹⁵ Another aim of the reforms was to build stronger connections between the regiments and communities, both for the purposes of recruitment, and to engender a stronger sense of connection between local regiments and the communities around them.¹⁶

A process of restructuring was underway within the navy also, but there the focus was on the transition from sail to steam-powered ships. The priority for the Admiralty was creating a large and powerful navy of skilled men. However, prior to an adjustment in 1908, sailor's pay had not increased since 1853. This created a challenge for morale and recruitment that Churchill would try to tackle during his time at the Admiralty between 1911 and 1915 as part of a wider package of social reform.¹⁷

By the turn into the twentieth century the VD rate in the services was considerably lower than it had been under the CDA, down to nine percent in the army and eleven per cent annually in the navy.¹⁸ A number of explanations have been proposed for this as well as the CDA, including 'higher public standards of cleanliness and sanitation' and the greater recreation facilities.¹⁹ The end of the nineteenth century also saw the rise of social purity movement and the temperance movement.²⁰ The provision of wet canteens in garrisons, i.e. ones where alcohol was served, allowed the services some control over the

¹⁵ Albert V. Tucker, 'Army and Society in England 1870-1900: A Reassessment of the Cardwell Reforms', *Journal of British studies*, 2 (May 1963), 110-41 <<http://www.jstor.org/stable/175254>> p. 136.

¹⁶ Mason and Riedi, pp. 144-45.

¹⁷ Seligmann, pp.10-23. By contrast, infantrymen had received pay rises in 1876, 1898 and 1902.

¹⁸ *Note by the Chairman of the Committee (The Hon. Waldorf Astor, M.P.) to the Minister of Health on Prophylaxis against Venereal Disease*, Cmd 322 (London: HMSO, 1919), pp. 6-9.

¹⁹ Skelley, p. 57.

²⁰ Laite, p. 5.

men's behaviour²¹ and reduced the immediate interaction between servicemen and sex workers. However, it did not address all of the other problems associated with drink.²² Some servicemen felt that wet canteens offered a poor service,²³ for example the alcohol was watered down.²⁴ The financial management of these canteens was considered to be corrupt, leading the Hon. Lionel Fortescue to bring them more under control in a system, which ultimately became the Canteen and Mess Co-operative Society, the predecessor of the Navy, Army and Air Force Institutes (NAAFI).²⁵ From the user's perspective these still operated on military territory, rather than in neutral spaces.

Statistics from a 1907 survey on the moral and spiritual welfare of the army, three years after further legislation to control the number of public houses,²⁶ indicate a high percentage of soldiers signing the temperance pledge, reaching eighty per cent in some commands.²⁷ Whilst this period was the peak of the temperance movement, the figure still seems suspiciously high, even though by the turn of the century, the Army Temperance Association had 20,000 members.²⁸ However, signing the pledge should not be assumed to mean that the men were actually teetotal. Some of the facilities organised by voluntary groups were only available to men who had signed. In those survey returns

²¹ TNA, WO 32/2979 (Letter from the General Officer Commanding-in-Chief, Aldershot to Secretary, War Office).

²² Hansard, 801, 9 May 1895.

²³ French, pp. 111-12.

²⁴ Skelley, p. 162.

²⁵ The Navy, Army and Air Force Institutes, *Celebrating 90 Years of NAAFI Serving the Services* (Darlington: NAAFI, 2010), p. 11.

²⁶ The 1904 Licensing Act, which gave magistrates the authority to refuse to renew a licence on the ground of lack of need.

²⁷ TNA, WO 33/2979 '(Provisional) Advisory Committee on Spiritual and Moral Welfare of the Army. Reports from Commands on the Conditions of Soldiers' Life at Home and Abroad'.

²⁸ Spiers, p. 145.

which indicated that there was no branch of the Army Temperance Association, sobriety was attributed to there being no need because the men were ‘all of good character’ or there was ‘very little drunkenness in the battery’.²⁹ Correspondingly, not only did the survey represent the army as sober, but with a high level of sexual morality and low VD rate. Whilst no figures were provided in that source material, another official document indicates that the VD rate in the army in the UK had dropped to 7.2 per cent in 1907 and was even lower in Aldershot (6 per cent).³⁰ The survey credited this sobriety and celibacy to the officers and to lectures about sexual morality.³¹

It was acknowledged that historically alcohol presented a problem for both services. As one Admiral contended, ‘Drink always was, and always has been the scourge of the navy’.³² Excessive consumption was associated with rowdy behaviour and poor discipline. The defence council in a court case in Plymouth in 1865 estimated that there were a hundred women selling sex in Fore Street alone and that ‘if the Bench convicted in these, the effect must be to shut up all the beerhouses there’.³³ Alcohol was recognised as a factor that made men more likely to use the services of sex workers, by causing them to temporarily lose their senses. Drink was also regarded by some moral reformers as an ‘evil [that] is all but universal amongst prostitutes’.³⁴

²⁹ TNA, WO 33/2979 ‘(Provisional) Advisory Committee on Spiritual and Moral Welfare of the Army. Reports from Commands on the Conditions of Soldiers’ Life at Home and Abroad’, pp. 145-46.

³⁰ *Note by the Chairman of the Committee (The Hon. Waldorf Astor, M.P.) to the Minister of Health on Prophylaxis against Venereal Disease*, Cmd 322 (London: HMSO, 1919), p. 7.

³¹ TNA, WO 33/2979 ‘(Provisional) Advisory Committee on Spiritual and Moral Welfare of the Army. Reports from Commands on the Conditions of Soldiers’ Life at Home and Abroad’, pp. 16, 31, 138.

³² IWM, Sound archive no. 11951, reel no. 4.

³³ ‘Extraordinary Scene in Plymouth: Moral Depravity’, *The Royal Cornwall Gazette, Falmouth Packet, and Advertiser*, 14 December 1865, p. 7.

³⁴ William Logan, *The Great Social Evil: Its Causes, Extent, Results and Remedies* (London: Hodder and Staunton, 1871), p. 56.

In 1908, the navy considered a strategy to tackle VD, by reducing the number of sailors taking up the rum ration. The idea was to increase the remuneration for men not taking up the ration and by improving sobriety to reduce the incidence of crime. However, the strategy was not implemented because of the cost to the tax payer.³⁵

By the early twentieth century, there was greater social acceptance in the services of the advantages of celibacy and temperance, even though a few doctors were beginning to argue that the history of armies was proof that ‘to enforce celibacy is to encourage vice and increase syphilis’.³⁶ When overseas, where the men had fewer recreational facilities, in places where brothels existed there was no reluctance to use them. Domestically, the navy remained nostalgic about the CDA. For example, in 1907 two naval captains agreed that ‘the introduction of the “C.D” Act is the only solution to this difficult problem’.³⁷

One of the known factors that caused men to visit brothels was boredom.³⁸ It has been described as the most frequent experience of the war.³⁹ The clergy supported and helped to promote healthy recreational activities. The military had already noted the benefits of alternative recreation in preventing men from visiting the brothels. Through the Victorian age, sport was increasingly used to improve physical fitness and occupy time in a manner which the services considered to be constructive. The army in particular quickly noted other benefits of sport, such as building regimental spirit.⁴⁰ Sports

³⁵ Seligmann, pp. 47-62.

³⁶ Maloré Malthus, ‘Correspondence’, *British Medical Journal*, 2 (September 1899), p. 815.

³⁷ TNA, ADM 116/1060 (Memo from Captain of Cochrane to the Real Admiral Commanding Fifth Cruiser Squadron), 23 September 1907.

³⁸ Timothy Bowman and Mark Connelly, *The Edwardian Army: Recruiting, Training, and Deploying the British Army 1902-1914* (Oxford: Oxford University Press, 2012), pp. 210-12.

³⁹ Mason and Riedi, p. 82.

⁴⁰ Mason and Riedi, p. 5.

competitions with civilians also improved the reputation of servicemen and their relationship with the local people.⁴¹ In the nineteenth century provision was largely organised through the efforts of sports-obsessed junior officers.⁴²

Another alternative activity to sex and drinking which the army promoted was reading. The army began investing in garrison libraries in the 1850s, and later encouraged men to take education certificates. Such actions also had the support of moral reformers such as Florence Nightingale.⁴³ Although the Elementary Education Act of 1880 introduced compulsory education, ten years later many new recruits were still illiterate.⁴⁴ There were a number of challenges to this, but as occurred with so many attempts to provide recreation, two of these were funding and the uneven distribution of resources. It is easy to overestimate the use of libraries though. One estimate held that only twenty per cent of men used the regimental libraries.⁴⁵ Many libraries were in less than adequate condition, but for the men who used them these places were important.⁴⁶ These attempts to improve literacy were not just concerned with providing constructive activities, but more widely on improving the calibre of men in the army.

The navy also underwent social reformation in the first half of the twentieth century, reflecting changes in society, as men from the lower decks became more educated and

⁴¹ Mason and Riedi, p. 151.

⁴² Mason and Riedi, p. 27.

⁴³ Michael D. Calabria, 'Florence Nightingale and the Libraries of the British Army', *Libraries and Culture*, 29 (1994), 367-88 (p. 388).

⁴⁴ Skelley, p. 89.

⁴⁵ Murphy pp. 149-54.

⁴⁶ Murphy, pp. 127-28.

politically aware, even if ‘between 1913 and 1946 the Royal Navy had men from middle and upper-class backgrounds who, on the whole, resisted change’.⁴⁷

5.2 The First World War

The services were unprepared for the massive and sudden wartime expansion in their numbers. Some men, particularly the territorials and the Kitchener armies, resided at home. Some were in billets, and many were separated from both home comforts and controls.⁴⁸ The same was true of the navy. As Vice-Admiral Warrender noted in Plymouth, the men were young, living in unfamiliar areas, and away from guiding influences. As they lacked awareness of the risks, he felt they were liable to associate with the kind of women from whom they could easily contract VD.⁴⁹ Attempts were made to address this and provide environments that the services could trust, through the expansion and co-ordination of the canteen system. However, supply could not meet the scale of demand and contractors found ways to exploit the situation.⁵⁰ The efforts of the services was ultimately combined under the Navy and Army Canteen Board.⁵¹

The government made efforts to tackle the alcohol problem in Britain as early as October 1914, through reducing women’s access to pubs. Like with legislation, the focus was initially on women rather than men’s behaviour. Other government measures

⁴⁷ Sears, p. 44.

⁴⁸ The conditions of the new camps were similar to those that Florence Nightingale had argued led to men visiting pubs and brothels. London, British Library, ADD MS 45772, ff 238-39.

⁴⁹ TNA, HO 45/10802/307990 (Letter from Vice Admiral G. Warrender), 18 April 1916.

⁵⁰ The Navy, Army and Air Force Institutes, p. 12.

⁵¹ The Navy, Army and Air Force Institutes, p. 11.

followed, namely reducing pub opening hours, and later legislating against people buying drinks for others. Women and drink became a notorious issue and a cause of government concern. This cannot just be attributed primarily to the danger posed to the women working with chemicals or munitions. It was said that ‘There was no habit more than that of drink that so quickly made a woman forget her modesty or that unmanned a man’.⁵² A third of ‘moral lapses’ amongst men were attributed to alcohol.⁵³

The excessive consumption of alcohol also quickly became a problem for the services. However, neither magistrates nor civilians were inclined to punish the new volunteers.⁵⁴ It was impolitic to criticise servicemen, as one Sheffield church leader discovered when he allegedly made negative comments about soldiers, their wives, and sex workers and was criticised by the press in response.⁵⁵

In 1916 both the British and French authorities started enforcing regulations against sex workers more strictly,⁵⁶ reflecting the war situation and the growing manpower crisis. The effects of social campaigning came later. In 1916 the local authorities in Rouen made it illegal for places other than brothels to house sex workers.⁵⁷ With regards to Marseilles, the British APM based there suggested further reducing the number of leave passes issued from ten to five per cent of the ranks.⁵⁸ The French instituted regulations controlling

⁵² ‘Temperance Work in Burnley’, *Burnley Gazette*, 11 November 1914, p. 3.

⁵³ Cherry, p. 116.

⁵⁴ LSE, 3AMS/B07/23 ‘Testimony of Inspector Harburn’, 10 March 1919; Sophie Jackson, *Women on Duty: A History of the First Female Police Force* (Stroud: Fonthill, 2014), p. 69.

⁵⁵ ‘Parson and Press: Rev W. J. Morrison and his Critics’, *Yorkshire Telegraph and Star*, 5 April 1915, p. 4.

⁵⁶ Rhoades, p. 45.

⁵⁷ TNA, WO 154/114 (War Diary, Lines of Communication, Week ending 22 July 1916).

⁵⁸ TNA, WO 154/114 ‘Visit to Marseilles, 13-15th January 1916’.

alcohol sales and the presence of sex workers near railways stations, but as usual, there were ways to circumvent these regulations.⁵⁹

Yet Surgeon Rear-Admiral William Bett reflected that total abstinence from alcohol probably did not result in a man being more chaste than others.⁶⁰ Interestingly, when Lord Kitchener tried to obtain statistics for the Army Temperance Association to show that men who consumed alcohol were more likely to contract VD, he purportedly found the opposite.⁶¹ There is no research to show why, but if the men were not spending money on alcohol, they had more money available for other things. In the navy men who did not take their allocated rum ration, or alternative spirit, would receive extra payment instead.⁶²

The relationship of pubs and sex workers during the war was multi-fold. In addition to the greater likelihood of men having sex with sex workers when under the influence of drink, in naval towns the consensus was that everyone knew where the sex workers went and that the pubs were the main pick-up zones.⁶³ According to one Portsmouth sailor, 'all the pubs in the vicinity of the dockyards were bad pubs'.⁶⁴ The brothel area in Portsmouth was often perceived to be neither out of bounds, nor policed,⁶⁵ although it would be more

⁵⁹ Porter, Roy, 'Railway Stations: Gateways and Termini', in *Capital Cities at War: Paris, London, Berlin, 1914-1919*, ed. by J. M. Winter and Jean-Louis Robert (Cambridge: Cambridge University Press, 1997), pp. 47-48.

⁶⁰ Bett, p. 20.

⁶¹ Bett, p. 28.

⁶² Seligmann, p. 44.

⁶³ IWM, Sound archive no. 681, reel no. 20; IWM, Sound archive no. 721, reel no. 8.

⁶⁴ IWM, Sound archive 661, reel no. 6.

⁶⁵ IWM, Sound archive no. 679, reel no. 33.

accurate to say that that whilst sex workers were not encouraged,⁶⁶ there was little active intervention against them. In Liverpool, few of the arrests made for soliciting were done at George's Docks.⁶⁷ The manned dock gates would have prevented some soliciting, certainly more effectively than the wire around some army camps. The few arrests for prostitution there were made near the gates and the pier head. A police inspector interviewed by the AMSH after the war argued that the police were careful to avoid creating a disturbance with servicemen, as the public would support the services rather than the police.⁶⁸ Gary Sheffield argues that the working class dislike of police carried over to attitudes towards British military police in France.⁶⁹

The need for recreational facilities to provide a wholesome pursuit was acknowledged early in the war.⁷⁰ Both the services and civil society groups made concerted efforts to create respectable opportunities. These were not just provided for servicemen. At Plymouth Station, the wife of the Commander-in-Chief was responsible for opening a club for the wives and mothers of sailors.⁷¹ The same happened in Hull.⁷² If women were the problem, they needed to be controlled or educated into acceptable habits. The former police court missionary for Chatham argued that the mischief was

⁶⁶ IWM, Sound archive no, 681, reel no. 20.

⁶⁷ Kerry Chamberlain, pp. 183-84.

⁶⁸ LSE, 3 AMS/B07/23 'Testimony of Inspector Harburn', 10 March 1919.

⁶⁹ G. D. Sheffield, *The Redcaps: A History of the Military Police and its Antecedents from the Middle Ages to the Gulf War* (London: Brasseys, 1994), p. 81.

⁷⁰ 'Garrison Life: A Plea for Combined Action' (Letter to the Editor), *The Times*, 20 August 1914, p. 7.

⁷¹ Jane Robinson, *In the Family Way: Illegitimacy between the Great War and the Swinging Sixties* (London: Viking, 2015), p. 103.

⁷² Paul Gibson, 'It'll all be over by Christmas - Hull in the First World War' <<https://www.paul-gibson.com/social-history/hull-in-the-first-world-war.php>> [accessed 25 March 2018]

caused by married women with absent husbands, but that attempts to provide respectable recreation for them failed by contrast to cinemas.⁷³

The most notable organisations to provide such facilities for servicemen in the First World War were the Red Cross and the YMCA. Often these institutions linked the provision of facilities to acceptable behaviour. Others, such as the National Vigilance Association for the Suppression of Vice (NVA), and the AMSH, did not provide facilities, but just focused on promoting sexual abstinence.

A letter to *The Times* by Sir Arthur Conan Doyle in February 1917 initiated a public discussion about the nature of the problem, highlighting the question of how soldiers spent their leisure time. Conan Doyle asked what could be done about the ‘harpies [who] carry off the lonely soldiers to their rooms and make them drunk with the vile liquor that they keep there, and finally inoculate them, as likely as not, with one of those diseases’.⁷⁴ In a later letter he suggested that the women should be quarantined, as the process of just moving them out of the district merely spread the disease.⁷⁵ The Bishop of London responded that ‘the attempt to depict our soldiers as poor innocent lambs led to the slaughter is ridiculous to those who know the facts’.⁷⁶ He argued that the military needed to do more and that contracting VD should be treated as a military offence. What both parties had in common was that they both recognised that men were more likely to have sex with sex workers if they did not have the opportunity take up other recreation activities.

⁷³ TNA, HO 45/10724/251861 ‘Chatham and Rochester, visited Sept. 10th and 11th’ [1915] p. 4.

⁷⁴ ‘Soldiers in London’, *The Times*, 6 February 1917, p. 9.

⁷⁵ ‘Soldiers in London’, *The Times*, 10 February 1917, p. 7. In London, the police boundaries were another factor that made policing prostitution complex as women moved around. Laite, p. 18.

⁷⁶ ‘Soldiers in London’, *The Times*, 7 February 1917, p. 9.

Lieutenant General Francis Lloyd, the General Officer Commanding London District, defended the arrangements made by the services and argued that troops were not always ready to go to the rest houses provided for them on arrival in London.⁷⁷ Yet both in Britain and abroad, the provision of opportunities was not evenly distributed. Nor were these inequalities of provision merely confined to geographic location. One of the ‘temporary gentlemen’ in Kitchener’s Army, i.e., a man holding a temporary officer commission, regarded men like himself as forgotten, as other groups were prioritised for facilities.⁷⁸ Lieutenant General Lloyd, argued that the claims made about London’s immorality were exaggerated. He had made provisions for the accommodation of servicemen as well as ‘special means to stop the soldiers’ part of the vice’ but he was not legally able to deal with the women.⁷⁹ He claimed that the situation was an improvement from when he was a young guardsman (in the last quarter of the nineteenth century).

Linda Parker, in her analysis of Anglican clergy in the First World War, indicates that clergymen were initially associated with two roles, providing recreation and burying bodies.⁸⁰ In some cases, the first was made a point of principle, notably with the creation of Talbot House in Poperinge, Belgium, which was established for the expressed purpose of providing somewhere that men could spend leave in a godly manner, irrespective of whether or not they were religious. The use of such facilities was, however, infrequent.⁸¹ Few men had the time for such a visit and there was no parallel establishment in France in the First World War. Most entertainment was on a smaller, more local scale, some

⁷⁷ ‘Soldiers’ Perils in London’, *The Times*, 14 February 1917, p. 5.

⁷⁸ IWM, Private papers of P. G. Heath, documents.11043, pp. 80-81.

⁷⁹ ‘Hyde Park by Night’, *The Times*, 28 June 1917, p. 3.

⁸⁰ Linda Parker, *The Whole Armour of God: Anglican Army Chaplains in the Great War* (Solihull: Helion, 2009), p. 14.

⁸¹ Gibbons, p. 101.

provided by the troops (such as variety shows) and some by external organisations. The latter was often on the basis of wholesomeness and had religious underpinnings.

The relationship between commanders and clergy varied, and where it was strongest this could influence decisions about leave. Some commanders gave particular credence to the advice of the clergy. For example, it was at the word of one army padre, after seeing the men visit a brothel in Armentieres, that the Colonel reduced the men's access to the local town to shorter periods.⁸² Other commanders were more directive in the relationship with clergy. *The Times* cited an incident where a commanding officer asked the battalion's padre to leave a lecture on VD given by medical officer because 'he did not consider the lecture a proper one' for clerical ears.⁸³ One naval chaplain complained to the Dean of Lincoln that although Admiralty Regulations gave chaplains the power to act, in the East they were effectively undermined by captains who handed out information about the licensed houses to the men before they went on leave.⁸⁴

In addition to elements of barrack life being associated with the men visiting sex workers, there were additional factors for men when overseas, including the fear of death, the distance from home and the subsequent infrequency of home leave. For both services, this last point was a factor that encouraged risky sexual behaviour.⁸⁵ This was one of the reasons why dominion troops were particularly associated with VD. Whilst British troops could visit home occasionally, those from the empire could not. A primary alternative was to visit London. Yet even the Official Medical History of the war had to acknowledge

⁸² IWM, Sound archive no. 9875, reel no. 8.

⁸³ 'One Moral Standard for Both Sexes', *The Times*, 6 June 1918, p. 3.

⁸⁴ LSE, 3AMS/B07/16 'Extract from a Letter of a Chaplain to the Dean of Lincoln', 1920.

⁸⁵ *Ibid.*

that men were more likely to contract VD in Britain than in France.⁸⁶ As if to mitigate against criticism, even retrospectively, it argued that the pattern of this effect of home leave was also noticeable amongst French troops.⁸⁷

Although not a focal point of this study, it should not be presumed that all servicemen were subject to the same regulations equally. The distinction between officers and men or ratings remained constant in both world wars. Army officers were granted significantly more home leave than the ranks. For officers in the First World War this meant a home visit every three months, whilst for the ranks it meant every fifteen months.⁸⁸ In the later part of the war many men did not get home leave every eighteen months.⁸⁹ In the Second World War, the most significant differences in the amount of home leave depended on the theatre of war. Whilst it may seem counter-intuitive that the absence of leave should be associated with a higher risk of VD, one medical officer acknowledged that ‘The only measure likely to produce any substantial lowering of [the] rate in an expeditionary force is leave to the UK at reasonable intervals’.⁹⁰ Although men were most likely to contract VD when on leave, or at least not on duty, long absences of leave also created problems with morale. So, like in the First World War, ‘length of service took its toll on the ranks, though not apparently equally’.⁹¹ In terms of

⁸⁶ MacPherson, *Hygiene*, p. 20.

⁸⁷ Ibid.

⁸⁸ Charles Messenger, *Call-To-Arms: The British Army 1914-18* (London: Weidenfeld & Nicholson, 2005), pp. 440-41; Encyclopaedia of the First World War, ‘Soldiers on Leave’ <https://encyclopedia.1914-1918-online.net/article/soldiers_on_leave> [accessed 7 March 2021]

⁸⁹ Messenger, p. 441.

⁹⁰ Mark Harrison, *Medicine & Victory*, p. 151.

⁹¹ Mark Harrison, *Medicine & Victory*, pp. 151-52. VD is the subject under specific focus in this context.

punishment, it should not be assumed that officers experienced the same penalties from the disciplinary system.⁹²

The navy acknowledged that infrequent bouts of home leave created problems with morale.⁹³ Men were often away from home for more than a year.⁹⁴ In 1916, Robert Hill, the Deputy Surgeon General of the Royal Navy argued that in the first few years of the war men had kept themselves fit and healthy out of patriotism but ‘although as keen as ever to prove conclusions [sic] with the enemy many have returned to their habits of self-indulgence when on leave and the amount of venereal disease has increased accordingly’.⁹⁵ This implies that he thought sailors were under control until on leave and near civilians.

Sex was an expected part of naval culture, particularly in the home ports. Members of the navy explained that it was expecting a lot of a man who had been away at sea for weeks or months without even seeing a woman to then focus on risks.⁹⁶ According to one sailor, VD was so prevalent in the navy that there was no stigma associated with contracting it and a man in that position was likely to be pitied.⁹⁷

As the war progressed the periods between leave increased. From 1914 to 1915 the army’s punishment for men contracting VD was that they were prevented from home

⁹² Sears, p. 46.

⁹³ M. J. Northeast, ‘Sickness and Injury in the Navy: Medical Officers’ Reports after Jutland’, *Journal of the Royal Naval Medical Service*, 97 (2011), 127-30.

⁹⁴ Cherry, p. 50.

⁹⁵ Northeast, pp. 127-30.

⁹⁶ IWM, Sound archive no. 12812, reel no. 2.

⁹⁷ IWM, Sound archive no. 679, reel no. 20.

leave for a year.⁹⁸ Despite the realisation that punishment tactics were sometimes counter-productive, the army would reaffirm these principles in 1917.⁹⁹ In the navy, if a man contracted VD the restriction of home leave only applied until he was considered cured.¹⁰⁰ Being in Orkney, shore leave meant few opportunities to converse with women at all.

Despite popular misconceptions, no army unit spent all of their time in the front line, instead they alternated these duties with time in the rear lines, training and leave. Yet life expectancy amongst combat units was lower than in logistics and the men would have been conscious of the risk. For a period of two months between 1916 and 1917 at Loos, the life expectancy of company-level officers was six weeks.¹⁰¹ The men's previous sexual experiences contributed to their belief that sex was necessary for health.¹⁰² In an argument that pre-dated the war, physical fitness was also considered by some servicemen to be justification for the men's sexual appetites. As one soldier phrased it, 'We were not monks, but fighting soldiers and extraordinarily fit – fitter than we had been in our young lives, and fairly tough – certainly with an abundance of physical energy, or, as a friend of mine in later years was in the habit of phrasing it, full of beans and bull-juice.'¹⁰³

Although leave, or at least free time, was one factor that increased risky sexual behaviour, it was not the only dimension of time that needed to be controlled. Considering ports again (there are particular phenomena about soldiers in naval ports and sailors in

⁹⁸ This prevented them from passing the disease to women back home, which would have increased public comment about servicemen's morality.

⁹⁹ TNA, WO 154/8 'Bailleul', 30 January 1917.

¹⁰⁰ IWM, Sound archive no. 720, reel no. 14.

¹⁰¹ Gibson, *Behind the Front*, p. 319.

¹⁰² Crozier, p. 74.

¹⁰³ IWM, Private papers of R. Graham Dixon, documents.2001, p. 58.

army towns which was discussed in the chapter on moral reform), in a discussion about VD, the Assistant Provost Marshal in Marseilles noted that ‘The crux lies in the length of time troops are kept here before embarkation. Some have been kept here for over 2 months.’¹⁰⁴ Marseilles must have been a particularly lively spot; following a raid by police in late June to July 1916, 200 sex workers were arrested and detained on an island off the coast.¹⁰⁵ The resulting increased action by the French police, which also occurred in Rouen, was effective from a British perspective since it noticeably reduced the number of sex workers on the street.¹⁰⁶ In October 1916 the army estimated that there were 60,000 women in Marseilles, meaning that contact tracing was impossible.¹⁰⁷ Yet a report from January that year indicated that there were 50,000 prostitutes in Marseilles.¹⁰⁸ There are multiple ways of reconciling these ideas. The first is that the population remained stable but five sixths of the women there were sex workers. There is nothing to support this perspective, and there would have been further comment if that were the case. The second explanation is that there was a dramatic change in the size of the population. However, that level of expansion would also have caused further comment. The final and most likely explanation is that this was a Freudian slip, considering all women as the same, a somewhat revealing attitude.

One reason why the brothel system was at least tolerated, as highlighted in Bruce Cherry’s book on sex and the British Army on the Western Front in the First World War,

¹⁰⁴ TNA, WO 154/114 ‘Visit to Marseilles, 13-15th January 1916’.

¹⁰⁵ TNA, WO 154/114 (War Diary of APM, Lines of Communication), 4 July 1916.

¹⁰⁶ TNA, WO 154/114 (War Diary of APM), ‘Visit to Marseilles, 13-15 January 1916’.

¹⁰⁷ TNA, WO 154/114 (War Diary of APM, Lines of Communication, Rouen), 21 October 1916.

¹⁰⁸ TNA, WO 154/114 (War Diary of APM, Lines of Communication), ‘Report for the week ending 15 January 1916’.

was that sex was considered necessary for the men's morale.¹⁰⁹ Travel to exotic climes was something that appealed to the men.¹¹⁰ Some sailors even thought that the sexualised image of the navy should be promoted, for recruitment purposes.¹¹¹ France was commonly associated with sex.¹¹² Maintaining morale was important, not just at an organisational level but for the men themselves. The top item on which men spent their money was drink, after that it was women.¹¹³ Access to women was a boost to morale.¹¹⁴ This did not just refer to sexual relations, nor did it solely appeal to men who paid for sex. It also helps to explain the popularity of drag acts in the entertainment servicemen provided for themselves.

Whilst it is not possible to prove why or how women affected morale, the fact is frequently mentioned.¹¹⁵ A theoretical explanation is that it provided the men with the opportunity to reaffirm their masculinity, since this was partly defined by their relationship to women. It also may have provided a sense of normality. Yet despite this, the services were reluctant to support wives being near the front 'unless working in hospitals or residing in the army zone prior to the war'.¹¹⁶ It would also have been difficult to remove the women from these settings. Back home, more generally, the services

¹⁰⁹ Bruce Cherry, *They Didn't Want to Die as Virgins: Sex and Morale in the British Army on the Western Front, 1914-18* (Solihull: Helion, 2015).

¹¹⁰ Gibson, *Behind the Front*, p. 310.

¹¹¹ McKee, p. 179.

¹¹² Cherry, p. 145.

¹¹³ Cherry, p. 63.

¹¹⁴ One soldier, writing to his mother, indicated that 'There were some English women here, sister I suppose, and you know my weakness concerning the sex. Therefore I determined at once not to stay there if I could help it.' IWM, Private papers of J. E. Sleight, documents.11789 (Letter of 29 February 1920).

¹¹⁵ McKee, pp. 174-75; IWM, Sound archive no. 22739, reel 2

¹¹⁶ TNA, WO 154/8 (War Diary, Mont Noir), 9 June 1917.

demonstrated this reticence about women by the delay in engaging women workers by comparison to other employment sectors. To some extent this just mirrored the contemporaneous notions concerning the equality of women.

A domestic action in Britain that further pushed servicemen into the company of sex workers was the closure of dance halls and art galleries and other seemingly frivolous entertainment in 1916.¹¹⁷ These closures were championed by General Sir Horace Smith-Dorrien.¹¹⁸ He felt that the men did not want what he regarded as ‘filthy innuendos’.¹¹⁹ This does not answer the question of why men would attend such entertainment if they thought that way. The closure of these kinds of recreation places left fewer options available for servicemen. Another target of the moral panic was cinemas, although the fears around these new venues preceded the war.¹²⁰ Moral reform campaigners argued that cinemas ‘pushed in the direction of sexual licence’.¹²¹ Some cinemas remained open, although the films were subject to censorship.¹²² The Public Council for Morality (later called the Public Morality Council), a moral reform group comprising church attenders and members of the medical, legal and educational professions, combined with the National Union of Women Workers to campaign against cinemas in terms of their social and moral influence. However, it was not just the content of the films. The fear was that

¹¹⁷ Haste, pp. 50-51.

¹¹⁸ Ibid.

¹¹⁹ Winnington-Ingram, p. 26.

¹²⁰ Alex Rock, ‘The ‘Khaki Fever’ Moral Panic: Women’s Patrols and the Policing of Cinemas in London, 1913-19’, *Early Popular Visual Culture*, 12 (2014), 57-72.

¹²¹ AMSH, *The State and Sexual Morality* (London: AMSH, 1920), p. 9.

¹²² Haste, p. 52.

cinemas were places where ‘indecenty’, often a euphemism for sex, took place.¹²³ A Cinema Commission established to hear these concerns found them to be invalid with the possible exception of the West End of London.¹²⁴

Just as moral reformers considered cinemas and music halls to be problematic, restaurants also posed a problem, albeit one that did not lead anyone to suggest their closure. In 1916, cocaine, which had been widely available in the pre-war period, was controlled under DORA section 40B, because of its effects on servicemen. However, the drug was still sold in restaurants.¹²⁵ In Soho, it was easily accessible in the same places as those where prostitution flourished and young infantry officers allegedly developed the habit.¹²⁶

One phenomenon in the First World War associated with the immigration of refugees from the continent was the increased number of foreign cafés which provided facilities for sex workers.¹²⁷ In Britain, pubs had traditionally served this dual purpose. Police suspected that twenty of the twenty-seven cafés in Soho allowed sex workers to operate on the premises.¹²⁸ At the time, North Soho purportedly had the highest number of foreign sex workers in the capital.¹²⁹ Possibly because of this, Soho has been described as having a different social, cultural and economic identity to the rest of London.¹³⁰ In an

¹²³ TNA, MEPO 2/1691 (Letter to the War Office from Reverent James Marchant, National Council of Public Morals), 8 December 1916.

¹²⁴ Haste, p. 52.

¹²⁵ ‘Widespread Extent of Illegal Practice’, *The Globe*, 18, July 1916, p. 10.

¹²⁶ White, p. 332.

¹²⁷ Laite, p. 135.

¹²⁸ Laite, p. 117

¹²⁹ Ibid.

¹³⁰ Kerry Chamberlain, p. 53.

attempt to reduce illegal drinking and soliciting there, three plain clothes policemen attempted to get women they suspected of being sex workers to approach them, in order to make an arrest.¹³¹ The use of plain-clothes policemen for entrapment was not new. These tactics had been used in garrison towns in the nineteenth century under the CDA.¹³² However, in Soho the men's status as policemen was too obvious, so they were not propositioned. In desperation, they borrowed a couple of Canadian service uniforms. These were lent to them reluctantly. The women's behaviour towards them subsequently changed and they were able to make the arrests.¹³³ The same plain-clothes tactics were tried in Portsmouth but had to be withdrawn because of public opinion against them.¹³⁴ Allegedly, the police in Portsmouth did not tackle sexual activity around the pier because 'there were no complaints of actual immoral conduct'.¹³⁵

The navy was predominantly deployed either in areas already familiar with sailors or in remote locations like Scapa Flow. For many, there were long periods at sea. This deployment minimised the navy's exposure to the bulk of the British population and provided less visibility to moral campaign groups. The navy could therefore more easily define its own morality. There were only twenty-one towns and cities in Scotland, England and Wales with canteens, homes and recreation facilities approved for sailors under Section 46 of the Naval Discipline Act.¹³⁶

¹³¹ Laite, p. 136.

¹³² Chesney, p. 360.

¹³³ Laite, p. 136.

¹³⁴ LSE, 3AMS/B07/23 'Committee of Inquiry into Sexual Morality, Miss Shaw', p. 3.

¹³⁵ LSE, 3AMS/B07/23 'Committee of Inquiry into Sexual Morality, Miss Shaw', p. 2.

¹³⁶ TNA, ADM 182/24 'Naval Discipline Act: Jurisdiction on Shore'.

The navy identified four factors that made a high VD rate more probable. These were the high incidence of VD locally, the presence of regulated or tolerated brothels, the lack of opportunities for recreation, and inadequate facilities for the promotion of sailors' social welfare ashore.¹³⁷ In this way, they considered VD to be primarily a civilian problem. Poor and lacking as some of the facilities and options were for the Royal Navy, these factors were even worse for the merchant navy. This was not irrelevant, as the Royal Navy drew on the strength of the merchant navy. Some of the cities associated with the merchant navy, notably Liverpool, had been a focus for moral campaigners even before the war.¹³⁸

By 1917, the belief that sex was necessary for soldiers' morale was so strong that on one occasion after an especially heavy offensive in France, a junior officer took his men to the brothel. Yet when they arrived in the town, none of the men chose to visit the brothel, although most of them got drunk.¹³⁹ It is possible that the men were frightened of contracting VD, although that is not indicated or even implied. If the VD figures are taken as an indicator of sexual activity, it was in the period after a battle that sexual activity rose, corresponding with leave: it was not when the fighting was fiercest, although this also reflects a lack of opportunities for sexual intercourse at that time. Similarly, there was a rise in the number of men visiting a brothel just prior to a major offensive.¹⁴⁰ The rare occasions of home leave were usually cancelled on these occasions so that shipping

¹³⁷ Brown Shaw, p. 344.

¹³⁸ Seligmann, p. 36; LSE, 3AMS/B03/01 'Summarised Report re the Protection of Minors and the Treatment of Venereal Disease in Liverpool, 27 September – 4 October 1915', p. 6.

¹³⁹ Gibbons, p. 55.

¹⁴⁰ Hannah Al-Othman, 'These Are the Forgotten Sex Workers of the First World War who Played an Important Role in Soldiers' Lives' <<https://www.buzzfeed.com/hannahalothman/forgotten-world-war-one-sex-workers>> [accessed 23 February 2021]

could focus on transporting operational equipment.¹⁴¹ The narrator of the story above argued that the official permission made visiting the brothel less appealing.¹⁴² This may seem strange considering the popularity of the officially approved brothels. But sanction and encouragement are different. After indicating that the men were ‘not too nice and virtuous’ he explained, ‘we would not be dictated to as to our vices and virtues, and we would, not be driven to a Gay house.’¹⁴³ As Foucault argued, ‘where there is power, there is resistance’, and the two can never be completely separated.¹⁴⁴

Soldiers allowed off base were issued with passes for twenty-four or forty-eight hours leave. When many men were released simultaneously this often led to large queues of men outside the brothels. Robert Graves’ story of 150 men queuing outside the brothel before opening time¹⁴⁵ may seem exaggerated, but it is supported by other sources.¹⁴⁶ Groups of men waited in line together to go inside or upstairs. Most commonly, men visited these places in groups, they waited in the queue together, and they encouraged their comrades to experience the amenities. The group included men who only intended to have a drink, rather than sex, although as various authors have noted, the drinks in brothels and estaminets were often much more expensive,¹⁴⁷ but strongly promoted on the premises. Sometimes men just visited out of curiosity.¹⁴⁸ Whilst going to brothels was

¹⁴¹ Messenger, pp. 440-41.

¹⁴² Ibid.

¹⁴³ ‘Gay’ in this case being consistent with the early twentieth century meaning of jolly, and ‘Gay House’ was a euphemism for the brothel. Gibbons, p. 55.

¹⁴⁴ Foucault, p. 95.

¹⁴⁵ Graves, p. 159.

¹⁴⁶ IWM, Private papers of J. Wood, documents.12970, p. 22; IWM, Sound archive no. 24882, reel no. 2.

¹⁴⁷ Gibson, *Behind the Front*, p. 177.

¹⁴⁸ IWM, Sound archive no. 6678, reel no. 2.

usually done in groups, abstaining from them was often an individual decision. But in the incident when the men were taken there but declined to go, it was more like an act of rebellion.

Although in sporting activities officers and ranks associated,¹⁴⁹ the distinction of rank that was central to notions of military discipline, were maintained in the brothel system. In Bombay all of the brothels were closed except the one specifically opened for officers.¹⁵⁰ In the services generally apart from the price difference meaning that ratings and other ranks were unlikely to use officers' brothels, officers disdained to use the brothels that their men visited 'as they did not like their men to see them with their trousers down'.¹⁵¹ Another theory maintained that the areas containing the officers' brothels were made out of bounds to those in the ranks because officers did not want to compete with their men for a woman's attention.¹⁵²

With the manpower crisis and reduced leave, it became more important to the army to control interaction with civilians. British soldiers were forbidden from staying overnight in some towns, such as Amiens.¹⁵³ With the increasing number of regulations and restrictions, the question remains of how well known these regulations were.¹⁵⁴ Whilst some commanders applied their own perspectives to the matter, notably Brigadier-

¹⁴⁹ Mason and Riedi, p. 4.

¹⁵⁰ Kevin Brown, *Fittest of the Fit*, p. 184.

¹⁵¹ Sebag-Montefiore, p. 12.

¹⁵² IWM, Private papers of A. P. Culmer, documents.24368, 'The Memoirs of Captain A. P. Culmer DSC RN', p. 161.

¹⁵³ IWM, Private papers of Stapleton Tench Eachus, documents.11667, 'The Great War Diaries of a Signalman as Written by Stapleton Tench Eachus', p. 80.

¹⁵⁴ Ibid.

General Frank Crozier, for example by supplying prophylactics,¹⁵⁵ others were more circumspect when working round the regulations, or at least did not write about their actions after the war.

The recreation options that were available for servicemen in France were disrupted in March 1918 with the return to a war of movement. Canteens and rest facilities had to be moved at short notice. In the process, some of the resources had to be abandoned in the process.¹⁵⁶

5.3 The Interwar period

Chapter two discussed the time taken for demobilisation. The problem that a period of inactivity posed had been anticipated. On 11 November 1918, Haig instructed the officers to keep the men busy and suggested ways to do this.¹⁵⁷ Their solution was a combination of a great expansion of army education and sport. For both services, the promotion of sport served a number of purposes. In the immediate post-war period, an important one of these was as an aid to discipline at a time when it was under threat.¹⁵⁸ In the interwar years, the organisation of sport became more organised and systematic, rather than relying predominantly on the good will and interest of officers. In Britain, the restrictions on popular places of recreation were lifted promptly after the armistice, although licensing

¹⁵⁵ Crozier, p. 66.

¹⁵⁶ Edmund C. King, *E. W. Hornung's Unpublished "Diary", the YMCA, and the Reading Soldier in the First World War*, 'English Literature in Transition, 1880-1920', 57 (2014), 361-87 (p. 371).

¹⁵⁷ Mason and Riedi, pp. 106-07.

¹⁵⁸ Mason and Riedi, p. 114.

laws remained strict and pub opening hours remained limited until the twenty-first century, except in Scotland where they lasted until 1976.¹⁵⁹

Another part of the solution to boredom, although instituted after demobilisation, was the establishment of the Navy, Army and Air Force Institutes (NAAFI) in 1921. The aim of the NAAFI was ‘To run the recreational establishments needed by the Armed Forces, and to sell goods to servicemen and their families’.¹⁶⁰ Its predecessor, the Navy and Army Canteens, had demonstrated some of the same problems that the canteens had prior to the war, namely that some people made large profits out of servicemen.¹⁶¹ This was a cause of unpopularity. Although the NAAFI was kept at a low level in the interwar years, part of its remit was to be prepared to expand quickly on mobilisation.¹⁶² Cynics argued that NAAFI stood for ‘No ambition and fuck-all interest’.¹⁶³

Despite efforts to organise servicemen’s time, however, opportunities for sex still abounded. The lack of activity meant that the men faced increased opportunities for visiting the brothels. In Paris alone, in the immediate post-war period there were approximately 270 *maisons de rendez-vous* and 30 *maisons tolérées*.¹⁶⁴ In the inter-war period these houses declined in number, as they had been doing before the war.¹⁶⁵ In France, the post-war society evaluated the sexual activities of its citizens. Women thought

¹⁵⁹ Laite, p. 137.

¹⁶⁰ ‘NAAFI’s History’ <<https://naafi.co.uk/history/>> [Accessed 1 January 2022]

¹⁶¹ The Navy, Army and Air Force Institutes, p. 12.

¹⁶² The Navy, Army and Air Force Institutes, pp.15-19/

¹⁶³ Holmes, p. 539.

¹⁶⁴ McMillan, p. 174.

¹⁶⁵ Corbin, p. 337.

to have slept with the Germans were incriminated. Those who were paid for sex were judged by the authorities more harshly than those who had relationships.¹⁶⁶

Even though the fighting in France had stopped, the authorities were still conscious of the factors that increased the likelihood of the men contracting VD. One soldier said that the only time he ever saw a brothel was when he was waiting to be demobbed.¹⁶⁷ General MacPherson, who would later write several of the official medical histories of the war, argued that because of the short amount of time spent in demobilisation camps, the messages on how to prevent VD would need to be given prior to their return to Britain. He argued that lectures would not be well received immediately before demobilisation and that screening a film and distributing literature which the men could read at their leisure would be preferable.¹⁶⁸ Lord Sydenham, President of the NCCVD, asked the War Office to circulate a memorandum on VD that the NCCVD had prepared. Despite the organisation being supported by the government, his offer was refused.¹⁶⁹

One of the things that Nancy Astor, Sybil Neville-Rolfe and other moral reformers they worked with opposed was alcohol.¹⁷⁰ Yet despite the popular perception of the drunken sailor, not disproved by the number of pubs in naval towns, or the continuation of the grog ration until 1970, the oral histories suggest a measure of tolerance by sailors towards teetotal and celibate behaviour.¹⁷¹ Men who did not take up the rum ration still

¹⁶⁶ Connolly, p. 44.

¹⁶⁷ IWM, Sound archive No. 22739, reel no. 2.

¹⁶⁸ Wellcome Library, RAMC 1126 'Minutes of a Meeting of the Services Committee, Monday December 30 1918'.

¹⁶⁹ Weeks, p. 229.

¹⁷⁰ Mrs A. C. Gotto, *The Changing Moral Standard* (London: NCCVD, 1918), p. 7.

¹⁷¹ IWM, Sound archive no. 27226, reel no. 9.

received a small amount of money (three pence) instead.¹⁷² Some sailors indicated how they preferred to save money by not spending it on drink and women.¹⁷³

Part of the navy's strategy to reduce the incidence of VD was to improve the recreation resources ashore.¹⁷⁴ Admiral Tupper argued that the community had a responsibility to look after seamen, and that providing the means of recreation was part of this.¹⁷⁵ The army were ahead of the navy in ensuring recreation facilities, having been aware of this and making provision for it earlier.¹⁷⁶ The navy recognised this.¹⁷⁷ The Second Sea Lord considered that the army scheme for welfare was 'so well advanced and, unless it is considered in the navy, it will happen in a few years that the Army will be able to offer recruits better careers than the Navy, and the Naval recruiting will be at a great disadvantage.'¹⁷⁸

As a cost-saving move the navy merged the provision of recreational facilities with the that of physical education. This mitigated some of the intended benefits of an it as an optional means of entertainment, although the purposes of both were different, a fact which the navy recognised.¹⁷⁹

¹⁷² Seligmann, pp. 44-50.

¹⁷³ McKee, p. 167.

¹⁷⁴ Brown Shaw, p. 350.

¹⁷⁵ Gordon D. Knox, *Seamen and Recreation, Initiation of a Comprehensive Policy*, in 'Health and Empire' (Reprinted from March 1926), 2-10 (p. 8).

¹⁷⁶ Mason and Riedi, p. 115.

¹⁷⁷ Ibid.

¹⁷⁸ TNA, ADM 1/8593/136 'Second Sea Lord's Remarks on First Sea Lord's Minute of 2nd November 1920 – The Welfare of the Lower Deck'.

¹⁷⁹ Ibid.

The Admiralty said that sailors were ‘less likely [than soldiers] to become entangled with undesirable women’ although they acknowledged it was ‘for lack of opportunity if for no other reason’.¹⁸⁰ The sense of rivalry between the two senior services continued, with each thinking they were superior and attributing vice to the other. Soldiers decried the number of sex workers in sailortowns, and said that ‘the navy had more interest in them than we had’.¹⁸¹ By contrast, naval chaplains would defend their service by pointing out that the criticisms of garrison towns did not apply to the navy as sailors were rarely in them, so the navy ‘could hardly in this respect be compared with the army’.¹⁸²

In Mason and Riedi’s extensive analysis of the history of sport and the services, the only mention of the navy in the First World War is the encouragement of sports facilities in Scapa Flow after the Battle of Jutland in 1916.¹⁸³ Orkney was also a small, deeply religious community. The high number of men based there may provide the explanation for why Admiral Jellicoe particularly encouraged the provision of sports facilities in Orkney.¹⁸⁴ The interwar years saw the navy making greater investment in recreation. As the First Sea Lord contended, these problems ‘consist partly in the adjustment of outstanding reforms’.¹⁸⁵ Unsurprisingly, the worst VD rate in the navy was overseas, where the navy invested less in recreational facilities and could not force the civilian population to supply the deficit. They were also less able to rely on the local police for support in policing. An example of this lack of alternative entertainment was the China

¹⁸⁰ Ibid.

¹⁸¹ IWM, Sound archive no. 16970, reel no. 7.

¹⁸² LSE, 3AMS/B07/16 (Copy of letter from H. S. Wanaborough, R. N. Chaplain), 30 July 1919.

¹⁸³ Mason and Riedi, p. 91.

¹⁸⁴ Ibid.

¹⁸⁵ TNA, ADM 1/8593/136 ‘Admiralty Organisation and Naval Welfare: Memorandum by First Sea Lord’.

station.¹⁸⁶ The lack of provision overseas was not universal, and it is likely that more efforts were made in wartime.

Not every experienced officer was opposed to brothels. They had expectations of what men should know about sex. There were incidences of officers taking subordinates to brothels to lose their virginity.¹⁸⁷ The constant references to sex amongst the men themselves made some virgins 'discomforted by their condition, and eager to rid themselves of it'.¹⁸⁸ In the navy the loss of virginity was a rite of passage referred to as 'to catch the boat up'.¹⁸⁹ The principle and expectation also applied to some men in the army. One unusual story is the case of a soldier who regretted that his friends prevented him from entering the brothel in Rouen.¹⁹⁰ Though not commonly mentioned, some men resisted both peer group pressure and officers' expectations, and were horrified by the realities of prostitution.¹⁹¹ Whilst exact figures are unknown, there is a general consensus that many men and women entered the services as virgins, but few remained so.¹⁹² A survey of the British population in 1949, which would have included an unknown number of former servicemen, indicated that only eighteen per cent of those surveyed were single and virginal. Sixteen per cent of the sample were unmarried but no longer virgins. Thirty-five per cent of people were married and had only had sex with their spouse (including

¹⁸⁶ LSE, 3AMS/B07/23 'British Navy: Venereal Diseases 1904-1929'. Kevin Brown, *The Fittest of the Fit*, p. 180.

¹⁸⁷ IWM, Private papers of Captain F. E. de W. Cayley, documents.7788, p. 9.

¹⁸⁸ Allport, *Browned off*, p. 121.

¹⁸⁹ Troman, p. 68.

¹⁹⁰ IWM, Private papers of Captain J. E. Williams, documents.11631, 'The Diaries of John Edward Williams', p. 153.

¹⁹¹ IWM, Private papers of 2nd Lieutenant N. E. Dunedad, documents.15669, p. 20.

¹⁹² Wells, p. 26.

before the marriage). The remaining thirty-one percent were married and had all had sex with someone other than their spouse, including before marriage.¹⁹³ From this, it is clear that forty-seven percent of the population had had sex with someone other than a spouse.

Servicemen were not a homogenous unit, even aside from service branch or rank. There were natural divisions and hierarchies between them, for example in the navy the separate and lower status of stokers meant that other sailors would not socialise with them. In Britain, this was demonstrated by the different pubs they frequented.¹⁹⁴ This does not suggest that there was no peer group pressure in the navy.¹⁹⁵ The reverse was true for both services. Many men seem to have lost their virginity as a result of their peer group, rather than just sexual desire and yet there is no mention of punishment for such pressure. Ultimately for both services, morale was more important than morality.¹⁹⁶

When a sufficiently determined and powerful individual intervened, there would be a change in policy. For example, the brothels in Gibraltar were made off-limits because of the demand to do so by the governor's wife.¹⁹⁷ In the 1930s the military police in Singapore managed to reduce the visibility of sex work to 'virtually zero' in a three-week period through intense patrols, when instructed to do so by the General Officer Commanding.¹⁹⁸ This had been prompted by the Catholic Bishop.¹⁹⁹ Interestingly,

¹⁹³ L. R. England, 'Little Kinsey: An Outline of Sex Attitudes in England', *The Public Opinion Quarterly*, 13 (Winter 1949-50), 587-600 (p. 594).

¹⁹⁴ The same was true for different branches of the army.

¹⁹⁵ Steve Humphries, *The Call of the Sea: Britain's Maritime Past 1900-1960* (London: BBC, 1997), pp. 18-21.

¹⁹⁶ Cherry, p. 97.

¹⁹⁷ IWM, Sound archive no. 669, reel no. 9.

¹⁹⁸ Lorell-Knight, p. 97.

¹⁹⁹ Ibid.

elsewhere it was claimed that the VD rate in Singapore had dropped to one case per month by February 1925 through the provision of recreational resources.²⁰⁰ The question of what happened in between those years is unanswered.

5.4 The Second World War: Unsuitable Recreation

War has been described as long periods of boredom punctuated by terror.²⁰¹ In the first few months of the Second World War, known as ‘the Phony War’ because of the lack of activity, the boredom factor was high,²⁰² as men moved from a state of constantly fearing attack to one of apathy.²⁰³ Some soldiers describe the period as like being on holiday.²⁰⁴ As previously, contracting VD was linked to excessive alcohol consumption. The medical officer of 4th Division noted that most VD would be prevented if men avoided having sex while under the influence of drink.²⁰⁵

Like in the First World War, there were moves in both Britain and France to control servicemen’s ability to access alcohol. Brothels and estaminets were required to stop serving alcohol to men in the ranks by 22.00 every evening, although officers were still

²⁰⁰ Knox, p. 8.

²⁰¹ The Observation Post, ‘War is 99% boredom and 1% sheer terror’ <<https://samilhistory.com/2016/03/16/war-is-99-boredom-and-1-sheer-terror/>> [Accessed 1 January 2022]

²⁰² Julian Thompson, *Dunkirk: Retreat to Victory* (London: Sidgwick & Jackson, 2008), p. 23.

²⁰³ TNA, WO 222/1479 ‘Movements of British Field Ambulances BEF 10th May to Evacuation Dunkirk’, p. 45.

²⁰⁴ IWM, Sound archive no. 6325, reel no. 1.

²⁰⁵ TNA, WO 177/378 ‘Venereal Disease’ [n.d.]

able to continue drinking in the brothels.²⁰⁶ The government moves to control alcohol in Britain were assisted by the difficulties of the supply of glasses and by rationing.²⁰⁷

In a study of soldiers with VD, drunkenness was assessed to be the outstanding factor that led to their state in twenty-eight per cent of cases, although forty-nine per cent of the men admitted intoxication at the time.²⁰⁸ This is unsurprising considering that fifty-five per cent of ‘pick-ups’ were in public houses. These continued to be favourite places for women to solicit.²⁰⁹ One VD specialist claimed that as many as seventy-five per cent of men were drunk when they contracted the disease.²¹⁰ A later review by the navy indicated that when sex workers operated from public houses rather than the streets, it led to better control by the police.²¹¹

If the American H. C. Englebrecht is to be believed, restaurants and hotels in Paris would ‘list first the wines and liquors and immediately afterwards the price of women, graduated according to the length of a visit’. It was not obviously difficult for men to circumvent the restriction that alcohol would not be served to soldiers after 20.00.²¹² One APM reported that he had spoken to a number of street sex workers and been informed that there were many drunken Englishmen, but though he noted that there were many incidents of men in khaki behaving indiscreetly, ‘there are no incidences of officers or

²⁰⁶ McCarthy, p. 22.

²⁰⁷ Longden, pp. 54-55.

²⁰⁸ Wittkower and Cowan, *Some Psychological Aspects of Sex and Promiscuity*, pp. 8-10.

²⁰⁹ Ingleton, p. 343.

²¹⁰ Dudley, p. 252.

²¹¹ TNA, ADM 1/125754 ‘Committee on Homosexual Offences and Prostitution – Evidence’, 31 December 1954.

²¹² TNA, WO 154/114 ‘Visit to Paris 27th to 29th March’ [1915]

soldiers being involved'.²¹³ It is unclear how he reconciled himself to this discrepancy, or whether he chose not to see these incidences, which would have been difficult if they were so numerous. Was there an unwillingness to observe violations of regulations?

Sixty per cent of military VD patients admitted that they had been under the influence of drink when the disease was contracted.²¹⁴ Not all men could be reached by education. As a booklet produced by Colonel Ingram argued, the army included a few men which it must regard as sex addicts and others for whom the urge to sexual indulgence would be too strong to resist.²¹⁵ According to one study, just under half the men who contracted VD considered sex to be necessary for their health.²¹⁶

Yet arguably the influence of drink has been overstated. One study found that many patients who had claimed to be intoxicated when then contracted VD, when questioned carefully, revealed that this had been untrue. They had lied because if they indicated that they were drunk 'they would be regarded as more unfortunate than sinful'.²¹⁷ One state was clearly perceived as more acceptable than the other. This internalisation of the concept of sin from contracting VD must be considered to be a success for moral reformers, even if the fact that the men ignored their advice was a failure.

Even aside from drinking or visiting the brothels, the men undertook activities of which moral reformers would have disapproved. One officer, who later became famous, admitted finding the *Folies Bergère* more exciting than cultural ventures such as the

²¹³ Ibid.

²¹⁴ TNA, WO 222/12 'Medical History of the War: Venereal Disease in the British Army 3rd September 1939 to 31 August 1944', p. 9.

²¹⁵ Ingram, p. 5.

²¹⁶ Bettley, p. 65.

²¹⁷ Dudley, p. 253. In France, during a visit to an estaminet where the only drink available was Benedictine, the strong liquor put all thoughts of sex from the men's minds. Longden, p. 68.

Rodin Museum. The officer in question was Robert Runcie, who would later become the Archbishop of Canterbury.²¹⁸

Lieutenant General Dobbie, who had previously been the Governor of Malta, resented what he regarded as the vulgarity of the entertainment for troops.²¹⁹ According to Lady Astor, it was the troops themselves who objected.²²⁰ Plays were censored for bawdiness. Some of the criticisms of them were trivial, and may seem innocuous by contemporary standards. Interestingly, the troops were not usually the ones complaining.

Pornography was prevalent in both services in both wars. This commonly meant smutty postcards, rather than sexually explicit graphic images of naked women. In March 1940, Mass Observation reported an increase in what they considered to be ‘the more harmless types of pornography’, which they attributed to soldiers.²²¹ Along with swearing and lewd barrack room talk it both objectified women and acted as a heterosexual bonding experience for the men, albeit one that made some men feel uncomfortable. It was a coping mechanism for the fact that in some cases they would be separated from any female company for many months, making it important for morale.²²² This made women take on greater significance than in a situation where men and women interacted on a more regular basis.²²³ One entertainer, in a six-person group, said that the show was less

²¹⁸ Longden, p. 190.

²¹⁹ LMA, A/PMC/191 ‘National Vigilance Association and Travellers’ Aid Society, 56th Annual Meeting, 1945’, p. 5.

²²⁰ Hansard, 1830-31, 15 December 1942.

²²¹ Rose, *Which People’s War?* p. 111.

²²² IWM, Private papers of C. G. Beech, documents.734, p. 15.

²²³ Taking the effect of the lack of women to an extreme, one matelot, on being found having sex with a sheep, argued that he thought it was a Wren in a duffel coat! When other ratings approached him on the ship, they bleated. This led to fights. Kevin Brown, *Fittest of the Fit*, p. 191.

important than giving men a chance to talk with someone who was not in the army, and that a pretty face was more important than talent.²²⁴

Although in the war there was greater frankness about sex in the media as a result of the educational campaign, one area remained so taboo that it was not mentioned in newspapers until 1949. This was masturbation.²²⁵ Yet in a survey in 1949, 82 per cent of people admitted having masturbated, 21 per cent acknowledging that they did so on a weekly basis.²²⁶ Irrespective of the social fearmongering and eugenic concerns about masturbation, there was little effort to stop a sex-substitute that was widespread and impossible to police. In the Second World War medical officers even tried to counter some of the misconceived fears about it.²²⁷ One side effect from the alleged use of bromide was the reduction of sexual urges including masturbation.²²⁸ The use of expressions such as ‘hands off cocks, on socks’ as a morning call in both services,²²⁹ indicates not just acknowledgement but acceptance that this was occurring on a very wide scale. The Wehrmacht had a similar saying (‘Is it your birthday? No? Then hands off your candle!’)²³⁰ which suggests that this reflected an element of service identity, rather than nationality. The records from oral histories indicate that men were even more reluctant to

²²⁴ Richard Fawkes, *Fighting for a Laugh: Entertaining the British and American Armed Forces, 1939-1946* (London: Macdonald and Jane’s Publishers, 1978), p. 158.

²²⁵ Bingham, p. 1063.

²²⁶ England, p. 593.

²²⁷ Hugh Philip, *Two Rings and a Red: A Naval Surgeon’s Log* (London: International Publishing Company, 1944), p. 26.

²²⁸ Milligan, “Rommel?” “Gunner who?": *A Confrontation in the Desert* (London: Book Club Associates, 1974), p. 38.

²²⁹ McKee, p. 176.

²³⁰ Story donated by Professor Matthias Strohn.

talk about masturbation than their experiences with sex workers.²³¹ More importantly, visiting brothels was considered safer than what the services largely feared more – homosexuality or ‘unnatural offences’ as it was termed.

Despite the disquiet about some of these activities, the services made little effort to control them, although to do so would have been a difficult task. Why would the authorities want to control something that was considered good for morale, that the men believed was a valve to release tensions?

In some overseas stations servicemen rarely saw women and had little interaction with them. In one unnamed isolated station where this applied, the men were concerned that they would not be able to function sexually when the opportunity arose again, and consequently became apathetic.²³² This did not apply in France, where the fighting was close to the civilian population. However, this separation applied to some extent in Scapa Flow, as being stationed there sometimes meant not seeing a woman for months.²³³ There were members of the Women’s Royal Naval Service based there, but as commentators indicated at the time, the ratio was six hundred men to every woman.²³⁴ Even the mere presence of women as a normalising influence had been observed in a prescient paper by a naval surgeon in 1918.²³⁵ This continued and was not just sexual in nature. Even those men who did not visit the brothels confessed to this longing for women. So

²³¹ McKee, p. 175.

²³² G. de M. Rudolph, ‘Sex in the Fighting Services at an Isolated Station’, *British Journal of Medical Psychology*, 21 (June 1948), 127-34 (pp. 127-28).

²³³ ‘Sailors arrive in Orkney with a feeling that they are leaving civilisation, but are not considered overseas.’ TNA, ADM/1/18872 ‘Scheme of Topics Affecting Morale in the Navy’.

²³⁴ Dawes, p. 243.

²³⁵ Boyd, p. 389.

unsurprisingly, women were a major topic of conversation.²³⁶ In X company, the phrase ‘browed off’ was a commonly used phrase to express the difficulty in finding any women and the men ‘started jocularly to talk of having Bits of Brown (buggery)’.²³⁷

As in the First World War, brothels and estaminets offered services other than just sex. One soldier estimated that only one in ten men who visited brothels also paid to go upstairs for sex.²³⁸ Establishments such as estaminets primarily sold drink and food, and the quality was better than that provided by the army.²³⁹ Particularly in the early weeks of the campaign in France in 1939, brothels and pick-up boudoirs provided the only recreation venues available.²⁴⁰ Visiting such places allowed men to avoid their cold, damp billets,²⁴¹ which were widely dispersed²⁴² or barracks where there was often there was only one small stove.²⁴³ One soldier said that the billeting conditions would not have been tolerated in Britain.²⁴⁴ A note by the BEF’s Deputy Director of Hygiene indicated that ‘In Nantes, the Labour Corps may be excused if VD is high’. He attributed this directly to the poor state of the billets.²⁴⁵ The billeting arrangements meant it was more problematic

²³⁶ McKee, p. 175

²³⁷ Alex Danchev, ‘The Army and the Home Front’ in *The Oxford Illustrated History of the British Army*, ed. by David Chandler (Oxford: Oxford University Press, 1994), 307-28 (p. 308).

²³⁸ IWM, Sound archive no. 11270, reel no. 3.

²³⁹ IWM, Sound archive no. 19804, reel no. 3.

²⁴⁰ TNA, WO 222/1479 ‘Movements of British Field Ambulances BEF 10th May to Evacuation Dunkirk’, p. 35.

²⁴¹ TNA, WO 177/1 ‘Medical Administrative Instructions’, 7 December 1939.

²⁴² TNA, WO 222/1479 ‘Movements of British Field Ambulances BEF 10th May to Evacuation Dunkirk’, p. 35.

²⁴³ Longden, p. 137.

²⁴⁴ IWM, Private papers of T. A. Pyne, documents.17390, ‘No Hero here’, p. 7.

²⁴⁵ TNA, WO 177/1 ‘Monthly Report by the Deputy Director of Hygiene’, 7 December 1939.

to provide accessible recreation facilities for all troops. This made it difficult for the military police and patrols to monitor the troops' behaviour.²⁴⁶ In 1939 and 1940, even though a thousand men were crossing to and returning from Britain every day, the VD rate was not attributed to Britain, unlike in the First World War, but to the conditions the men were facing in France.²⁴⁷

In Britain, at the start of the war the government attempted to close cinemas and recreation facilities, not on morality grounds but from concern about potential mass casualties during an air raid. This was overturned in September 1939 because of the effect on public morale.²⁴⁸ Cinema was now an important part of public entertainment. The government also realised both the propaganda potential of film and the need to entertain the troops. There were also mobile cinemas.²⁴⁹ Perhaps because of the number of people passing through and their popularity, some men found it was difficult to get tickets for a show in London, a problem that was exacerbated because a number of theatres closed during the blitz.²⁵⁰ The services hosted a number of dances. One attraction was to bring girls. On some bases servicewomen who would be counted out again when they left.²⁵¹ Yet some service clubs refused to admit civilians and the same was true in reverse.²⁵²

²⁴⁶ Mark Harrison, *Medicine & Victory*, p. 184.

²⁴⁷ TNA, WO 177/1 'Report by the Deputy Director of Hygiene, B.E.F. for the months of December, 1939 & January 1940'.

²⁴⁸ Todman, pp. 261-62.

²⁴⁹ Norman Longmate, *How we Lived then: A History of Everyday Life during the Second World War* (London: Hutchinson of London, 1971), p. 405.

²⁵⁰ Longmate, p. 411.

²⁵¹ This exercise was taken seriously. On one occasion after an event on board ship when a member of the Women's Royal Naval Service was missing, they searched the ship and found her *in flagrante delicto* with the Corporal of Marines on the captain's desk. The Corporal was subsequently demoted. IWM, Sound archives no. 20895, reel no. 2.

²⁵² Plymouth and West Devon Archives, 1495/15, 'A few Rusty Words: Problems of Girls in Relation to Servicemen' [n.d.]

This does not mean that they did not attend.²⁵³ A key problem for both those organised by the services, and civilian ones was the imbalance of men and women.²⁵⁴

After the Second World War, venereologists argued that there was no evidence to any extent that men deliberately contracted VD to evade active service.²⁵⁵ This contrasted with the First World War, although it was unlikely to have been a major factor then either. Although visiting sex workers and contracting VD had become less regarded as marks of masculinity,²⁵⁶ there continued to be a counter-culture of men who regarded catching VD as a rite of passage. One sailor, who was treated for VD by the navy five times (which was referred to as a 'nap hand') was warned on the last occasion that any further contracting of these diseases would jeopardise his future in the navy.²⁵⁷ He could be discharged from the navy, rather than this just affecting his promotion prospects, although this also applied.²⁵⁸ Admiralty Order 719 from 1935 indicated that men who repeatedly contracted VD in the last years of their first period of service would not be re-engaged or disengaged early if unable to work.

Some servicemen found that wearing a uniform resulted in 'propositions from all kinds of different people'.²⁵⁹ Yet despite this, soldiers and sailors did not always have options about the company they kept. One soldier, on landing in Bournemouth in June 1940 following the evacuation from Dunkirk, said that because the men were so dirty

²⁵³ Longden, p. 190.

²⁵⁴ Longmate, p. 418.

²⁵⁵ T. E. Osmond 'Venereal Disease in Peace and War with Some Reminiscences of the Last Forty Years', *British Journal of Venereal Diseases*, 25 (September 1949), 101-14 (p. 102).

²⁵⁶ Lesley A. Hall, *Venereal Diseases and Society in Britain*, p. 132.

²⁵⁷ IWM, Sound archive no. 12812, reel no. 2.

²⁵⁸ TNA, ADM 261/4 'Venereal Disease – Guidance for Lectures on', 25 May 1944.

²⁵⁹ IWM, Sound archive no. 27045, reel no. 3.

members of the public avoided them.²⁶⁰ Similarly, some of the Seamen's Welfare Officers assigned to support the welfare of sailors reported that 'some men were still socially alienated from society ashore'.²⁶¹ Some ratings felt this was particularly true in places like London, especially later in the war when they were competing for attention with the much better paid American and dominion troops and ignored unless they had London connections; the North was friendlier.²⁶² In other cases, servicemen felt women were kept away from them. Where this occurred with English soldiers in Scotland, the implication was that it was because they were effectively regarded as foreigners.²⁶³

Group activities, including trips to the brothel, retained a bonding element. On spotting one of his companies apparently engaging in a cross-country run, the battalion's commanding officer observed that they were headed in the direction of Templeneuve, a village located three miles away. As he was unaware of any planned run, he was curious to discover further details. On hearing about it, Lieutenant Colonel Langley understood why the men had been grateful to be paid that day, and realised that their aim was to pursue their 'amatory ambitions'. He explained this to the Colonel, who replied that it was a pity that the village was not further away because they appeared to be very fit.²⁶⁴ The efforts of the BSHC in the interwar years to convey the message that celibacy was the new norm were not effective in wartime.

²⁶⁰ IWM, Private papers of Captain F. E. de W. Cayley, documents.7788, p. 11.

²⁶¹ Alston Kennerley, 'British Government Intervention in Seamen's Welfare, 1938–1948', *International Journal of Maritime History*, 7 (December 1995) 75–113
<<https://doi.org/10.1177/084387149500700205>> p. 90.

²⁶² Jones, pp. 258–59.

²⁶³ IWM, Private papers of D. W. G. Keane, documents.20114, '1942 to 1947 as a Sapper', p. 9.

²⁶⁴ Langley, pp. 29–30.

5.5 Active alternative recreation

The services had understood the value of recreation in creating a healthy body and mind for many years. It was an accepted principle that ‘a bored mind is not very long a healthy mind’.²⁶⁵ However, there were a number of problems. It was difficult finding the money to provide facilities and equipment alongside other priorities. With land at a premium, it affected the navy’s ability to ensure equal access to recreational facilities.²⁶⁶ Major decisions about expenditure were made by the Treasury.

In the Second World War the services, government and civil society made a concerted effort to provide alternative sources of amusement to the troops. The best-known efforts were through the Entertainment National Services Association (ENSA), which was established in October 1939. This operated both in Britain and overseas, bringing entertainers to perform to the troops. While well intentioned, resources were spread thinly, and the quality varied. (One popular interpretation of ENSA was *Every Night Something Awful*.)²⁶⁷ One reason for this difference was the sheer demand. In Britain, the star productions were reserved for places where large numbers of troops were garrisoned.²⁶⁸

For more local options apart from those provided by the men themselves, accessing opportunities could be a challenge, considering the limits of leave and transport, except

²⁶⁵ TNA, WO 222/1479 ‘Movements of British Field Ambulances BEF 10th May to Evacuation Dunkirk’, p. 46.

²⁶⁶ TNA, ADM 1/17390 ‘Comments on Fifth Sea Lord’s Minute, Paragraph 3; 30% Overcrowding Margin’. This was not insignificant. As was noted in Plymouth in 1944, there were few options for places for servicemen to go. Plymouth and West Devon Archives, 1495/15, ‘A few Rusty Words: Problems of Girls in Relation to Servicemen’ [n.d.]

²⁶⁷ Brown, *Fittest of the Fit*, pp. 170-71.

²⁶⁸ Fawkes, p. 26

for personnel stationed behind the front lines. ENSA reflected part of a wider change, namely a more centralised organisation of welfare and recreation, there were still plenty of local arrangements made by communities.²⁶⁹ But whilst recreational sources for the army remained diverse, provision of entertainment for the navy was less, and in this respect it has been described as the Cinderella of the services. The expenditure by ENSA in August 1943 for the three services highlights this. That month they spent £85,570 on the army, £50,274 on the RAF, and £9,675 on the navy.²⁷⁰

One historian argues that the navy overall had ‘the most advanced thinking in terms of welfare’, but ‘a surprisingly ambivalent attitude towards live entertainment’.²⁷¹ It was not until 1941 that ENSA entertainers were allowed to visit naval establishments.²⁷² The provision of entertainment also varied according to geographic location. The distribution and quality of entertainment was not entirely random: in Ghent, when troops noticed a higher standard of show by ENSA there than elsewhere, it was attributed to a design to ‘keep soldiers off the streets and prevent the spread of VD’.²⁷³ This was despite the fact that ENSA stars were often hesitant about performing near the front.²⁷⁴

Not all recreation was left to ENSA, partly because of the high levels of demand. For instance, most entertainment on board ship was provided by the sailors themselves. Public libraries in Britain largely remained open during the war. However, the demand for paper by the War Office reduced publisher’s supplies to 25 per cent, which rose to 42

²⁶⁹ Fawkes, p. 25.

²⁷⁰ Kevin Brown, *Fittest of the Fit*, pp. 170-71.

²⁷¹ Fawkes, p. 89

²⁷² Ibid.

²⁷³ Longden, p. 164.

²⁷⁴ Ibid.

after public protest.²⁷⁵ Newspaper length reduced also. The army purchased thousands of books. They also aimed that wireless units should be distributed to front line units, one kit per seventy men.²⁷⁶ There were also a combination of both loan libraries and subscription libraries on the larger ships, the latter enabling more recent publications to be available.²⁷⁷ Despite this, some men reported that they never had access to cinemas or libraries when stationed overseas.²⁷⁸ The lack of success in some places did not necessarily reflect a lack of willingness. Both the services, individuals and civil society groups aimed to provide home comforts and orient behaviour. An effort to provide army standard unit libraries with a million books was made by seven soldier-librarians and a civilian in February 1945, but these did not arrive until after the war in Europe had finished.²⁷⁹

One experienced commanding officer, felt that the responsibility for the VD rate belonged to commanders and that the men should be occupied to avoid ‘drunkenness and wantonness’.²⁸⁰ Yet rarely were instructions given about the forms recreation should take. But what was welfare? Major General Ian Hay Beith argued for the army welfare ‘covers the provision of recreation, sports, entertainment and comforts, both bodily and spiritual – all the imponderabilia, in fact which make the difference between inspirational and

²⁷⁵ Longmate, p. 447

²⁷⁶ Longden, p. 165.

²⁷⁷ Kevin Brown, *Fittest of the Fit*, p. 176.

²⁷⁸ Longden, pp. 165-67.

²⁷⁹ Murphy, p. 161.

²⁸⁰ Wellcome Library, RAMC 466/51 ‘Northern Command Health Notes by the DDMS’, p. 6.

mechanical obedience - between a Damascus blade and a broomstick.’²⁸¹ The striking thing about this definition is its breadth.

Not all recreation was considered equally effective as a means of preventing men from visiting brothels. Hugh Philip, a Royal Naval surgeon, argued that the best approach was to encourage men to spend their free time not in passive activities, such as cinema, but in more active pursuits.²⁸² The evidence Philip cited to support his theory included a comparison of two British naval stations, one where this active approach was practiced, and one where it was not. In a nine-month period only 1.6 per cent of men in the station where active pursuits were encouraged contracted VD, by comparison to 16 per cent of the ship’s complement in the station where it was not.²⁸³ Providing this kind of attention would have been time-intensive and cost money, but it also reflected a long period on shore. It also required creativity. For example, as there was only one football pitch for 700 men, Philip organised a tournament so that the resources could be best shared.²⁸⁴ Football was the most popular sport.²⁸⁵ In Greenock there were six football pitches and one rugby ground being used by the men of the eight ships stationed there.²⁸⁶

In a parallel to the use of psychology by the army on the same issue, Philip argued that there were two groups of sailors who contracted VD, ‘old salts’ with a history of infection, and youngsters.²⁸⁷ The way to change the behaviour of each was different. The

²⁸¹ TNA, WO 222/1479 ‘Movements of British Field Ambulances BEF 10th May to Evacuation Dunkirk’, p. 46.

²⁸² Philip, p. 26.

²⁸³ Ibid.

²⁸⁴ Kevin Brown, *The Fittest of the Fit*, p. 161.

²⁸⁵ Longden, p. 177.

²⁸⁶ Kevin Brown, *The Fittest of the Fit*, p. 159.

²⁸⁷ Philip, p. 25.

old salts regarded VD as any other disease and had often contracted VD multiple times, but an ‘appeal to the[ir] better nature’ was often effective. The younger men, however much bravado they demonstrated, were often shocked and scared by the disease. Acquiring sexual experience for them, according to Philip, was often a result of peer pressure combined with alcohol.²⁸⁸ It was important not to preach at them. The solution was providing active entertainment and the right sort of lectures.²⁸⁹ Ignorance and idleness were the vices to be avoided.

Not everyone agreed with Philip’s theory about active recreation. Some officers believed that the men’s greatest need was time to themselves to think in an environment that was free from fear.²⁹⁰ Basil Dean, who was responsible for creating ENSA, was disappointed that the more contemplative musical works, aiming to ‘meet the spiritual challenge of the hour’, were unappreciated.²⁹¹ Quiet hobbies such as reading and board games continued though, as they always had.

In the First World War there had been no equivalent in France of Talbot House, a rest centre in Ypres for the servicemen where hierarchy and regulations of the services did not apply. There was an equivalent in the Second World War, the Normandy Fleet Club.²⁹² In recognition of the value of rest centres, and the lack of existing facilities, many battalions also financed their own equivalents, paid for from regimental funds. This often involved taking over existing facilities such as hotels and cafes.²⁹³ There were other

²⁸⁸ Philip, p. 25.

²⁸⁹ Philip, p. 26.

²⁹⁰ Longden, p. 165.

²⁹¹ Longmate, p. 424.

²⁹² Longden, p. 166.

²⁹³ Ibid.

attempts to meet these deficits and provide a controlled environment in which the men could relax and spend their wages in an approved way. NAAFI rapidly expanded with the Second World War. The number of personnel working for them expanded from 8,000 before the war, to a peak of 110,000.²⁹⁴

Not every man was able to take leave, however, and those who were awarded it had to meet certain criteria. One of these was not to have VD. There were further criteria though. In the army, then men had to have served continuously in the operational theatre for at least six months without home leave. From then, lists of those eligible were made and men selected by lottery. Home leave meant seven days, plus two for travelling, by contrast to the forty-eight-hour passes issued for leave to be taken overseas.²⁹⁵

The initially low VD rate following the return to France, despite commanders' fears, was attributed to the fact that the men had been 'too fully occupied' to have sex,²⁹⁶ as the evacuation of civilian areas had decreased the number of opportunities. However, the army anticipated that VD would quickly rise unless there were an increase in the provision of welfare activities combined with 'active propaganda' as soon as the offensive was over.²⁹⁷

As predicted, in September 1944 there was an increase in VD.²⁹⁸ This was more associated with troop movements into Belgium.²⁹⁹ This difference was not necessarily

²⁹⁴ *NAAFI's History* <<https://naafi.co.uk/history/>> [accessed 1 January 2022]

²⁹⁵ Longden, p. 195.

²⁹⁶ *Ibid.*

²⁹⁷ *Ibid*; TNA, WO 177/335 'Monthly Medical Report August 1944'.

²⁹⁸ TNA, WO 219/3527 'Venereal Disease: Number of New Cases Each Week Expressed as a Proportion of Strength: Total of 21 Army Group 17 June 44 to 7 October 44'.

²⁹⁹ Longden, p. 99.

due to any greater number of sex workers there: that was just correlation. In fact, on liberation, there was found to be a low level of VD amongst sex workers in Brussels.³⁰⁰ Nor can this change be attributed to the higher number of allied servicemen in north-west Europe since it was the percentage of troops affected that increased. The cause was the surge in leave, in particular the issuing of three-day leave passes, following the intense war of movement.³⁰¹ The increased use of billets and the longer autumn evenings exacerbated the problem.³⁰² Many men had gone for months without sex. Although alternative recreation facilities might have prompted men to follow other pursuits, as regularly happened, demand outstripped supply. In response the army planned a policy that welfare facilities would be 'abundantly provided', in addition to leave passes, propaganda films and posters.³⁰³

In addition to leave, the navy noted that recreation, education and decent accommodation were important elements of welfare and morale.³⁰⁴ Low morale was associated with sexual risk-taking, and the resultant VD had direct implications for manpower.³⁰⁵

³⁰⁰ Longden, p. 97.

³⁰¹ Longden, pp. 97, 104.

³⁰² TNA, WO 177/335 'Monthly Hygiene Report by ADM 1 Br. Corps', 15 October 1944.

³⁰³ TNA, WO 177/335 'Monthly Medical Report by A.D.M 1 Br. Corps', 15 October 1944.

³⁰⁴ TNA, ADM 1/17883 'Royal Naval Medical Bulletin No. 7', p. 3.

³⁰⁵ 'It does not require a great deal of wisdom to realize that a man who faithfully cohabitates with his legally betrothed wife stands a considerably smaller risk of contracting venereal infection than another who consorts on frequent occasions with little known partners.' E. D. Wittkower, 'The Psychological Aspects of Venereal Disease', *British Journal of Venereal Diseases*, 24 (June 1948), 59-64. (p. 59).

5.6 Conclusion

The control and provision of welfare as a means of influencing men's sexual behaviour was an approach that long preceded the First World War. Both services recognised the links between alcohol and the risk of men contracting VD. In Britain, the government led on attempts to manage this. Overseas, the services made some efforts, but they could not control the situation as easily. The government and the army attempted to control other places they associated with contracting VD, partly under pressure from moral reform groups. But they needed to control society, not just servicemen. Like putting places out of bounds, there were monitoring problems inherent in the process.

The potential to prevent VD through providing welfare and recreation, was appreciated by both services during the First World War. In 1931 General Harrington professed that the war had been won by football and boxing. Although this was an exaggeration, it reflected the value of sport to the military.³⁰⁶ Investment in sport and recreation continued through the interwar years.

Yet arguably it was when active recreational opportunities were absent that the benefit of this approach was most evident. The dispersal of billeted troops in France at the beginning of the Second World War, which was recognised as undesirable at the time, reinforced the importance of leisure opportunities and the consequences of not providing them, for whatever reason. It also highlighted two lessons which reoccurred throughout the period in question. The first was that demand exceeded supply, particularly where there was a high level of demand. The second, connected principle was that what was provided would be of variable quality and unevenly distributed.

³⁰⁶ Mason and Riedi, p. 80.

6

The Impact of Medicine in Preventing VD in the Services

This chapter covers the military's medical approach to VD management, focusing on prevention. The fundamental question about VD that the services and moral reformers disagreed upon was the question of whether VD was a medical or a moral issue. To regard it as a medical issue meant it was consistent with other diseases. Unlike these however, VD was often regarded as self-inflicted.

If sex was considered inevitable, part of the solution was providing the men with prophylactics or prophylactic facilities. The contemporaneous reasoning against this was that these sexual needs were illusory and that allowing prostitution to occur and providing prophylactics officially sanctioned vice. Both moral reformers and some military medical officers argued that sanctioning the use of regulated brothels created a false sense of confidence about their safety. Organisations like the Association for Moral and Social Hygiene (AMSH) argued that this increased the demand for sex workers, and consequently the incidence of VD, although their primary complaint against brothels was on moral grounds.

The medical approach to preventing VD in the services consisted of several elements. The primary one of these was the use of prophylactics, both chemicals and condoms. Sometimes when prophylactics, rather than prophylactic kits, were mentioned in the war diaries, it meant condoms. In many incidences the reference was not specific about which it was. In the Second World War the references are nearly all to condoms. Chemical prophylactics could either be applied before or after sex. For those used afterwards, they were most effective if applied immediately after sex. Prophylactic kits allowed the men could take responsibility for this and allowed an element of anonymity. Alternatively, or if preventative methods were not used promptly enough, in some places

there was also the option of prevention ablution centres, where men could disinfect themselves after sex or seek assistance.

The second strand of the medical approach was the monitoring and regulation of prostitution in France. This operated on the principle that if properly managed, sex could be made safe from VD. Both prophylactics and the regulation of brothels operated on the assumption that sex would take place, whether or not the authorities approved.

The rationale for not promoting celibacy was the assumption that sex was necessary for the men's physical needs and maintaining discipline and morale,¹ or at the very least that it was inevitable. The fact that this principle was not questioned in the naval documents suggests that it was the navy's perspective. Making the experience safe ensured that the men could have sex whilst avoiding the associated risks.² One perceived advantage from an organisational perspective was that allowing the men to have sex with sex workers was useful to prevent the perceived 'sins' of 'self-abuse', in other words masturbation, and 'unnatural vice', namely homosexuality.³ The point about these 'sins', which also applied to prostitution, was that they were non-procreational. Same-sex relations were illegal, both in Service Regulations and national legislation on 'indecentcy'.⁴ The navy also believed it to be against the martial spirit.⁵ A few voices in the army claimed that same-sex relations were safer because it meant that the men were

¹ Mark Harrison, *Medicine & Victory*, p. 106.

² Ibid.

³ Lutz D. H. Sauerteig, 'Sex, Medicine and Morality During the First World War,' in *War, Medicine and Modernity*, ed. by Roger Coote, Mark Harrison and Steve Sturdy (Stroud: Sutton, 1998), pp. 168-88 (p. 172); Haste, pp. 117-19; Seligmann, p. 63.

⁴ Haste, p. 118.

⁵ Seligmann, p. 63.

not catching VD.⁶ This was not a perspective voiced in the navy, as they recognised that this was inaccurate.

6.1 Before the First World War

Before the Wassermann test was developed in 1906, any examination for VD merely consisted of checking for obvious symptoms. The most known of these were sores around the genital areas or anus, later followed by a red rash on the same parts of the body. The treatment at the time was the application of mercury-based ointments, hence the phrase ‘one night with Venus and a lifetime with mercury’.⁷ The effect of such treatments would have been to burn away the lesions.⁸ The main contribution these examinations made to reducing VD was that the contagious person was then temporarily removed from society.⁹

Prophylactics in various forms, had been around for thousands of years. Originally condoms were made from animal intestines, but by the mid nineteenth century they were made from rubber. These were promoted as reusable if washed out, which they were not.¹⁰ This meant that they were not entirely reliable. The naval slang for condoms was ‘dreadnoughts’.¹¹ There is an additional irony to this as one of the suffrage publications was called *The Woman’s Dreadnaught*. The army used the term ‘necessaries’ for the same

⁶ Haste, p. 119.

⁷ Rasor, p. 90.

⁸ Kate Lister, *A Curious History of Sex* (London: Unbound, 2020), p. 269.

⁹ *Report from the Select Committee of the Contagious Diseases Act*, vol ix, C 340, 1882, p. x.

¹⁰ British Condoms, *History of Condoms* <<https://britishcondoms.uk/learn/history/history-of-condoms/>> [accessed 25 December 2021]

¹¹ IWM, Sound archive no. 669, reels no. 8-9.

thing. Another term more widely used in Britain was a 'French letter'.¹² In an interesting reversal, the French referred to it as a '*capote Anglaise*'. In medical parlance, they were called 'personal prophylactics'. In 1912 latex began to be used in condom production. These new condoms were created to be single-use, cheap disposable items,¹³ although that does not mean that all condoms in circulation were presented or used that way.

Part of the navy's strategy to prevent VD was that in 1909 they started issuing prophylactic kits.¹⁴ Between 1910 and 1913 the rate of VD reduced in the navy by twenty per cent. They attributed this to the use of prophylactics.¹⁵ The issuing of prophylactics was not the only example in the immediate years before the First World War that indicated that the Admiralty were revising their policies related to sex. The navy recognised the risk of VD from homosexuality. From 1911 onwards they accepted VD as evidence of homosexuality where the sores were in the rectal area or the incubation period meant that it had been too long since shore leave for the sufferer to have had potential contact with a woman.¹⁶

In 1913 a fourteen-year-old Boy Seaman 1st Class, Charles Herbert, approached the medical officer on board ship showing symptoms of syphilis. The length of time the ship had been at sea meant that the disease could only have been contracted on board. When challenged, Herbert admitted that he had consented to sodomy with five men on board,

¹² IWM, Sound archive no. 24882, reel no. 2. 'French letter', so called after the concept of what young gentlemen would take with them in the nineteenth century on the grand tour of Europe.

¹³ British Condoms, *History of Condoms* <<https://britishcondoms.uk/learn/history/history-of-condoms/>> [accessed 25 December 2021]

¹⁴ Brown Shaw, p. 342.

¹⁵ Parnell, p. 42.

¹⁶ Seligmann, p. 73.

for which he was paid. All the men were dismissed from the navy.¹⁷ Despite this, and the suggestion that Herbert's sexual interactions were not only with men aboard HMS *Gloucester* but on other ships as well, the admiral and others hearing the case were adamant that Herbert might be innocent. They even attributed the problem to his frequently changing ships.¹⁸

The navy paid attention to sexual matters in other ways in the Edwardian years. When in 1907 the VD rate amongst sailors in Chatham and Sheerness was particularly high, there was careful consideration of 'whether any particular districts can be identified, as being more harmful than others, and if so, whether they cannot be placed out of bounds for the men'.¹⁹ These deliberations involved discussions with the local police. As a result, Ordnance, part of Chatham, was placed out of bounds to the men. The sailors normally resident there were issued with temporary passes to allow them access to the area, and were instructed to change their place of residence.²⁰ The Admiralty files of the time do not indicate when the restriction was lifted. However, a Home Office file of 1915 indicates that the women in question 'migrated to another area, which was then put out of bounds, the migration of prostitutes then being repeated'.²¹ The police recognised that the benefit of knowing where the women were was that they could still monitor them.²²

¹⁷ TNA, ADM 156/9, August 1913.

¹⁸ Ibid.

¹⁹ TNA, ADM 116/1060 (Letter from Commander-in-Chief, the Nore, to Flag Captain, Blenheim), 4 July 1907.

²⁰ TNA, ADM 116/1060 'General Memorandum No. 82', 26 August 1907.

²¹ TNA, HO 45/10724/251861 'Chatham and Rochester, visited Sept. 10th and 11th' [1915], p. 1.

²² TNA, HO 45/10724/251861 'Suggestions made at Local Conferences at the Places enumerated below as to possible additional Emergency Measures for Protecting Soldiers against Infection by Venereal Disease'.

By contrast with the navy, issuing prophylactics was not a part of the army's strategy at this time. Yet the army were also considering how medicine could assist and in 1910 the Army Medical Advisory Board 'made a recommendation that 'effective medical treatment be provided under conditions under which no penal stigma was attached'.²³ In 1911 the Rochester Row Military Hospital began trials with salvarsan, an arsenic-based anti-syphilitic drug.²⁴ This replaced the earlier mercury treatments.²⁵ For the army though, the emphasis was still on medical treatment, rather than prevention, which was a more contentious issue.

In France the brothel system had been in decline for sixty years prior to 1914, the number of registered sex workers continued to rise, despite the campaigns against them, inspired by Josephine Butler.²⁶ There were only forty-three brothels in Paris in 1903.²⁷ Not all sex workers were accredited to brothels.²⁸ However, the important principle was that they were physically separated from other women.²⁹ The French brothel system meant that sex work was largely confined to certain areas and monitored by specific police for that purpose. Such distinct zones were easier to police, and meant that prostitution levels were reduced in other places.³⁰ There were tensions in France between those wishing to abolish the system of regulated sex work and those promoting it.³¹ In

²³ Harrison, *The Medical War*, p. 155.

²³ Ibid.

²⁵ Gervase Vernon, 'Syphilis and Salvarsan', *British Journal of General Practice*, 69 (2019), 246.

²⁶ McMillan, p. 22.

²⁷ Quétel, p. 227.

²⁸ Flexner, p. 407.

²⁹ Flexner, pp. 405-06.

³⁰ Hubbard, pp. 122-23.

³¹ McMillan, pp. 22-25.

1907 abolitionists tabled a bill proposing the end of the regulated system. However, the lobbying of their opposition, the *Société de Prophylaxie* and the Medical Academy, prevented its success.³²

6.2 The First World War

Prostitution in France was organised around a system of regulated brothels. In relation to the military this was reflected in the infamous system of blue lights outside officers' brothels and red lamps outside the ones for other ranks. In the main, these were *maisons tolérées*, although there were other types of brothel, including *maison close*, *maison de passe*, and *maison de plaisir*. During the war some existing brothels were converted for the use of service personnel, but others were created especially for the new customers. As the British army acknowledged in 1916, demand outstripped supply and not all the women registered worked in brothels: there were also freelancers - *filles soumises/cartées*.³³ The high demand for sex increased the number of illegal brothels. Many *estaminets* also functioned as brothels,³⁴ so it is not surprising that they were rarely staffed by French men, many of whom were away serving in the army. The area in which soldiers fought was referred to as the *zones des armées*, behind that was the area in which civilians operated and institutions were based.

Some commanders did not regard celibacy as a feasible option for preventing VD. For example, Brigadier-General Frank Crozier argued that in order for a man to fight well

³¹ Ibid.

³³ TNA, WO 154/114 'Visit to St Omer', 26 May 1916; Connolly, p. 44.

³⁴ The word *estaminet* comes from the Spanish meaning 'a cabaret providing prostitutes'. Cherry, pp. 209-14. Craig Gibson, *Behind the Front: British Soldiers and French Civilians, 1914-18* (Cambridge: Cambridge University Press, 2014), p. 312.

‘he had to love well’.³⁵ Despite this, he arranged for all of his men to receive lectures on how to avoid VD.³⁶ Other commanders strongly opposed the brothels on purity grounds, for example Major Darwin, who was the treasurer of the NCCVD.³⁷ In the system of regulated brothels in France the local or military authorities monitored registered sex workers to control and prevent ‘covert’ ones and better manage the risk of VD. The military police and shore patrols checked these venues to ensure that they were only open during their official hours. They also administered the system of placing areas out of bounds to the men.

In France, there were separate brothels for officers. These had a smaller and more selective clientele. Even before 1914, officers were not examined to see if they had VD in the same way that the other ranks were. Under the Naval Discipline Act of 1915, naval officers were not subject to summary discipline, which was reserved for minor offences, but only by court-martial.³⁸ Although special court arrangements were made for hearing minor offences by officers, these were personnel-intensive, particularly in wartime.³⁹ This all indicated the different and higher expectations of officers' behaviour. To what extent these were enforced is a separate question. One member of the Royal Army Medical Corp believed that ‘promiscuity was common among all ranks’ and that his fellow officers had

³⁵ Crozier, p. 74. Crozier is an anomaly in a number of ways, for example being a teetotaler, through recovery from alcoholism. Even more unusual was that teetotalism was more associated with moral and social purity campaigns. He left one of the best records of the First World War with regards to the men's use of brothels. Despite the claim that he spent a lot of the war trying to prevent VD in the men, he had little belief that they would be celibate. Stephen Walker, *Forgotten Soldiers: The Irishmen shot at Dawn* [n.p.] (Gill Books, 2007), pp. 24-25.

³⁶ Crozier, p. 89.

³⁷ Mark Harrison, *The Medical War*, p. 167

³⁸ Sears, p. 40.

³⁹ Ibid.

‘wantonly abandoned caste’.⁴⁰ A case in Singapore illustrates this different status. When policing an out of bounds area, the military police discovered that one of the officers in the (hotel) brothel was in the act of copulation with a sex worker. They let him finish what he was doing before arresting him.⁴¹ The differences in policy meant that officers needed to show greater discretion than the ranks if visiting sex workers, whilst simultaneously providing the means for it.⁴² In essence, those who were able to set policy were the greatest beneficiaries of it.

Despite the existence of official brothels in France, which often had some level of sanction by the services, some men preferred to seek out alternatives. Accessing sex from women outside of the brothel system provided a greater sense of normality for some men.⁴³ In France, the price charged for sex outside of the regulated brothel system was ‘almost certainly cheaper’ than in them and in some cases ‘sex might be bartered for food’.⁴⁴ Price would have been another point of appeal for some men, although there was no shortage of custom at the registered brothels where the men queued on the stairs and even outside for their five minutes with one of the women.⁴⁵ When the French police discovered unlicensed sex workers, they gave the women the option of registering or being ‘denounced’.⁴⁶ The stigma of being labelled a prostitute, and the accompanying medical tests were not appealing, which was why one reason so many were unregistered.

⁴⁰ IWM, Private papers of Captain L. Gameson, documents.652, p. 310.

⁴¹ IWM, Sound archive no. 27037, reel no. 3.

⁴² Gibson, *Behind the Front*, p. 317.

⁴³ Cherry, p. 216.

⁴⁴ Cherry, p. 211.

⁴⁵ Cherry, p.185.

⁴⁶ Cherry, p. 205.

Particular efforts were made to identify these women.⁴⁷ The system of regulation under German occupation, which has been described as a ‘prophylactic dictatorship’, concurred with French intentions.⁴⁸

For British troops in France, most sexual activity occurred when the men were behind the lines. This led to the perception by front-line soldiers that those in jobs that remained behind the front line, such as logistics, had better access to women. Craig Gibson in his study on sex and soldiering on the Western Front argues that this view is inaccurate.⁴⁹ In terms of relationships however, a higher percentage of logistics men than front-line troops married French women, which possibly provides some validity to the notion.⁵⁰ Alternatively it could mean that through their longer connection to the area, not rotating between the front line, training and rest, they were not able to love and leave so easily.

In 1914, there were 1,230 British servicemen in France under charge of the medics for VD.⁵¹ By 1915, 12,704 British troops were admitted to hospital in France for VD.⁵² If the men were not going to be celibate, there were only two potential ways to deal with the risk of VD – preventative actions or medical cure, neither of which were completely effective. In the navy, prophylactic kits were available on request from the sick bay.⁵³ In most cases the prophylactic kits referred to were chemical treatments of calomel,

⁴⁷ Corbin, p. 335.

⁴⁸ Campbell, p. 44.

⁴⁹ Gibson, *Sex and Soldiering*, pp. 535-36.

⁵⁰ Gibson, *Behind the Front*: pp. 343-44.

⁵¹ *History of the Great War based on Official Documents: Medical Services: General History*, vol 2, ed. by William Grant MacPherson (London: HMSO, 1923), p. 341.

⁵² Mitchell and Smith, p. 75.

⁵³ IWM, Sound archive no. 735, reel no. 11.

permanganate or antiseptic washes. The use of special VD hospitals for the services started in 1915. These were meant to be a deterrent. The procedures involved were known to be painful.⁵⁴

Some men indicated that they did not know anyone who contracted VD during the war.⁵⁵ Others, not just those who learnt through personal experience, were unaware of the penalties associated with contracting VD.⁵⁶ If the fear of repercussions was supposed to be a deterrent to visiting sex workers, it failed.

The army made attempts to stigmatise VD. There were ‘dangle parades’ or ‘short arm inspections’ at which men stood in a row and displayed their genitals for examination. However, as some soldiers recognised at the time, unless these were conducted by medical officers it is unlikely that the inspector would recognise the signs.⁵⁷ If infected, the soldier would have his pay temporarily cut and leave opportunities restricted. Men with VD were treated on different hospital wards to other sick men and sometimes even separate hospitals to highlight their different status from other medical conditions.⁵⁸ One historian of the navy in the twentieth century argued that men on the lower decks were more likely to feel sympathy for the patient.⁵⁹

The navy had briefly adopted a policy of genital examination many years before. Circular Order No. 25, issued on 2 June 1868, ordered all unmarried men under the age of thirty-five to submit to an inspection of their genitals before departing for leave.

⁵⁴ Harrison, *The Medical War*, p. 157.

⁵⁵ E.g., IWM, Sound archive no. 9875, reel no. 8.

⁵⁶ IWM, Sound archive no. 719, reel no. 7.

⁵⁷ Winter, p. 151.

⁵⁸ IWM, Sound archive no. 720, reel no. 14.

⁵⁹ McKee, p. 191.

However, this policy did not last long.⁶⁰ That does not mean that afterwards the men were never inspected for symptoms of VD, but the files do not indicate this was conducted on a regular basis.⁶¹

There were rumours that the men's sexual appetites were reduced by the secret addition of bromine to their tea or drink. This myth was not confined to British soldiers. Equivalent stories not only circulated amongst British and dominion troops, but others including the French, Germans, Poles and the Americans.⁶² The ubiquity of the myth indicates that it served a function. There are factors that should be considered when examining this. Potassium bromide was used as an anti-epileptic drug prior to and during the First World War. It had the known effect of reducing sexual urges, and had been used on women diagnosed with hysteria. Before the war, the suffragettes, amongst others, had recommended that the drug could be used for men who could not exert self-control.⁶³ However, the suggestion that multiple countries drugged whole armies with sedatives to control the men's libidos is now widely accepted to be a conspiracy theory.⁶⁴ Anecdotal evidence suggests that men were allowed to believe the myth and possibly that this belief was even encouraged. Since active heterosexual behaviour was considered a symbol of health, if men believed that they were being drugged to reduce their sex drive, it provided a convenient explanation for men without sexual urges. Alternatively, the notion could reinforce the concept of masculinity as a necessary action because the men were so

⁶⁰ Rasor, p. 92.

⁶¹ Rasor, pp. 191-92.

⁶² Brian Clegg, 'Potassium Bromide' <<https://www.chemistryworld.com/podcasts/potassium-bromide/6805.article>> [accessed 20 August 2020]

⁶³ Pankhurst, p. 59.

⁶⁴ Clegg; Peter Dickens, 'Blue Stone' Debunked' <<https://samillhistory.com/2017/10/17/blue-stone-debunked/>> [accessed 28 November 2018]; Dr Karl, *Military Myth puts Lead in Bromide's Pencil* (2019) <<http://www.abc.net.au/science/articles/2009/06/29/2611115.htm>> [accessed 20 August 2020]

virile.⁶⁵ As John Gibbons so eloquently writes, it might have been considered ungallant, but ‘half the time most of us would rather have a nice cup of tea’.⁶⁶ This is ironic, since tea was considered to be the main method of administering bromide.

The official British records report that in 1915, following a suggestion by the local Medical Officer of Health and the police authorities in Le Havre, there was an experiment with a regulated brothel.⁶⁷ The British army reopened access to an area that they had previously placed out of bounds to troops and put the brothels therein under the oversight of the Royal Army Medical Corps (RAMC). The street was supervised for fifty-seven weeks. During that time 171,000 men visited the houses in that street alone, and only 243 men claimed to have contracted VD from there.⁶⁸ This is one of the few clear acknowledgments that the army were directly involved with the provision of sex. It also highlighted an important medical principle, namely that ‘as is clear from the example of venereal disease, the nature of the bargain struck with local authorities could significantly alter an army’s approach to tackling these infections’.⁶⁹

But prostitution was not confined to brothels and sex workers, legal or otherwise. The billeting system encouraged some young women to supplement their incomes by being ‘willing to teach any soldier the art of love-making for a paltry five francs’.⁷⁰ There was little sex immediately near the front line, although as Bruce Cherry argues, it would

⁶⁵ IWM, Private papers of R. G. Dixon, documents.2001, p. 58.

⁶⁶ Gibbons, p. 54.

⁶⁷ MacPherson, *Diseases*, pp. 124-25.

⁶⁸ Ibid.

⁶⁹ Harrison, *The Medical War*, p. 294.

⁷⁰ Hope, p. 103.

be incorrect to say that there was none.⁷¹ The existence of sex workers there indicates that even under a regulated system, neither the French authorities nor their allies were completely in control.

Although the army were careful not to appear to approve of the use of brothels, there were expedient reasons why they tended to at least tolerate them. The principle ones were that regulated brothels reduced the risk of VD whilst providing the services with better monitoring options, that sex was necessary for troop morale, that a regulated system of sex prevented men's behaviour from being channelled into less socially acceptable activities, and the army's unwillingness to offend the French authorities by asking them to close the brothels.⁷²

In the regulated brothels, the women were regularly inspected for VD, although as both the writers on VD and the Official History of the war acknowledged, the test was often a cursory physical examination.⁷³ If the woman was considered to be infected with VD, she was evicted until clear of the disease.⁷⁴ The testing improved after the responsibility transferred to the French military medical staff. The RAMC could not examine the women without permission from the French authorities.⁷⁵ Critics argued that there was a high risk of VD in the brothels and that the official sanction of these premises gave the men a false sense that they were disease-free and so encouraged more sexual licentiousness.⁷⁶ Permitting the men to use registered brothels provided an element of

⁷¹ Cherry, p. 181.

⁷² Cherry, p. 39.

⁷³ MacPherson, *Diseases of the War*, p. 124.

⁷⁴ TNA, WO 154/114 'Visit to St Omer', 26 May 1916.

⁷⁵ Gibson, *Behind the Front*, p. 107.

⁷⁶ IWM, Sound archive no. 669, reel no. 9.

control over them. Putting them out of bounds did not mean that men did not visit them. Instead, it meant that the out of bounds areas needed to be monitored using men who could otherwise be deployed fighting. It also meant that a higher percentage of sexual interactions would be with unregistered sex workers, who were harder to track and were more likely to be infected with VD.⁷⁷ Troops were advised by their officers that if they wanted sex, they should use the registered brothels.⁷⁸ The leave passes issued under General Routine Orders by which men could go into town for a limited time, listed the streets and venues servicemen were restricted from entering.⁷⁹ By default, everywhere else was permitted. The official brothels were limited in their opening hours by the local authorities. With the unofficial brothels, there were queues of men waiting to use them by 08.30.⁸⁰

In 1916 the Army Council pronounced that they could not accept measures ‘which would imply the adoption of any system of prophylactics which might be said to afford opportunities for unrestrained vice’.⁸¹ This was the same year that they approved the use of chemical treatment centres for VD,⁸² reaffirming that treating VD was less controversial than preventing it. The potential capacity for action in Britain was limited because of the sensitivity to public opinion, and as the quote indicates, the army could not be seen to endorse vice, irrespective of its beliefs. When in 1916 the AMSH appealed to the War Office to interfere with a decision of the Army Council and ban the issuing of

⁷⁷ TNA, WO 32/5597 TNA, WO 32/5597 (Letter from Field Marshal Haig to the War Office), 4 June 1918.

⁷⁸ IWM, Sound archive no. 10615, reel no. 4.

⁷⁹ TNA, WO 154/114 (War Diary of APM, Lines of Communication, Rouen), 31 May 1915.

⁸⁰ Fischer and Dubois, p. 328.

⁸¹ TNA, WO 32/5597 (Letter from B. B. Cubbit to the General Officer Commanding Districts at Home).

⁸² Harrison, *The Medical War*, p. 167.

prophylactics, at that time being distributed to Australian troops, the War Office declined to intervene and replied that this needed to be a local matter.⁸³ Issuing these to members of the Australian Imperial Force was a different matter for the British government than issuing them to British soldiers, because of the risk of public disapproval. The Australian government would face the primary disapproval in relation to Australian troops.

There were accusations that troops deliberately contracted VD in order to escape from active duty.⁸⁴ Sometimes the symptoms were feigned in order to secure a period in hospital instead, although, as Mark Harrison notes, the opportunities for contracting it were considerable.⁸⁵ This allegation seems to have been levelled at soldiers rather than sailors. In a post-war evaluation of VD policy, Lieutenant Colonel P. H. Henderson of the RAMC argued that he had never encountered any incidences of British troops acting this way, although he said it was true of some other nations.⁸⁶ Section 40C of the Naval Discipline Act, implemented in 1918, regulated against the contraction of a disease or any other actions to evade service.⁸⁷ This does not mean that men never tried to do so. However, the records from the Royal Navy in France reveal that men were unlikely to be even temporarily relieved from duty because of VD,⁸⁸ which would have provided little incentive to contract it. Yet the myth of men deliberately contracting these diseases endured. But neither the army nor the navy would allow VD to be a means of discharge.

⁸³ LSE, 3AMS/B07/16 (Letter from War Office to AMSH), 30 October 1916.

⁸⁴ Cherry, p. 226.

⁸⁵ Harrison, *The Medical War*, p. 158.

⁸⁶ Bett, p. 25.

⁸⁷ Hansard, 456, 19 June 1918.

⁸⁸ TNA, ADM 101/391 (Table 3, 21 March to 31 December 1916); ADM 101/393 (Table 3, 26 August to 31 December 1916); ADM 101/579 (Table 3 21 August to 31 December 1916); ADM 101/578 (Table 4: 1 January to 22 August 1917).

The Venereal Disease Act came into force on 24 May 1917, part of a wider move to encourage certified information rather than rumours. This restricted the treatment of VD to qualified medical practitioners, and limited advertisements for treatments, reflecting the concerns about quack medicine. It controlled the sale of prophylactics, and prohibited any announcement or the circulation of written information about medicines that could be used for the ‘prevention, cure or relief’ of VD, even with the products themselves.⁸⁹ Warning people about the dangers of VD was acceptable, teaching them how to prevent it by any means other than celibacy was not.

The limited ways to purchase contraceptives in Britain, particularly after the Venereal Disease Act, made avoiding VD without official access to such resources more difficult. There were still adverts for contraceptive medicines and devices, but the products were often sold by mail in response to slightly disguised notices in newspapers. Withdrawal was commonly preferred to other contraceptive methods, even when alternatives were known.⁹⁰ Whilst the services provided prophylactics for troops when overseas, freely in the case of the navy, and sometimes freely or also for sale within the army, this was too contentious to do in Britain.⁹¹ There were still places where a man was able to buy condoms if he had the money and had not retained any from time overseas. Demand in Britain was significant enough that in 1915 L. A. Jackson formed the London Rubber Company.⁹² Its sole product was condoms and the company did not diversify its

⁸⁹ Venereal Disease Act 1917.

⁹⁰ Kate Fisher and Simon Szreter, “‘They Prefer Withdrawal’: The Choice of Birth Control in Britain 1918-1950”, *The Journal of Interdisciplinary History*, 34 (Autumn 2003), 263-91 (p. 264).

⁹¹ NAA, 11803, 1917/89/1026 ‘Temptations of Oversea [sic] Soldiers in London’, 24 April 1917, p. 200.

⁹² ‘The London Rubber Company’ <<http://www.walthamstowmemories.net/pdfs/Bill%20Bayliss%20-%20London%20Rubber%20Co.pdf>> [accessed 20 August 2020]

stock until after the Second World War.⁹³ According to Crozier, in France the women in local billets provided condoms, but in the towns and cities the women could not keep up with demand.⁹⁴

A medical officer based at Woolwich noted in his medical journal that the incidence of VD in the port was the same as other places. He said that prophylactics worked when they were used properly and under the right conditions, but not ‘for men who indulge in the open manner that this vice is now apparently permitted to be indulged under the present laws’.⁹⁵

The medical approach to VD prevention required both the management of registered sex workers, but also the control of women who were operating as sex workers without registration. The latter posed a risk to the system by being beyond monitoring and treatment. By 1918 both the services and the medical profession realised that registered sex workers were not the greater risk to servicemen.⁹⁶ In relation to the table overleaf, the exact number of clandestine sex workers is, by its nature, unknown. Although methodology is not indicated in the source document, the fact that the figure for clandestine sex workers is not a rounded number suggests that it is not an estimate and is likely to relate to arrests. Because of contract tracing, there is possibly an overestimate in the overall percentage of clandestine sex workers with VD since women with VD were more likely to have come to the attention of the authorities through

⁹³ Ibid.

⁹⁴ Crozier, p. 73.

⁹⁵ TNA, ADM 101/468 ‘Medical Officer’s Journal, General Remarks’, p. 4. There is no date accorded to the remarks, but the file covers the period from October 1917 to June 1918 and the document refers to the second quarter of 1918.

⁹⁶ ‘The Menace of Venereal Disease’, *The Lancet*, 192 (November 1918), p. 655; Hansard, 449, 19 June 1918.

notification. In 1937 the League of Nations estimated that the general ratio was ‘at least 10 clandestine to every one professional prostitute’.⁹⁷

Table 11: VD figures for Paris, 1917⁹⁸

	Number of women	Number of VD cases	Percentage with VD
<i>Maisons Tolérées</i>	350	5	1.4
<i>Femmes en carte</i>	4,935	978	19.8
Clandestine prostitutes	4,842	1,759	36.3

These were all women identified as sex workers, which certainly supports the claim that regulated brothel system was less risky in terms of VD than its unregulated equivalent. In the case of women outside of the regulated system, including women who were not sex workers, men were less likely to use prophylactics in the mistaken belief that the women were free from disease as they were ‘outwardly respectable, [and] only occasionally immoral and therefore beyond the reach of oppressive regulations’.⁹⁹ In Britain, the Earl of Derby estimated that when he had been Under-Secretary of War (1916 to 1918) more than eighty per cent of VD cases were contracted from women who were not sex workers.¹⁰⁰ The more commonly cited figure is seventy per cent.¹⁰¹ The Official History of the war indicates that over sixty per cent was contracted from women ‘who were not prostitutes in the ordinary sense of the word since they received no payment’.¹⁰²

⁹⁷ TNA, CO 323/1463 ‘Activities of the British Social Hygiene Council in Preparation for the League of Nations Conference, February 1937’.

⁹⁸ TNA, WO 32/5597 (Letter from Field Marshal General Haig to the War Office), 4 June 1918.

⁹⁹ NAA, A11803, 1917/89/1026 (Letter from Walter Long to Sir R. Munro Ferguson), 19 October 1917.

¹⁰⁰ Hansard, 682, 11 April 1918. This was his finding after visiting a hospital, the implication is that this was a VD hospital, although that is unconfirmed.

¹⁰¹ Hansard, House of Lords, 843, 10 December 1919.

¹⁰² MacPherson, *Diseases of the War*, p. 121.

The Assistant Adjutant-General, Borlase Childs, Director of Personal Services in the War Office, proposed that expanding repressive measures against sex workers would be counter-productive and increase the percentage of riskier options.¹⁰³

The statistics in the table on the previous page were presented for the purpose of supporting the argument that if access to the regulated brothels was banned, the result would be a higher VD rate. This may raise questions about their reliability. Yet the prediction about the VD rate increasing in both the military and the civilian population after access was forbidden was accurate.¹⁰⁴ Haig's unsuccessful appeal to the Cabinet Office decision also reflects political-military tensions. His poor relationship with the Prime Minister is well documented.¹⁰⁵

In 1916 the number of medical inspections for registered sex workers increased, in some places to daily.¹⁰⁶ The inspections of the men changed from monthly to fortnightly partly in response to the Royal Commission on VD,¹⁰⁷ but also reflecting manpower concerns. The French had their own concerns about VD, so the increased monitoring of the women was not just in response to British requests. Yet, the system of monitoring and regulation was not consistently enforced. In France, some women arrested as unregistered sex workers were excused because they had a husband and children.¹⁰⁸ By 1918 many

¹⁰³ NAA, A11803, 1917/89/1026 'Temptations of Oversea [sic] Soldiers in London', 24 April 1917, p. 198.

¹⁰⁴ TNA, WO 32/5597 (Letter from General Mordacq, President of the Council, Minister for War), 16 May, 1918.

¹⁰⁵ Gudmundsson, pp. 99-100.

¹⁰⁶ TNA, WO 32/5597 'Instruction Concerning the Treatment and Prophylaxy [sic] of Venereal Disease', 25 September 1916.

¹⁰⁷ Ibid.

¹⁰⁸ Gregory, pp. 47-48.

such arrests were of women with no previous convictions.¹⁰⁹ In terms of women who had previously been arrested or cautioned by the police, this meant that either the warning prevented them from soliciting or that they became better at evading arrest. However, it also reflected the fact that many of the women soliciting had little experience of evading the police. The same trend occurred in the UK as the war progressed, hence the reason why DORA 40D did not just apply to sex workers. Yet by contrast to France, in Britain, if a married woman with children was arrested on prostitution charges, this status would be cited against her.¹¹⁰ But, it was argued, the purpose of 40D was symbolic, allowing for a moral examination of women.¹¹¹

Medical officers in the British army were ‘enjoined to assist the civil authorities as much as possible’ in relation to VD, including the addition of civilian VD wings to military hospitals.¹¹² This was an extension from the previous instruction to work closely with local authorities, as the assistance was more explicit and direct, not just based on policing. Military medics were known to have the relevant expertise. They staffed early treatment centres, the aim of which was reducing the incidence of VD, although according to the Official History of the war whether they achieved this is ‘a matter of controversy’.¹¹³ Part of the problem was the way these operated: ‘Disinfection proved

¹⁰⁹ Gregory, p. 49.

¹¹⁰ Lammasniemi, *Naming and Shaming Women*.

¹¹¹ Lammasniemi, *Regulation 40D*, p. 1.

¹¹² TNA, WO 32/5597 ‘Prevention of Venereal Disease in the Army: Memorandum on the War Cabinet Decision 366 (18.3.18)’.

¹¹³ MacPherson, *Medical Services: General History*, vol 1, p. 202.

unpopular with the troops since the apparatus was installed in urinals and the procedure conducted in full view of other men'.¹¹⁴

As the war progressed, the requirement for close cooperation with the local authorities intensified as the services could less afford to lose manpower. After the US entered the war, the British government became interested in ensuring consistency with the policies of their new ally.¹¹⁵ The influence of American ideas was already being demonstrated through the attention paid to Flexner's book.¹¹⁶ There was further evidence of the sensitivity to American feelings in the records of the Imperial War Conference.¹¹⁷ Despite the Imperial Conference, increasingly less time was spent considering dominion concerns than American ones, even though the VD rate in the dominion armies was beginning to reduce through the prophylactics.¹¹⁸ American troops were banned from visiting the brothels in France as the Commander in Chief urged 'strict observance of sexual continence'. For the American Expeditionary Force, the placing of brothel areas 'out of bounds' was a significant part of their policy to prevent VD.¹¹⁹ However, the men were simultaneously provided with prophylactic facilities.¹²⁰ This ban by the Americans was used as an argument in Westminster to challenge the British army's position.¹²¹

¹¹⁴ Harrison, *The Medical War*, p. 167.

¹¹⁵ TNA, WO 32/5597 'Prevention of Venereal Disease in the Army. Prohibition of Maisons Tolérées', 24 June 1918.

¹¹⁶ Hansard, 669, 11 April 1918.

¹¹⁷ TNA, WO 32/11404.

¹¹⁸ Hospital admissions for Canadian soldiers in the UK fell from 222 per thousand in 1915 to 81 per thousand in 1918. For Australian forces in France, the rate fell by 21 per thousand in the last two years of the war. Harrison, *The Medical War*, p. 168.

¹¹⁹ TNA, WO 32/5597 'GHQ American Expeditionary Force, bulletin 54, France, 7 August 1918'.

¹²⁰ Ibid.

¹²¹ Hansard, 1138, 25 February 1918.

Particularly after the end of static warfare in March 1918, another trend became more pronounced. Civilians, including sex workers, would be evacuated from the *zones des armées* by the French military police.¹²² This made the contact tracing of infected women more difficult, because they had sometimes been evacuated from the area.

The increased attention to VD in the services in 1918 was no coincidence, as the information in table 4 demonstrated. The increase in the VD rate, combined with the extra pressure on manpower during and following the German spring offensive, increased the urgency of the issue. The debate about the effectiveness of educating servicemen, regulated brothels and prophylactics among the British medical press preceded from the year before, with opinion highly divided. Colonel Harrison urged the Army Council to consider issuing soldiers with personal prophylactics.¹²³ Despite the continuing concern over public opinion, prophylactics began to be distributed, albeit unsystematically, amongst troops in early 1918.¹²⁴ By the time of the Imperial Conference that year, 130,000 tubes containing permanganate potash had been issued and could be acquired via the prevention ablution centres, according to the new Director General of Army Medical Services, Surgeon-General Godwin. However, these do not seem to have been available until the last few months of the war, and regular instruction on their use did not commence until 1919, mitigating the potential benefits of the initiative.¹²⁵

¹²² Gibson, *Behind the Front*, p. 329.

¹²³ Harrison, *The Medical War*, p.167.

¹²⁴ Harrison, *The Medical War*, pp. 166-68.

¹²⁵ Mark Harrison, *The Medical War*, p. 168.

6.3 The Interwar period

In the interwar period in France, the brothel system returned to a state of decline, with abolitionists arguing against it. In 1926 the fifteen brothels in Strasbourg were closed. However, the number of registered sex workers increased.¹²⁶ In 1936 French abolitionists made another attempt to introduce legislation to end the system of regulated prostitution. Just as in 1907, this was defeated due to the strength of the lobbying of those opposed to the proposed change, who raised 50 million francs to secure the necessary support of the press, politicians and medical opinion.¹²⁷

In Britain, in the immediate post-war period there were still plenty of women in the vicinity of army and navy camps.¹²⁸ In January 1919, around the end of the second wave of the influenza pandemic, in anticipation of the return of the troops, the government appointed an interdepartmental committee to consider preventative measures against the spread of diseases to the civilian population. Sex workers were commonly considered to be an urban phenomenon,¹²⁹ but demobilisation meant that VD could spread to rural areas.¹³⁰

Because of presumed public interest, and the importance of the issue, the committee issued a separate note on demobilisation and venereal disease.¹³¹ The author of the report,

¹²⁶ Quétel, p. 243.

¹²⁷ McMillan, p. 177.

¹²⁸ Wellcome Library, RAMC 1126 'Minutes of a Meeting of the Services Committee, Monday 25 November 1918'.

¹²⁹ *Palgrave Advances in the Modern History of Sexuality*, ed. by H. G. Cocks and Matt Houlbrook (Basingstoke: Palgrave Macmillan, 2006), p. 14.

¹³⁰ Hansard, House of Lords, 845, 10 December 1919.

¹³¹ *Note by the Chairman of the Committee (The Hon. Waldorf Astor, M.P.) to the Minister of Health on Prophylaxis against Venereal Disease*, Cmd 322 (London: HMSO, 1919), p. 3.

Waldorf Astor, argued that prophylactics were ineffective and that ‘energy should not be wasted on measures of doubtful value’.¹³² This was a comment on the services’ policy, since part of the remit of the evaluation was to determine whether services’ policy about prophylaxis should be applied to civilians. His negative position on the matter was unsurprising considering his wife’s prominent position with the NCCVD,¹³³ even though most of the evidence for the report was provided by officers in the services.¹³⁴

One prominent physician who contributed, Sir Archdall Reid, had been a medical officer in barracks at Portsmouth during the war. He indicated that among the 2,000 men to whom he had issued chemical prophylactic kits there were only seven cases of VD.¹³⁵ The incidence in neighbouring units was twenty to thirty times higher.¹³⁶ When the NCCVD split as a result of dissention about their position on prophylactics, Sir Archdall Reid was one of those who joined the new organisation, the SPVD.¹³⁷

A senior civil servant at the Ministry of Health, Sir Alfred Mond, secretly sympathised with Reid’s views but considered that they were not politically defensible.¹³⁸ This represented a division within the Ministry of Health that would last into the Second World War between those who emphasised the need for ‘clean living’ and those who

¹³² *Note by the Chairman of the Committee (The Hon. Waldorf Astor, M.P.) to the Minister of Health on Prophylaxis against Venereal Disease*, Cmd 322 (London: HMSO, 1919), p. 11.

¹³³ His wife was Nancy Astor, who has been discussed in previous chapters.

¹³⁴ *Note by the Chairman of the Committee (The Hon. Waldorf Astor, M.P.) to the Minister of Health on Prophylaxis against Venereal Disease*, Cmd 322 (London: HMSO, 1919), p. 3.

¹³⁵ *Note by the Chairman of the Committee (The Hon. Waldorf Astor, M.P.) to the Minister of Health on Prophylaxis against Venereal Disease*, Cmd 322 (London: HMSO, 1919), p. 10.

¹³⁶ Hansard, 465, 8 December 1942.

¹³⁷ Weeks, p. 238.

¹³⁸ Davenport-Hines, p. 242.

recommended greater frankness about sex.¹³⁹ The committee dismissed Reid's findings on the grounds that he did not indicate what proportion of men did not use the kits, nor did he indicate the VD rate in the civilian population.¹⁴⁰ According to Waldorf Astor the men did not use the kits properly or at all.¹⁴¹ The report reaffirmed that improving social conditions and the provision of recreation opportunities was the key to reducing VD.¹⁴² This was not a new finding. In the subsequent discussion in the House of Lords, Colonel Harrison indicated that the issues for the army and civilians were different.¹⁴³ He did not elaborate further on the matter, although he produced a separate leaflet on the management of VD amongst civilians.¹⁴⁴

For the navy in Britain, defining separate physical spaces for women and men, for example by banning women from dockyards, was one means by which the risk of VD could be reduced. The devolution of policy to a local level makes it difficult to regard policy in unified terms. Reportedly, one Principal Medical Officer of the navy indicated that it was not possible to ascertain whether the general recommendation was in favour of or against the provision of prophylactics.¹⁴⁵ This could reflect the protectiveness of the navy when voicing their opinions to outsiders. Losing virginity was still a rite of passage for sailors in the 1930s and sex workers, particularly overseas, played an important role

¹³⁹ Mark Harrison, *Medicine & Victory*, p. 100.

¹⁴⁰ *Note by the Chairman of the Committee (The Hon. Waldorf Astor, M.P.) to the Minister of Health on Prophylaxis against Venereal Disease*, Cmd 322 (London: HMSO, 1919), p. 10.

¹⁴¹ *Note by the Chairman of the Committee (The Hon. Waldorf Astor, M.P.) to the Minister of Health on Prophylaxis against Venereal Disease*, Cmd 322 (London: HMSO, 1919), p. 8.

¹⁴² Hansard, House of Lords, 867, 10 December 1919.

¹⁴³ Hansard, House of Lords, 844, 10 December 1919.

¹⁴⁴ Wellcome Library, SA/BSH/B2 'Minutes of a Meeting of the Demobilisation Sub-committee, Tuesday December 10 1918'.

¹⁴⁵ LSE, 3AMS/B07/23 (Letter from Most Reverend D. Mackintosh, Archbishop of Glasgow to Alison Neilans, AMSH), 10 December 1937.

in this.¹⁴⁶ For some servicemen even contracting VD was a rite of passage,¹⁴⁷ although often conducted under the influence of alcohol and peer group pressure rather than conscious, sober decision.¹⁴⁸ The future King Edward VIII and his brother (later) George VI, both of whom served in the First World War, lost their virginity to a French sex worker.¹⁴⁹

Sex workers positioned themselves for the changes in society, and were able to obtain condoms,¹⁵⁰ addressing both the risk of VD, and even more contentiously, prevent pregnancy. (They would be more likely than other women to know about these since advertising such products openly was not permitted until 1989).¹⁵¹ One sex worker, responding to a government survey, indicated that she knew how to protect herself, but would die by suicide if she contracted the disease.¹⁵² The restricted sale of prophylactics was not insignificant. For example, Boots the Chemist refused to sell them because of how it would affect their image.¹⁵³

¹⁴⁶ Brown Shaw, p. 344.

¹⁴⁷ Spike Mays, *Fall out the Officers* (London: Eyre & Spottiswoode, 1969), pp. 6-7.

¹⁴⁸ Philip, p. 25.

¹⁴⁹ Cherry, p. 193; Georgie Grieg, *The King Maker: The Man who Saved King George VI* (London: Hodder and Stoughton, 2011), p. 170; Rachel Souerby, 'From Sex Worker To Princess To Murderer: The Remarkable Rise and Fall of Marguerite Alibert' <https://medium.com/@editors_91459/from-sex-worker-to-princess-to-murderer-the-remarkable-rise-and-fall-of-marguerite-alibert-23a722a1f99e> [accessed 08 March 2021]

¹⁵⁰ Ware, p. 528. This is more significant considering that the social conservative restrictions on the advertising and sale of contraceptives.

¹⁵¹ Peter Baldwin, *Contagion and the State in Europe, 1830-1930* (Cambridge: Cambridge University Press, 1999), p. 468.

¹⁵² Dawes, p. 225.

¹⁵³ British Library, C816/07, tape no. 1.

Surgeon Commander H. R. B. Hull reported to the Royal Society of Medicine in 1931 that the Navy's approach to preventing VD was not working.¹⁵⁴ This is one of the very few occasions when a member of the navy spoke out against the navy's policies, although it can hardly be regarded as unequivocal criticism. The problem, he said, was 'possibly' that the lectures were too infrequent and too unimpressive, although he also emphasised the inadequacy of the prophylactics provided.¹⁵⁵ Potentially the men's lack of confidence in them, he pointed out, prevented them from using the facilities properly. An interesting point is that in his discussions of preventing VD he did not mention celibacy or avoiding sex. These were not advocated. He suggested that women should receive lectures recommending that they insist on the use of a rubber sheath.¹⁵⁶ Similarly to a defence of naval policy on prophylactics made by the First Lord of the Admiralty, the key principle was to avoid putting obstacles in the way of men from using prophylactics.¹⁵⁷

In the 1930s the army also reconsidered their use of prophylactics. Lieutenant-Colonel Alexander Hood, who became the Director General of Medical Services in the Second World War, evaluated the effectiveness of issuing prophylactic packets in comparison to providing prevention ablution centres.¹⁵⁸ The army trained nine volunteers from different commands in the specialist elements of dermatology, the branch of

¹⁵⁴ Hull, p. 1,263.

¹⁵⁵ Ibid.

¹⁵⁶ Ibid.

¹⁵⁷ LSE, 3AMS/B07/23 'Health of the Navy and Army, 1925-1928: The Futility of the Prophylactic Packet', (Reprinted from *The Shield*, April 1930), p. 1.

¹⁵⁸ Lieutenant-Colonel Alexander Hood, *The Prevention of Venereal Disease with Special Reference to Preventive Ablution Centres*, 'Journal of the Royal Army Medical Corps' (June 1937), 390-92.

¹⁵⁸ Hood, pp. 391-92.

medicine which included VD at the time. They then employed these men as attendants in the prevention ablution centres, rather than these facilities being self-service. The function of the attendants was to ensure proper treatment, rather than the more perfunctory actions that men sometimes undertook that demonstrated they had visited the prevention ablution centre. To support accurate record keeping, the orderlies were instructed that there would be severe penalties if any treatment were applied but not documented.¹⁵⁹

In 1936, one RMAC sergeant observed that out of 4,367 men treated at one of these centres, only eight men developed VD.¹⁶⁰ In one of these cases it was considered to be a result of reinfection during treatment. This meant that the failure rate was 0.18 per cent. However, the challenge remained getting the men to use the centres. The deterring factor was that their details were recorded.¹⁶¹

6.4 The Second World War: Regulated Prostitution

One of the points speakers learnt from the First World War and emphasised from the start of the Second World War was that warnings should not just be about sex workers. All women were a risk. The navy noted that sailors were more likely to contract VD from a sex worker when overseas than in Britain.¹⁶² In one unnamed British port, only three per

¹⁵⁹ Hood, p. 391.

¹⁶⁰ Ibid.

¹⁶¹ Ibid.

¹⁶² Coulter, p. 221.

cent of VD in sailors was attributable to sex workers.¹⁶³ There are at least three possible explanations for this: a high level of monogamy or celibacy amongst sailors at home, which no-one suggested was likely to be true; a high proportion of sexual encounters with sex-workers, but with a reduced risk of disease transmission, either through non-penetrative sexual activities, or the use of condoms; or a significantly higher proportion of sexual intercourse with women who were not sex workers. This last option would be most compatible with what was happening all over Britain. For the army, according to venereologist T. E. Osmond speaking at the Annual General Meeting of the Medical Society for the Study of Venereal Diseases in 1941, six per cent of VD cases were attributed to sex workers, and fourteen per cent to marital cases.¹⁶⁴ The basis for these figures was the contact tracing returns, so there was extensive data. Several points are particularly noteworthy. Firstly, cases where VD was contracted from a sex worker were allegedly responsible for less than half the number of cases where VD was contracted from a spouse. Secondly, the remaining eighty per cent is the largest group, and all the women not included in the other two categories were included in it and classified in the document as ‘amateur prostitutes’.¹⁶⁵

The services’ preference for regulated brothels when overseas meant that some men who contracted VD pretended that the source was one of these places to hide their riskier behaviour.¹⁶⁶ The correct use of condoms was frequently hindered by ‘the circumstances, the excitement, or the apathy, frequently the partial intoxication, of the men’.¹⁶⁷ As

¹⁶³ L. W. Harrison, *The Present Trend of Incidence of Venereal Disease*, p. 261.

¹⁶⁴ ‘Incidence of Venereal Diseases’, *British Medical Journal*, 2 (9 August 1941), 208.

¹⁶⁵ *Ibid.*

¹⁶⁶ TNA, WO 222/1479 ‘Notes from Medical Conference Held at St. Jean Hospital Arras’.

¹⁶⁷ Bett, p. 18.

Montgomery had recognised, men would not inconvenience themselves to acquire condoms. One of the advantages of the regulated system of sex work was that it was obligatory for those involved to use condoms.¹⁶⁸ In 1940 the War Office felt confident enough to defend the policy around not closing access to *maisons tolérées* in parliament.¹⁶⁹

Policing sex workers in France was a very different matter from Britain for similar reasons to in the previous war. From their point of arrival in France, the men could see the brothels.¹⁷⁰ French civilian doctors regularly inspected the women who worked in the brothels for VD. Initially, the British APMs did not consider these checks to be effective, as the women were given little more than a cursory examination. Again, the checks improved when they were conducted by the French military doctors,¹⁷¹ although according to Mark Harrison, other factors (not clarified) may explain this change.¹⁷² Prior to that there were incidences when one VD-infected woman in a brothel could transmit the disease to ten or more men in one night.¹⁷³ Women with VD were discharged from the brothels and forced into medical treatment until no longer contagious.¹⁷⁴ In practice they were not always free from disease when they returned. In terms of checks on the men, one private in the RAMC noted that the sergeant of Y Company conducting a free-

¹⁶⁸ TNA, WO 177/378 'Venereal Disease' [n.d.]

¹⁶⁹ Hansard, 783, 4 June 1940.

¹⁷⁰ IWM, Sound archive no. 11938, reel no. 5.

¹⁷¹ TNA, WO 222/1479 'Movements of British Field Ambulances BEF 10th May to Evacuation Dunkirk', p. 36.

¹⁷² Mark Harrison, *Medicine and Victory*, p. 43.

¹⁷³ IWM, Private papers of Captain F. E. de W. Cayley, documents.7788, p. 9.

¹⁷⁴ Osmond, p. 105.

from infection inspection ‘could turn a blind eye to a misdemeanour better than any NCO [he] had ever known’.¹⁷⁵

On 29 November 1939 the French government introduced a law to better control clandestine sex workers.¹⁷⁶ Files would now be maintained on all sex workers and any who were unregistered would be kept under surveillance.¹⁷⁷ The city of Nancy, France, had operated a system of vetting potential registered sex workers since 1925. By 1932, over 2,200 files had been created.¹⁷⁸ In German-occupied France the brothels had been allowed to remain open, partly because of the monitoring, despite German *syphiliphobia*.¹⁷⁹

Lille was notorious. This was not surprising as it was both a logistical hub, but also a major transport point, and so had a very high throughput of men. The issue of whether brothels should be in or out of bounds had been discussed with the French in relation to Lille with the conclusion that the town should remain in bounds.¹⁸⁰ As a solution, the army put extra men on patrol there at weekends.¹⁸¹ One purpose of the patrols was ‘to combat the influx of undesirable women’.¹⁸² What made policing troops more difficult than the previous war was that there were effectively no rest areas, meaning that the men

¹⁷⁵ IWM, Private papers of Private Frank Lee, documents.24057, p. 10, 6 January 1943.

¹⁷⁶ Quétel, p. 244; TNA, MH 55/1339 ‘The Problem of the “Maison Tolérées” and the B.E.F. in France: A Statement Issued by the Association for Moral and Social Hygiene, April 1940’, p. 3.

¹⁷⁷ Quétel, p. 244.

¹⁷⁸ Quétel, p. 243.

¹⁷⁹ Ronald Rossbottom, *When Paris went Dark: The City of Light under German Occupation, 1940-44* (London: John Murry, 1914), p. 148.

¹⁸⁰ TNA, WO 167/11 ‘Conference held in the Provost Marshal’s Office on Thursday 23 November 1939’.

¹⁸¹ Ibid.

¹⁸² TNA, WO 167/11 (War Diary), 10 January 1940.

were more widely dispersed, so it was harder to monitor their behaviour.¹⁸³ There was an influx of refugees from Eastern Europe, and many of the new and unregistered sex workers were impoverished refugees from Poland.¹⁸⁴ The description of them as ‘undesirable women’ also related to one of the army’s other concerns, women who wanted to marry soldiers with the aim of acquiring British nationality.¹⁸⁵ This phenomenon had been a concern of the Admiralty in the inter-war period, but had not specifically directed at the French.¹⁸⁶ It now resurrected itself in the army.¹⁸⁷

The brothels overseas posed the services several challenges in terms of manpower and discipline. Most obviously, there was the incidence of VD, although to some extent this could be monitored and access controlled, unlike with unregistered sex workers. Secondly, there was the discipline issue in terms of men respecting curfews and being in or out of bounds. Thirdly, brothels became a hiding place for men going absent without leave.¹⁸⁸ Fourthly, allowing access to the brothels meant risking public attention back in Britain.

Just like in Britain, some places in France were strongly associated with sex work – usually cities. Perhaps it is unsurprising that the APM file for Paris in 1939 is particularly detailed. Before the war there were 5,000 registered sex workers in Paris

¹⁸³ TNA, WO 222/1479 ‘Movements of British Field Ambulances BEF 10th May to Evacuation Dunkirk’, p. 35.

¹⁸⁴ Ibid.

¹⁸⁵ TNA, WO 167/11 (Minute from Adjutant General, BEF), 30 March 1940.

¹⁸⁶ Interestingly, one of the few autobiographies published by a sex worker, Marthe Watts, was a French sex worker who made a marriage of convenience to a British man in the interwar period to acquire British nationality. Marthe Watts, *The Men in my Life* (London: World Distributors, 1962).

¹⁸⁷ TNA, WO 167/11 (Order A/3026/PS), 30 March 1940.

¹⁸⁸ TNA, WO 167/253 (War Diary, Wambreches), 23 October 1939.

alone.¹⁸⁹ Like in Britain, railway stations were considered to be the biggest problem by APMs in Paris.¹⁹⁰ But difficulties in policing in France were not confined to the capital. The houses in one street in Roubaix were said to only consist of brothels. The military police raided there many times and ultimately it was closed to British military personnel by the then Major-General Montgomery.¹⁹¹

As a result of the high incidence of VD following arrival in France, from November 1939 every soldier with VD had to complete a questionnaire to assist with contact tracing.¹⁹² It is revealing that the questionnaire asked men to describe the prostitute from whom they became infected, not what woman.¹⁹³ Although the parameters under which British APMs could operate in France were limited to areas agreed with the French, one important role was in notifying their French counterparts of any women with VD.¹⁹⁴

British medics were not as involved in the process of managing sex workers in France as they were able to be in the colonies or other theatres of war. Neither they nor the British military police were able to check French brothels, nightclubs or other such venues without French assistance.¹⁹⁵ Yet this was not because of French insecurity over sovereignty. The French Ministry of Health approached the BEF Deputy Director of Medical Services (DDMS) to ask if he would allow British officers to share in the control

¹⁸⁹ TNA, WO 219/3527 'Preliminary Report, Health of Paris, 26 August to 3 September '44'.

¹⁹⁰ TNA, WO 167/1346 (War Diary, Paris), 7 January 1940.

¹⁹¹ Bartlett, p. 11.

¹⁹² Ibid.

¹⁹³ TNA, WO 177/1 (Appendix No. 1). Contact tracing was also performed in Britain, yet the form was not the same.

¹⁹⁴ IWM, Private papers of Captain F. E. de W. Cayley, documents.7788, p. 9.

¹⁹⁵ TNA, WO 167/1346 (War Diary, Paris), 6 January 1940.

of the brothels.¹⁹⁶ He refused. The DDMS replied that this would not be possible, presumably because of the risk of the response by the British public if it were discovered. Instead, he proposed to ‘consider the question of allowing responsible officers to inspect from time to time these places to see that preventative measures were in force’.¹⁹⁷

Despite rejecting the request for assistance from the French Ministry of Health, policing in France was conducted in conjunction with the French military police, indicating that the provost could be flexible enough to adapt, as well comfortable enough to share authority when needed.¹⁹⁸ One temporary APM was presented with a challenge when he was working in Messines for a month.¹⁹⁹ His job consisted of checking the registration cards of the women working in the brothels to see that it was the same person as on the residential medical certificate. However, the problem was that some of the brothel keepers thought he was there for the same purpose as the customers and tried to keep him there, something not expressed as often in the First World War. ‘That was the only difficulty I had keeping out of the place, getting out quickly.’²⁰⁰ Some doctors expressed discomfort at the task of checking on the women in the brothels, with its unglamorous reality, where the madam would attempt to bribe them to ensure that any reports did not negatively affect their business.²⁰¹ Corporal Lucas, a British military

¹⁹⁶ TNA, WO 177/1 ‘Report by the Deputy Director of Hygiene, BEF for the Month of February 1940’.

¹⁹⁷ Ibid.

¹⁹⁸ TNA, WO 167/253 (War Diary for Wambreches), 23 February 1940.

¹⁹⁹ IWM, Sound archive no. 17436, reel no. 5.

²⁰⁰ Ibid.

²⁰¹ MacCarthy, p. 23.

policeman based in Mons, noted that ‘Most of the patrols were connected with the brothels’, which were based just behind the cathedral.²⁰²

The patrols operated through the night, usually making several arrests of British soldiers for disorderly behaviour. Patrolling a brothel that was closed to troops was considered to be ‘a job with conflicting interests for any soldier and offering “no job satisfaction”’. In policing, the distinction of rank was usually maintained,²⁰³ and arrests had to be made by military or naval personnel of a higher rank. The problem this raised was one that had been challenged early in the war.²⁰⁴ An interesting exception later was that Medical Officers were now explicitly reminded that out of bounds areas ‘apply equally to all ranks and all sexes of the medical and ancillary services’.²⁰⁵

In France, the regulation and monitoring of sex workers was strengthened under occupation rather than abandoned. The Germans preferred to use the brothel system to ‘enclose’ sex work, where it could be better monitored and controlled.²⁰⁶ The system in occupied France disincentivised women from being part of the regulated system, through the way the brutal way medical inspections were conducted, and the lack of any exit strategy from sex work for any women in them.²⁰⁷ As a result, many sex workers did not register under the system and avoided medical testing.

²⁰² Vaughan Lorell-Knight, p. 119.

²⁰³ TNA, WO 177/377 3 ‘Br. Inf. Div. Medical Administrative Instructions Serial No. 2’, 10 July 1944, p. 3.

²⁰⁴ TNA, WO 167/1346 (War Diary), 29 December 1939.

²⁰⁵ TNA, WO 177/377 3 ‘Br. Inf. Div. Medical Administrative Instructions Serial No. 2’, 10 July 1944, p. 3.

²⁰⁶ Corbin, p. 344.

²⁰⁷ Roberts, *The Price of Discretion*, p. 1017.

Under occupation, women who infected German troops with VD were judged as having committed a crime against the *Reich* and removed from the brothel, then given the choice of going to prison or a labour camp.²⁰⁸ This perhaps explains why even after liberation, the women in brothels would take charge of using prophylaxis, including washing the man's genitals first, and checking for signs of VD.²⁰⁹ This severity combined with French inclinations. Corbin cogently observed, 'The policy of the Vichy state combined in an original wish to defend the brothel and a determination to apply scientific disease prevention.'²¹⁰ British services adopted similar monitoring practices in the brothels overseas (without the prison or labour camp option) at the same time as criticising those adopted by the Germans. Men visiting the brothels signed their name in a book and were handed a ticket when they entered, or sometimes when they left.²¹¹ The ticket listed the brothel entered. In some places it included the name of the specific woman visited, meaning a more efficient tracing method if the men contracted VD.²¹² Men who were unable to provide one of these tickets if needed were in trouble. For this reason, some men with VD were suspected of falsely claiming that they had contracted it from a regulated brothel, rather than a possibly riskier, and less acceptable source.²¹³ The frequency of checking the women in the brothels for VD varied, as did as the level of thoroughness of these examinations. Whilst in France the use of prophylactics was

²⁰⁸ Quétel, p. 245.

²⁰⁹ Longden, pp. 97-98.

²¹⁰ Corbin, p. 344.

²¹¹ IWM, Private papers of C. G. Beech, documents.734, p. 64.

²¹² IWM, Private papers of C. G. Beech, documents.734, p. 63.

²¹³ TNA, WO 222/1479 'Notes from Medical Conference Held at St. Jean Hospital Arras'.

compulsory, in a brothel in Alexandria when one merchant sailor asked to use one, the sex worker in question became ‘stony’.²¹⁴

In France in 1943, the notion that some women were deliberately infecting German soldiers with VD led to a law that meant infecting a member of the Wehrmacht with VD was a crime.²¹⁵ Conversely, there were rumours that the Germans had released women with VD in order to infect the approaching Allies. There had been ideas that the Germans had used VD-infected women to disrupt British ports.²¹⁶ The notion that women could be used in this way had a long pedigree, dating back at least to the Franco-Prussian War.²¹⁷ In Italy in 1944, the Allies considered targeting German troops by using sex workers infected with VD, but had been unable to get the latter’s consent.²¹⁸ In this way, sex workers were regarded as a potential biological weapon, but one that could only be used overseas.²¹⁹

In overseas countries, including France, British servicemen using the brothels were restricted to certain hours. If the men were found on the premises after the official closing time, then the brothel owner faced the risk that the business would be closed. For this reason, APMs often chose to conduct an inspection on the brothel half an hour after closing time.²²⁰ There would usually still be men on the premises. The names of any

²¹⁴ IWM, Sound archive no. 14282, reel no. 11.

²¹⁵ Corbin, p. 346

²¹⁶ Levine, *Virtue under Fire*, pp. 83-84.

²¹⁷ Joshua Goldstein, *War and Gender: How Gender Shapes the War System and Vice Versa* (Cambridge: Cambridge University Press, 2001), p. 341.

²¹⁸ Norman Lewis, *Naples '44* (London: Eland, 2002), pp. 87-88.

²¹⁹ The intelligence services tested men’s ability to keep quiet around beautiful women through the use of a ‘honey trap’. However, the women involved were not sex workers.

²²⁰ IWM, Private papers of Captain C. H. Butt, documents.12181, p.72.

servicemen present would be noted, and there would routinely be an argument between the military police and the brothel owner.²²¹

In 1942 there were approximately five hundred brothels in France solely for the use of German forces.²²² From 3 July 1943 onwards, any woman considered likely to have VD, sex worker or otherwise, had to submit to medical testing and if she had VD, would be forced to undergo treatment.²²³ The Allies anticipated that the occupation had led to a high VD rate in France,²²⁴ although their concerns might have reflected German paranoia in France about this.

6.5 Prophylaxis, Bromide and Penicillin

One of the biggest differences from the First World War was that the army issued prophylactics. These consisted of both chemical prophylactics and condoms. The purchase of condoms was initially a reluctant alternative that was presented as necessary because of the inability to obtain chemical prophylactics.²²⁵ It was only later when ‘it was shown the question was not really one of morality but of disease prevention’ that the army officially made the change to using condoms.²²⁶ No date is given for this, but the literature is clear that these were issued for D-Day in 1944, and there is no reference to them being

²²¹ Ibid.

²²² Brown, *The Pox*, p. 179.

²²³ TNA, WO 219/3527 ‘Special Intelligence Bulletin No. 13’, 9 August 1944.

²²⁴ TNA, WO 219/943 ‘Supreme Headquarters Allied Expeditionary Force: Control of Venereal Disease’, 24 May 1944.

²²⁵ TNA, WO 177/1 ‘Monthly Report by D.D. of H’ [September 1939]

²²⁶ Crew, pp. 232-33.

systematically issued before then. The navy used both chemical prophylactics and condoms, but the former were suspended with the development of better treatment for VD.²²⁷

Whilst society accepted the principle of medical treatment for VD, for moral reformers prophylactics remained the exception.²²⁸ The arguments against their provision were that they removed the fear of contracting VD and actually promoted the idea of immorality by giving it an official sanction.²²⁹ If men were not scared of the risk of disease, it purportedly changed their sexual behaviour. The reality was that men disliked lectures which assumed they were naturally promiscuous or purely focused on how to use prophylactics. The effect of being judged that way was averse to good morale.²³⁰

For both the army and the navy the position they held on prophylactics between 1939 and 1940 was a stronger one than they had held in 1918. Part of what enabled this was the backing of the medical profession on the question of regulated brothels in France. The navy had freely issued prophylactic kits to sailors since the First World War,²³¹ but how they did this in the Second World War changed. Now it was standardly condoms that were distributed on departure for shore leave in Britain, rather than just when overseas. Only one condom was supposed to be issued per man, but the men regarded only taking one as a comment on their 'prowess' and an insult, so they usually bartered

²²⁷ Coulter, p. 221.

²²⁸ Osmond, p. 104.

²²⁹ Ibid.

²³⁰ TNA, ADM 1/18872 'Enclosure in More No. 4315/C391 25 August 1944'.

²³¹ Bett, p. 18.

for more.²³² Those who did not use them could swap them for other things.²³³ The recognition that coitus often took place several times per night out was not a new one. Surgeon Rear-Admiral William Bett argued that this was another reason why ‘it was virtually impossible for a man to have sufficient supply of material’.²³⁴ The medical officer aboard HMS *Hood* broadcast a message about condoms to the ship’s company, telling the men it would be against their better judgement not to take advantage of them, and comparing their use to sporting protection.²³⁵ Not all medical officers agreed with issuing condoms however. One Medical Officer overseas not only refused to issue them, but threw them into the water. He was subsequently transferred to Aldershot.²³⁶ This suggests that although decision making was devolved, there were still certain expectations, and not meeting them had consequences.

For the army overseas, the issuing of condoms was at first unofficial,²³⁷ because of the concern about how the public would respond if it was discovered. It was usually at the discretion of the commanding officer. Early in the war, the War Office denied that this was happening, but indicated that condoms were available for the men to purchase.²³⁸ The way the War Office reconciled themselves to this, although they were aware that these were also provided freely and not just sold, was to declare that they were not paid

²³² IWM, Sound archive no. 12812, reel no. 2.

²³³ Hickman, p. 204.

²³⁴ Bett, p. 18. This was later echoed by Surgeon Commander Hull who said ‘The man who has more than one coitus must have more than one sheath’. Hull, p. 1266.

²³⁵ Glyn Pryor, *Citizen Sailors: The Royal Navy in the Second World War* (London: Penguin, 2011), p. 410.

²³⁶ Hickman, p. 199.

²³⁷ Crew, p. 232.

²³⁸ LSE, 3AMS/B07/16 (Letter from War Office to Alison Neilans, AMSH, 28 November 1939).

for from public funds. The lack of any official recommendation about their use was because of the influence of lobbying bodies.²³⁹ The War Office's unconsciousness was deliberate however, as the Commanding Officer of the 1st/6th East Surreys, a Territorial Army Battalion in the 4th Division, got into trouble when he went into the local town and purchased all of the available condoms and distributed them to the battalion. The subsequent anger of the clergy ignored the fact that his battalion had very little VD by comparison with the rest of the division, although it was also suggested that the problem was that they were distributed free of charge.²⁴⁰ The question of the efficacy of the initiative was not the prime concern.

Colonel L. W. Harrison was responsible for increasing the army's liberality on distributing condoms.²⁴¹ This was not an alternative to educating the men about the risks, nor did it mean withholding medical treatment from men who contracted VD. Harrison was a strong advocate of both of these measures but considered that condoms were another necessary part of the preventative strategy. A War Office memorandum from as early as October 1939 noted that regiments where prophylactics were more easily available had the lowest rates of VD.²⁴² Yet condoms were still initially a 'an optional extra'.²⁴³ Another point on which Colonel Harrison's recommendations were taken up, was in the wider use of prevention ablution centres. Instructions to all units issued in November 1939 stated that prevention ablution centres should be established in all home-based units. These were later set up overseas as well. An interesting note is that while

²³⁹ TNA, FD 1/6516 'Confidential Note'.

²⁴⁰ Thompson, p. 23. Allegedly, when he left the shop the female shop assistant was heard to mutter '*Quelle homme*'. Sebag-Montefiore, p. 15

²⁴¹ Mark Harrison, *Medicine and Victory*, p. 44.

²⁴² TNA, WO 177/1 'Memorandum on Hygiene', 16 October 1939.

²⁴³ Mark Harrison, *Medicine & Victory*, p. 44.

they were used by 'relatively few soldiers' in Britain where there was also the potential to use civilian facilities, they were well patronised overseas.²⁴⁴

The provision of condoms was sometimes taken seriously, even if it was unofficial. In one brothel in Reims, men were not allowed to enter without a condom.²⁴⁵ When a recently promoted Second Lieutenant was asked to inspect the men's kits, he was surprised to find that on top of the emergency rations was a condom.²⁴⁶ He was told that these would be replaced when used, but the men needed to demonstrate that they had protection. Some soldiers argued that condoms were necessary for waterproofing or sand-proofing of gear by putting them across the barrels of weapons.²⁴⁷ Whilst accounts show that they could be used to prevent rain damage, there is nothing to suggest that the majority were used that way.²⁴⁸

However, the provision of condoms did not ensure their use. This remained the biggest problem with the policy. As a product these had advanced from the earlier examples.²⁴⁹ Some sex workers insisted on the use of condoms,²⁵⁰ either provided by the client or bought themselves, both in Britain and France. They could not afford to run risks.²⁵¹ In one study of two hundred soldiers with VD, one hundred and thirty-seven of

²⁴⁴ TNA, WO 177/1 'Memorandum on Hygiene', 16 October 1939.

²⁴⁵ Haste, p. 114.

²⁴⁶ IWM, Sound archive no. 16056, reel no. 2.

²⁴⁷ Longden, p. 88.

²⁴⁸ In the Second World War the production of condoms by the London Rubber company tripled, although this also reflected the difficulty of sourcing them from Germany.

²⁴⁹ In the 1920s the production of condoms changed to the use of latex. London Rubber Company.

²⁵⁰ C. H Rolph (ed), *Women of the Streets: A Sociological Study of the Common Prostitute* (London: Secker & Warburg, 1955), p. 97.

²⁵¹ George Ryley Scott, *Sex Problems and Dangers in War Time: A Book of Practical Advice for Men and Women on the Fighting Home Fronts* (London: T. W. Laurie, 1940), p. 20.

the men had not used condoms. In only ten of these cases were condoms unavailable.²⁵² The major reason they were not used, however, was a belief that the woman in question was 'clean' and 'respectable', which constituted sixty-two per cent of cases of those contracting VD. The other reasons were the pleasure-reducing effects of condoms (seventeen per cent of cases), drunkenness (ten per cent) and four per cent where it was considered that they were unnecessary.²⁵³ The use of condoms was even present in some of the lower-end brothels in Britain, such as the Arch Social Club.²⁵⁴ Reluctance to use them was not universal outside of such venues. In one Birmingham road, the public health inspector found twenty-three used condoms.²⁵⁵

The AMSH did not only lobby the government and civilian bodies, but also challenged the army and navy directly on the issue of prophylactics.²⁵⁶ Prior to the war they approached Colonel Harrison and asked him to make a statement in one of prestigious medical journals indicating that medical specialists advised against the system of regulated brothels.²⁵⁷ They evidently wrote more than once. However, he did not reply until January 1940, suggesting that he did not regard engagement with the AMSH as a priority. He indicated that he did not know any medical men who would object to the

²⁵² Major E. D. Wittkower RAMC and Captain J. Cowan RAMC, 'Some Psychological aspects of Sexual Promiscuity: Summary of an Investigation', *Psychosomatic Medicine*, 4 (1944), 287-94 (p. 291).

²⁵³ Ibid.

²⁵⁴ TNA, MEPO 3/770 'Statement of Police Constable Joseph Scott', 19 April 1940.

²⁵⁵ Wington-Ingram, p. 241.

²⁵⁶ LSE, 3AMS/B07/23 (Letter from Home Office Private Secretary to Alison Neilans, AMSH), 8 August 1939.

²⁵⁷ LSE, 3AMS/B07/16 (Letter from Secretary Alison Neilans, AMSH to Colonel Harrison), 9 February 1939.

regulated brothels and that medical checking for VD had improved in comparison to previously.²⁵⁸

In a theme continued from the end of the First World War, moral reform organisations continued to argue that their comments represented the concerns of servicemen.²⁵⁹ The War Office complained to the AMSH about one particular example, a letter entitled *A Machine Gunner speaks to the Forces*, published in the moralist newspaper *The Shield*. The War Office sent comments to the AMSH challenging the points raised by the gunner in question. They argued it was unfair to publish the letter without showing it to the government first, particularly as it contained opinions that are ‘demonstrably untrue’.²⁶⁰

With such scrutiny and sensitivity around prophylactics, the army were cautious about messaging. Occasionally formal communication created difficult challenges for the army. The best-known example of this was in November 1939 when Montgomery issued a memorandum to the men of the 3rd Division on the subject of preventing venereal disease, reflecting his concern that forty-four men in the division had been admitted to the field ambulances with VD.²⁶¹ He said if his men wanted to have sex with a woman they should be allowed to as long as they used common sense and took the necessary precautions against disease.²⁶² They should be aware of the penalties attached to contracting VD - the British army had re-imposed fines for this, with the same

²⁵⁸ LSE, 3AMS/B07/16 (Letter from Colonel Harrison to Alison Neilans, AMSH), 13 January 1940.

²⁵⁹ LSE, 3AMS/B07/27 *A Machine Gunner Speaks to the Officers of the Forces* [pamphlet]

²⁶⁰ LSE, 3AMS/B07/26 (Letter from J. E. Osmond, War Office, to Alison Neilans), AMSH, 20 October 1941.

²⁶¹ Sebag-Montefiore, p. 14.

²⁶² Ibid.

consequence as previously that concealing VD or sourcing private treatment was more likely to occur. Ultimately, they dropped the policy for the same reason as they had previously, namely that men concealed symptoms of the disease, or attempted to treat it themselves.²⁶³ The results of this were that any disease was harder to treat when medical treatment was finally sought. The penalties were less severe than in the First World War, but the punitive element remained.²⁶⁴

Montgomery's memorandum said that it should be made easier for the men to buy condoms in the company shop because they would not inconvenience themselves to obtain them. Men should be taught how to ask in French for a 'French letter'. He reasoned that the brothels in Lille were properly inspected so the risk of VD from there was virtually nil. These places, he said, 'are known to the military police, and any soldier who is in need of horizontal refreshment would be well advised to ask a policeman for a suitable address'. Although he suggested that in terms of the officer speaking to the men 'the more senior the better', his key message was that it should be for unit commanders to handle the VD problem in whatever way they considered best.²⁶⁵

Montgomery's men approved of his approach. The Royal Corps of Signals demonstrated their agreement with Montgomery and responded writing a poem entitled 'Mars Amatoria'.²⁶⁶ However, Montgomery's superior officers were not so happy. The Chief Chaplain at general headquarters took offence at the memorandum and Lord Gort, Commander-in-Chief of the BEF, considered that the order was improper and should be

²⁶³ Mark Harrison, *Medicine & Victory*, p. 45. As this was a lesson that the army were forced to learn in the First World War and prior to that, the repeat of policy was an example of 'unlearning'.

²⁶⁴ Mark Harrison, *Medicine & Victory*, p. 103.

²⁶⁵ Brian Montgomery, *A Field-Marshal in the Family* (London: Constable, 1973) p. 253.

²⁶⁶ Montgomery, pp. 254-55.

withdrawn. If Montgomery's words were known back in Britain, they would be regarded as encouragement to use brothels and could potentially cause a public backlash strong enough for the government to intervene. Yet if Montgomery were forced to withdraw a divisional order it would undermine his authority. General Alan Brooke, the Corps Commander, informed Montgomery of the error of his ways and said it was not to be repeated, but did not force the retraction of the order.²⁶⁷

Montgomery's memorandum was more like public advocacy of the brothel system, rather than reluctant acceptance, hence the disapproval. Part of what had made Montgomery's announcement so problematic, apart from the risk of publicity, was the timing. November 1939 coincided with a peak in the VD rate of British servicemen in France. But France was also looking at legislation to control VD in the civilian population.

In 1942 the government tried to restrict the use of rubber to essential items.²⁶⁸ They exempted condoms from this decision later that year. The London Rubber Factory produced a hundred and twenty million condoms during the course of the war,²⁶⁹ by contrast to a pre-war average of just under four million annually, so there was certainly demand. This was made easier by the change in manufacturing processes in the 1920s, which also reduced the price of production. The increase in VD is more usually associated with the arrival of American servicemen.²⁷⁰ However, the VD problem preceded them.

²⁶⁷ Montgomery, p. 253.

²⁶⁸ Sandra Trudgen Dawson, 'Rubber Shortages, Public Health and Public Protest in WWII Britain' (2017) <<https://aha.confex.com/aha/2017/webprogram/Paper20458.html>> [accessed 20 August 2020]

²⁶⁹ Fergus Linnane, *London: The Wicked City: A Thousand Years of Vice in the Capital* (London: Robson, 2003), p. 327.

²⁷⁰ Hansard, House of Lords, 437, 8 December 1942.

One other form of prophylactic, also allegedly used in the First World War, was rumoured to prevent sex. This was bromide. Like previously, there were rumours that the service authorities were secretly giving it to the men for this purpose, something that did not dispel after the war. The navy allegedly disguised the taste with lime juice.²⁷¹ Although the Second World War saw a wide use of psychotropic substances,²⁷² there is no more evidence that bromide was being used for this specific purpose than previously. The VD rate is one indicator that if it was employed for that purpose, it was not effective. Anti-malarial medication acquired the same reputation of reducing the men's sex drive.²⁷³ This could have been an excuse against taking foul-tasting medication, although another source suggested Axis propaganda was the source of the myth,²⁷⁴ which prompts the question whether this was also the source of disinformation about bromide. As Spike Milligan argued, 'The only way to stop a British soldier from feeling randy is to load bromide into a 300lb shell and fire at him from the waist down'.²⁷⁵ Whilst this is certainly an exaggeration, the reduction in sex drive, as Alan Allport argues, can be more appropriately attributed to stress and exhaustion, only some of which related to front line duties.²⁷⁶

As sexuality formed an important part of the sense of masculinity, lack of sex drive required an explanation. To blame disinterest in sex on bromide or some other authority-

²⁷¹ Troman, pp. 50-51.

²⁷² James Pugh, *Amphetamines and the Second World War: Stimulating Interest in Drugs and Warfare* <<https://defenceindepth.co/2017/08/11/amphetamines-and-the-second-world-war-stimulating-interest-in-drugs-and-warfare/>> [accessed 3 October 2018]; Longden, pp. 145-47.

²⁷³ Mark Harrison, *Medicine and Victory*, p. 282.

²⁷⁴ Allport, *Demobbed*, p. 233 note 102.

²⁷⁵ Milligan, p. 38.

²⁷⁶ Allport, *Demobbed*, p. 103.

administered medicine also implied a sense of hyper-masculinity that needed to be controlled. Personal sources of data including letters, diaries and oral histories provide a sense of why some men remained celibate. For some it was religious or moral reasons, others were scared of contracting VD. Previous experiences of VD were also likely to change behaviour. But it was not because of the fear that VD was incurable, even before the discovery of penicillin.²⁷⁷ There is no evidence attributing the higher VD rate to men changing their sexual behaviour from the idea that penicillin would cure VD, although the authorities had been concerned and some medics regretted that this new treatment was too quick and painless.²⁷⁸ It is a matter of correlation, not causation. Like in the First World War, men would be returned to the line after treatment if they were hospitalised. There was possibly a greater factor of risk-taking in the last stages of the war. Vice-Admiral Sir Sheldon Dudley regarded penicillin's potential in the opposite way, with its ability to make licenced brothels safer.²⁷⁹

The return to France and the rise in VD increased the pressure to find treatments for VD. The limited introduction of penicillin to treat VD in late 1944 reduced the time men spent in hospital for treatment. In this way it contributed to the reduction of hospitalisation and treatment time. The Americans, used penicillin in a prophylactic capacity to prevent VD, issuing it as 'a precaution against possible infection.'²⁸⁰ For British troops it was a more closely controlled treatment. In the navy the VD rate was in decline after the introduction of penicillin. In the army the VD rate did not just increase,

²⁷⁷ Knock, p. 264.

²⁷⁸ Hickman, p. 202.

²⁷⁹ Dudley, p. 254.

²⁸⁰ Dawes, p. 232; Major Mark S. Rasnake, 'History of US Military Contributions to the Study of Sexually Transmitted Diseases', *Military Medicine*, 170 (April 2005), 61-65 (p. 62).

as would be expected if penicillin changed sexual behaviour, but fluctuated from late 1944 through to the end of 1945.²⁸¹ In this way, the change in the VD rate in the army followed a similar pattern to the end of the First World War.

The drug enabled Field Medical units to treat men locally, although relapsing or more resistant cases were referred to the Venereal Disease Treatment Centres, which were managed at corps level. These were so successful that by Spring 1945 medical authorities were requesting that these were opened at divisional level instead of one per corps.²⁸² As Andrea Harris observes however, ‘even with penicillin the incidence of VD was relentless’.²⁸³

6.6 The Return to France 1944-45

At the suggestion of the British army, in planning for D-Day, the British and Americans held a meeting to discuss the prevalence of VD in France, what strategies they could use to prevent it spreading to their troops, and disciplinary measures for any men who contracted it.²⁸⁴ They agreed that poverty and the dislocation of families had contributed to prostitution and concluded that unit commanders should have these factors brought to their attention, but that a higher level of authority should make recommendations for how to cope.²⁸⁵ Among the recommendations was the suggestion that the brothel areas should

²⁸¹ Mellor, pp. 80-81, 188.

²⁸² Longden, p. 105.

²⁸³ Harris, p. 30.

²⁸⁴ TNA, WO 219/4916 ‘Venereal Disease Control: Operation Overlord’, 1 May 1944.

²⁸⁵ Ibid.

be out of bounds to the troops.²⁸⁶ Unlike in the First World War there is no indication that on the return to France the army commissioned new brothels. The fact that the Allies documented these concerns in an internal record suggests that the anticipation of a high VD rate in France was not just a propaganda exercise. The allied armies assumed that there was a deterioration of morality in occupied France. The same thing could have been said about Britain, reflecting something about the nature of war, rather than a national phenomenon.

In June 1944 the arrival of tens of thousands of foreign servicemen in France with money represented opportunities for local citizens and sex for some. Recognising the possibility of sexual activities, the troops were each issued with two condoms in advance, causing some to joke that they thought they were ‘going to fight the enemy, not fuck them’.²⁸⁷ Some men did not know the purpose of condoms.²⁸⁸ This reaffirms that while the risk of issuing them could be tolerated and even managed, providing the men with accurate information about how to use them was not.

On the Allies’ arrival, the French people celebrated, and sexual opportunities abounded. Women offered themselves sexually to their liberators, and men who possessed few material goods offered female family members for the same purpose.²⁸⁹ It did not take long for sexual opportunities to become evident. One doctor found that a couple of French women had established a makeshift brothel in an abandoned landing

²⁸⁶ TNA, WO 219/1551 ‘Meetings of a Meeting held on VD in Q Conference Room, at 1500 hours, 1 May 1944’.

²⁸⁷ IWM, Sound archive, no. 25041, reel no. 7; Longden, p. 88.

²⁸⁸ Longden - *ibid*.

²⁸⁹ Longden, p. 92.

craft at Juno beach.²⁹⁰ The women were arrested. As Allied troops progressed through France there were other opportunities for sex. Troops did not always wait until they were on leave though. Some men dropped behind in the line when the chance for low-cost sex occurred. In one example, two women offered sex in return for four cigarettes.²⁹¹ Because money was not exchanged, some men did not regard the women as sex workers.²⁹² At such a low price, the sense of payment may have seemed more like a gift and the price merely an afterthought for any woman who just wanted sex.

In October 1944, Montgomery issued a very different directive to his one in 1939. This indicated that the only certain way of avoiding VD was refraining from sex. Any man choosing to ‘run the very great risks of promiscuous sexual relations’ was ‘foolish’.²⁹³ On liberation a brothel quickly reopened near Boulogne, offering ‘liberty jumps’ and free beer, which was discovered to be water. Montgomery heard about the brothel and closed it the following day.²⁹⁴ The interesting distinction is that although brothels could be closed²⁹⁵ as if their allies had conquered France or the brothel areas made out of bounds, the injunction was not that the men were forbidden to have sex with sex workers. That would have been impossible to enforce, especially considering the men had been issued with condoms.²⁹⁶ Their issue acknowledged the high VD rate in France,

²⁹⁰ James Goulty, *The Second World War through Soldiers' Eyes: British Army Life 1939-1945* (Barnsley: Pen and Sword, 2016), p. 110.

²⁹¹ IWM, Sound archive no. 27809, reel no. 2.

²⁹² Longden, p. 95.

²⁹³ TNA, WO 219/1551 ‘Venereal Disease, October 1944’.

²⁹⁴ IWM, Sound archive no. 32511, reel no. 3.

²⁹⁵ Hylton, p. 272

²⁹⁶ Mark Harrison, *Medicine and Victory*, p. 263. American soldiers were issued with six condoms per month. Roberts, *The Price of Discretion*, p. 1010.

and combined with the restriction on the use of brothels, reflected co-ordination with American forces.

The return to France in 1944 and liaison with the French authorities about sex workers, registered or otherwise, and policing was not unproblematic. The difference was that the army's perspective had changed. The relationship had also altered from one of co-ordinating between equal allies, to a different power balance. The army considered that there were 'misunderstandings' by the French civilian authorities on the need to control and detain diseased women.²⁹⁷ They were less satisfied with French efforts at policing than in 1940. Consequently, from early after liberation whole towns and villages were put out of bounds to British soldiers.²⁹⁸ On liberation, Paris was declared to be 'out of bounds' to British troops, although, starting from October 1944, it became available. This increased from January 1945.²⁹⁹

As time progressed, the army even considered that the French authorities had withdrawn the 'nominal cooperation' they had provided in keeping Allied troops out of the brothels,³⁰⁰ as if that were France's responsibility. From the French perspective, the co-operative approach of 1939 to 1940 was not possible in a situation where sovereignty was unclear, because of ambiguity in the lines of authority. This particularly applied in relation to sexual relations.³⁰¹

²⁹⁷ TNA, WO 219/ 3527 'Extracts from FUSA Second Fortnightly Civil Affairs Report', 21 June 1944.

²⁹⁸ TNA, WO 177/335 'Monthly Hygiene Report June 1944'.

²⁹⁹ Longden, p. 190.

³⁰⁰ TNA, WO 219/ 1551 'Access of Allied Troops to Houses of Prostitution, Memorandum to Major General Paul Hawley', 27 February 1945.

³⁰¹ Roberts, *What Soldiers do*, pp. 5-6.

In France, occupation contrasted with liberation. After liberation, while the war was still being fought, the French authorities argued against the Allies' policy of putting the regulated brothels out of bounds to prevent an increase in VD. They were ignored. VE Day resulted in a further flurry of sexual activity. This had been present in France from the liberation in 1944.

After the war the brothels in France were a reminder of occupation and the Vichy regime. In December 1945 in Paris, the municipal council voted to close the regulated brothels.³⁰² In April the following year the brothels in France were shut by decree, although it is questionable whether it was the 'failure of control of their medical inmates' as claimed that was the real reason.³⁰³ In the absence of another war and the prevalence of alternatives, the brothels never recovered their previous levels of popularity because of their association with collaboration. The French public made no distinction between regulated sex workers and what they popularly considered the internal enemy, women who had slept with German soldiers, so-called 'horizontal collaborators'. Both suffered retribution from vigilante groups.³⁰⁴ The women's heads were publicly shaved. In this way they were made a scapegoat for the nation. This change of feeling about regulated prostitution allowed French moral reformers to promote their agenda of abolition.³⁰⁵

Over the following years the British government were concerned that there was 'a considerable invasion' of women from these newly closed *maisons tolérées* who came to

³⁰² Quétel, p. 246.

³⁰³ 'Prostitution in France', *The Lancet*, 249 (June 1947), p. 917.

³⁰⁴ Kenneth Lowe, *Savage Continent: Europe in the Aftermath of World War II* (London: Penguin, 2013), p. 146.

³⁰⁵ Roberts, *What Soldiers do*, p. 138.

Britain and became British nationals.³⁰⁶ In this way, the blame of an external ‘other’ continued, using the language of invasion.

6.7 Conclusion

Whilst the navy wholeheartedly adopted a medical approach before the First World War, the army fluctuated in their attitude towards it. This was partly because of the strength of moral reform thinking, but also the fear of negative publicity. Whilst a combination of chemical prophylactics and condoms had been used prior to 1939, in the Second World War, condoms became the more commonly used form.

Prophylactics remained the key part of the navy’s strategy to prevent VD throughout the period under question. Whilst members of the navy’s medical service and commanders may have varied in their perspective of whether sex was necessary for men’s health and morale, they regarded it as inevitable. The issuing of prophylactic kits in the navy before the army standardly issued any kind of protection against VD indicates at a minimum the navy’s acceptance that sexual relations would occur.

In the interwar years the navy re-evaluated how they issued prophylactics, distributing condoms more readily and in Britain, rather than from the sick bay and abroad.³⁰⁷ Perhaps it is unsurprising that this was the period in which the navy most closely evaluated their practices, as the VD rate in the immediate interwar years was initially higher than during the war. The rejection of prophylactics in the 1919 evaluation by Waldorf Astor did not deter the navy. For the army, by contrast, issuing any

³⁰⁶ Hansard, 1132-33, 13 July 1948.

³⁰⁷ Brown Shaw, p. 348.

prophylactics remained a problem. Like asking the French authorities to open brothels, it was something they did, but were concerned about defending due to fear of the public response. In the first years of both wars, the army allowed access to regulated brothels, but had no systematic policy on prophylactics. The change in army policy to oppose regulated brothels in 1944 was because of the public sensitivity about them. Yet in preparation for D-Day the army had issued condoms, recognising that sex would occur. By contrast to this, the navy had both regulated brothels and prophylactics as a consistent part of their policy. The essence of the army's approach to regulated brothels and prophylactics was the distinction between their official policy, which they needed to be seen to provide, and unofficial practices.

Conclusion

In August 1914, when Kitchener recognised that VD was likely to be a risk to fighting fitness, he demonstrated an understanding that wartime would be different. As the Chief Medical Officer confirmed in 1939, ‘It is well known that a state of war favours the spread of venereal diseases and is an important cause of the wastage of man-power.’¹ Following the outbreak of war in 1914, the services quickly developed policies to protect the large numbers of men who were new to service culture. Throughout the First World War, despite the Royal Commission on VD, the focus was on the preventing VD in the military, not amongst civilians. The means adopted to prevent VD over the period in question increased. Whilst policing was a factor in the goal of reducing VD, it was not a matter over which the services had total control, excluding the military police. However, the services worked closely with local police: liaison was necessary to the success of any policy, overseas even more.

Separately analysing the different strategies adopted by the services and government to prevent VD in the military implies that these were employed distinctly and evaluated. This is not true. Often several of the strategies identified in this thesis were applied simultaneously. The navy was more consistent, primarily adopting the medical strategy to prevent VD. The army’s policies were more mixed, particularly inconsistent in their approach to medicine, and placed greater emphasis on the moral reform approach, because of their sensitivity to public opinion.

Legislation provides clear dates for assessing the effectiveness of interventions. If a law acted as intended, there would be a corresponding reduction in the VD rate after its

¹ TNA, HLG 7/756 (Circular letter from the Chief Medical Officer, 1 September 1939).

implementation. In both wars, the effect would be caused by removing women who were presumed to be high risks to the services or forcing them to accept medical treatment. Yet there is no evidence of this. The reason is that the premise was that a small number of women, primarily sex workers, were responsible for the high rate of VD in the services. Whilst this was questionably accurate under the Contagious Diseases Act, it became increasingly less so in the twentieth century with the change in sexual mores. The number of arrests was consistently low. During the two world wars, when the VD rate in the services and the civilian population increased, the number of arrests for prostitution actually decreased. The intervention in France by the British War Cabinet, restricting access to the brothels after the publicity about Cayeux-Sur-Mer in 1918, was ineffective, with 1918 having the highest VD rate in the services in the First World War. In the Second World War, Defence Regulation 33B was not successful in its original function, namely the targeting of individuals who were identified as infecting two or more people with VD. Where it achieved more was in the government's re-evaluation and prompting individuals identified only once as the source of VD to accept medical treatment.

Another area where success was arguably greater for civilians than the military was in terms of education, albeit the more informative elements that encouraged people to be tested for VD, rather than those purely promoting celibacy or scare tactics. For the services, leaflets and lectures were a constant through the period in question. While these outputs were not contentious, some people, such as the sexual health campaigner Ettie Rout, questioned what moral reform achieved (her contribution to the literature was a card that indicated the location of a brothel in Paris that she considered disease-free).² The oral histories indicate that lectures convinced some servicemen of the need to avoid sexual risks and be celibate. Talks in small groups or to individuals, by someone who

² Tolerton, pp. 144-45.

knew them, were more effective. Films, particularly those focused on scare tactics, could change men's behaviour, at least temporarily. However, by the 1930s, some naval officers regarded films as ineffective, and even occasionally counter-productive, considering the rise in VD that followed after the film screening. Although the army did not formally evaluate their effectiveness, films remained a significant part of their strategy for tackling VD. Some films could only be shown when the men were overseas, highlighting the distinction with practices that could be adopted in Britain. By contrast, none of the literature indicates that anyone's perspective was changed by a leaflet, and the issuing of a leaflet could not ensure that it was read.

The only reference to a major propaganda campaign working is in relation to the preparation for D-Day with the claim that it prevented 15,000 VD cases.³ Insufficient details are provided to triangulate the data. If such a claim were credible, it would be entirely reasonable to expect it to be included in the official history of the war. It was not. Nor was it mentioned in Mark Harrison's medical history of the army in the Second World War. If this campaign had any effect, it was not long lasting considering the sharp increase in the VD rate amongst British troops in France in September 1944.⁴ A smaller claim was made in relation to an intensive propaganda campaign in Rouen, but the numbers were not provided in the war diary to evaluate the effectiveness of the initiative or if other factors were responsible for the change.⁵

The approach of reducing VD by managing welfare should be regarded separately in terms of the restriction and control of undesirable elements and the provision of what

³ Hylton, p. 129.

⁴ TNA, WO 219/3527 'Venereal Disease: Number of New Cases Each Week Expressed as a Proportion of Strength: Total of 21 Army Group 17 June 44 to 7 October 44'.

⁵ TNA, WO 154/114 'Lines of Communication: Weekly Report', 23 October 1915.

were considered to be constructive alternatives. The success of the campaigns to close cinemas in the First World War reduced the options of entertainment for servicemen, although it also meant the closure of venues where sex could occur, possibly contributing to the high percentage of sexual interactions that took place outside. But the aim of closing cinemas was to reduce immorality, not directly VD. Whilst alcohol consumption was often linked to unsafe sexual practices, as the survey in the Second World War demonstrated, the link was sometimes exaggerated.⁶

Where the services invested in recreation and welfare, this had some success in preventing VD, as well as positive benefits to morale. Whilst the provision of entertainment through ENSA was mixed in reception and uneven in application, it was still appreciated, particularly overseas where there were fewer other recreation options. Entertainment sources involving more activity, such as sport, were found on multiple occasions to be more successful in reducing VD than more passive pastimes. Unlike with the moral reform approach, where group unity could sometimes be found in collectively laughing at a lecturer, sports provided an alternative for group normative behaviour. This was not only demonstrated by the times it was successful, but by the effect when such facilities could not or would not be provided, such as in France in 1939 and 1940. There, the military authorities recognised that the billeting conditions and the effects of not being able to bring the men together were responsible for the high VD rate.

The medical approach is the one with the most quantifiable results. Its success was demonstrated repeatedly by regiments that issued and used prophylactics having lower levels of VD.⁷ It was also shown when the regulated brothels were managed closely and monitored. When access to these was restricted and, in some cases, brothels closed,

⁶ Dudley, p. 253.

⁷ TNA, WO 177/1 'Memorandum on Hygiene', 16 October 1939.

notably in 1918 and 1944, the VD rate increased as men did not become celibate, but turned to women who were not being monitored. Interestingly, and for reasons relating to the troops' fighting fitness, both Haig and (initially) Montgomery supported the use of regulated brothels, despite personal religious convictions.

The rejection of prophylactics under the 1919 evaluation by Waldorf Astor did not deter the navy from their use. But repeatedly, prophylactics were rejected by the army, even when they were believed to effective, because of political reasons. Both in the response to the publicity around Cayeux-Sur-Mer and in Astor Waldorf's report on prophylactics, the government demonstrated that they were willing to ignore what the services regarded as key evidence for policy decisions. In return, the army and navy showed a willingness to disregard inconvenient regulations from central government, for example the demand of properly ensuring the French brothels remained out of bounds to the men after March 1918. Similarly, at the level of individual men, there were always ways to circumvent regulations. This included in matters of private treatment for VD. As Mary Louise Roberts argues about the restrictions on using the regulated brothels in the Second World War, 'It is hard to think of any other issue of command in the European theater [sic] where the military had its rules so widely ignored.'⁸ This was not restricted to the end of the Second World War.

The government arguably undermined their own efforts at education in the First World War, whilst simultaneously over-controlling information through the Venereal Disease Act: prophylactics could be purchased, but without instructions about how to avoid venereal disease. This outlook set the tone for the post-war evaluation of prophylactics by Waldorf Astor. It was only in the Second World War that the

⁸ Roberts, *The Price of Discretion*, p. 1011.

government accepted the value of prophylactics; the temporary attempt to restrict condoms in 1942 reflected the supply of raw materials, rather than the wish of moral reformers.

All four approaches demonstrate that the government and the services aimed to learn from their experiences in the First World War and not repeat the same mistakes in the Second. There was a difference in the lessons learnt by each about how to manage the risk of VD being transmitted to servicemen. The navy only had to learn lessons once, whether these were fining men for contracting VD, or the benefit of prophylactics. They did not adopt formally renounced policies. By contrast, there were several lessons that the army had to relearn, for example the effect of reintroducing the policy of reducing the pay of men who contracted VD, which caused men to hide their symptoms. Similarly, army officers such as Montgomery had to learn to be cautious about what they put in writing, because of the risk that the contents could be disapproved of by the British public. Control of information in this way was a matter at which the navy was adept. But army officers spoke out more openly, publicising their views. This possibly contributed to the public attention the army faced. A number of army officers were members of moral reform groups, which was not true of the navy.

Ultimately, the two most successful approaches to VD prevention were the focus on providing welfare, and the medical approach, both of which received more attention in the Second World War than the First. Neither promoted the negative perspectives of servicemen that often formed the basis of moral reform. The medical approach anticipated that the men would have sex, but did not usually encourage it. What both strategies had in common was an interactive element. At its best they demonstrated attentiveness to the servicemen. By contrast, legislation assumed that the problem was largely a specific group of women, and that controlling them would prevent VD. Moral reform assumed a

lack of (moral) education. An approach consisting of education and propaganda implied that the problem ‘thrived among the poorly motivated and ill-informed’.⁹ Poor information certainly applied in the early years of the war, but official announcements arguably contributed to that.

Whilst legislation and the moral reform approach were more restricted in their aims, investing in welfare had additional benefits, for example boosting morale, physical fitness, and group bonding. No groups criticised welfare as an approach, unlike all of the other strategies. By contrast, although there were many examples of the medical approach working, and its success was acknowledged by both services, its use was inconsistent by the army because of its public sensitivity. Ultimately though, adopting it depended on resources at a time when there were many other demands. So, like the timidity of early legislative efforts, what was provided was a pill, when the situation, at least in wartime, was more akin to an earthquake.

⁹ Mark Harrison, *Medicine & Victory*, p. 98.

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FD 1	Medical Research Committee and Medical Research Council Files
HLG	Housing and Local Government
HO 45	Home Office Registered Papers
INF	Records created or inherited by the Central Office of Information
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 PP/JRH/A Venereal Diseases
 RAMC Royal Army Medical Corps Muniment Collection
 SA/BSH British Social Hygiene Council
 SA/MWF Medical Women's Federation
 SA/PVD National Society for the Prevention of Venereal Disease
 SA/SMO Society of Medical Officers of Health

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