

Jeannette Debney-Joyce, "Venereal Disease in World War I", *Proceedings of the 14th Biennial Labour History Conference*, eds, Phillip Deery and Julie Kimber (Melbourne: Australian Society for the Study of Labour History, 2015), 63-69. ISBN: 978-0-9803883-3-6.

Venereal Disease in World War I

Jeannette Debney-Joyce

My thesis is on the life and work of Dr Fanny Reading, an orthodox Jewish Russian refugee, who studied medicine at the University of Melbourne and practised in Sydney after her graduation in 1922. Her general practice there was mainly with women and children, some of whom no doubt would have been infected with sexual diseases caught by their partners or husbands.¹ This paper on venereal disease in World War I will consider the approach championed by another strong and resourceful woman, New Zealander Ettie Rout (1877–1936), and the military and establishment responses to her strategy. Rout advocated a rational approach to the treatment of infected men and women in a “no-blame” way. In order to convince the ANZACs that they should use her kits, she implored them to consider the effects of sexual diseases on the future health of their innocent wives and children and thus deemed sexual education to be crucial. In the contemporary discourse about venereal disease, the myth of the “fallen woman” (the prostitute) can be contrasted to the myth of the idealised woman (the wife and the mother) and these images were certainly exploited by the propaganda machines of both sides of the conflict. In male-dominated societies women were, and still are, identified as the spreaders of venereal disease—especially prostitutes. Nineteenth-century Victorian social attitudes towards sex were prudish and therefore contracting a venereal disease was considered shameful. There was little open discussion about the causes; society blamed nasty foreigners as well as prostitutes, xenophobically calling syphilis the “French pox”, and some even believed it to be divine retribution for dissolute behaviour.²

Ernest Scott in *Australia During the War* (first published in 1938) has a short reference to Ettie Rout, “whose friendship and guidance were lavished on thousands of Australians in Paris”.³ This does not do justice to her work or her insights into the problem of venereal disease. Marilyn Lake has challenged the current attitudes to World War I and the glorification of war in *What's Wrong with Anzac: The Militarisation of Australian History*.⁴ She has asked how a whole nation could be defined by the actions of white male supremacists and the battle at Gallipoli, which concerned only men within a narrow age range, and how they could be said to speak for contemporary Australia.⁵ Milton Lewis's *Thorns on the Rose: The History of Sexually Transmitted Diseases in Australia in International Perspective* describes how in wartime the great movement of population, the suspension of the certainties of everyday life with the accompanying psychological changes in the face of death and danger, and the abandonment of peacetime sexual morality contributed to the high levels of infection.⁶ There were pressing non-medical factors that meant the degree of infection control that was theoretically possible at the time simply did not happen.⁷ He has identified these factors as moral concerns, organisational and educational issues.

Jane Tolerton has written an extended biography of Ettie Rout, an early campaigner for a more enlightened approach to venereal disease, as well as the entry in the *Dictionary of New Zealand Biography*.⁸ Rout was born in Launceston, Tasmania, but she grew up in New Zealand and she was well ahead of her time. P.S. O'Connor's paper, “Venus and the Lonely Kiwi: The War Effort of Miss Ettie A. Rout” provides the background to Rout's work with the ANZACS in Egypt, England and France. Finally, there is Rout's own book, *Two Years in Paris* (1923), which sets out the rational approach to venereal disease that she promoted.

Mercedes De Masi's paper, "Sex, Stigma and Scapegoating: Contagious Disease Acts of Victorian England" is also pertinent for this paper.⁹ Masi's analysis of the British Contagious Diseases Acts concludes that they were "the outcome of the belief that strict, scientific laws of social improvement were discoverable and applicable".¹⁰ She notes that, after the Contagious Disease Acts, there were two discernable approaches to dealing with infection in the UK. The first was to isolate and detain the polluting bodies (women of the lower classes); the second was to use pedagogic tactics on those who were educable (the upper middle classes). The exception to this second paradigm shift was the introduction of Regulation 40D during World War I, which made it a criminal offence for any woman with a venereal disease to solicit or have sex with a member of the armed services and provided for compulsory examination of such women.¹¹ Masi argues that the Contagious Diseases Acts violated the human rights of women by their controls, forced examinations, registration and resulting degradation, and were in fact a form of "moral panic". She claims that the Acts focused on specific populations in terms of class and gender.¹²

In Britain the Contagious Diseases Act of 1864 had regulated prostitution, especially near army bases. Prostitutes could be arrested, examined for venereal disease and forcibly detained for treatment for up to a year. There were no legal sanctions against their male clients, although there was an outcry from the women's movement at the unfairness of this.¹³ Venereal disease had always been a concern for the armed forces, and, during World War I there were 400,000 hospital admissions for venereal disease among British military personnel, without accounting for re-infections and re-admissions. Roughly 5 per cent of all the men who enlisted in British armies through the war became infected.¹⁴ Lewis claims that the average incidence rate for the AIF as a whole was around 12 per cent. In Australia, a punitive approach was taken and two camps opened at Langwarrin in Victoria and Liverpool in NSW for infected men. Between August 1914 and September 1918, there were 13,038 military cases in Australia and 40,950 cases overseas. If the figures from Egypt after March 1916 are included, another 1000 cases could be added. It was believed gonorrhoea took 72 days to cure and syphilis 74 days. Men who were not deemed cured after four months were discharged.¹⁵ A Military Order of February 1915 meant that infected soldiers in the AIF were deemed absent from duty and forfeited their pay, including the portion allocated for their family, and their leave was stopped.¹⁶

The Venereal Diseases Act (Victoria) of December 1916 enforced compulsory treatment for men who had contracted a sexual disease; however, few were willing to make the obligatory statutory declaration about the source of their infection. In the two months following the act, 1650 cases were reported to the Victorian Health Department but only two men were willing to complete the statutory declaration that enabled action under the Police Offences Act against a prostitute. She could then be arrested as a vagrant and her health compulsorily examined. Mr. Elmslie, speaking in the Victorian Legislative Assembly, warned of the "appalling" danger, "There are 4000 women walking the streets of Melbourne spreading the disease", he declared.¹⁷ The spreading of disease was wholly attributed to the women involved – the men involved were innocent of spreading infection.

In 1918, Miss Vida Goldstein was the principal spokeswoman for the Women's Political Association when a deputation visited the Chief Secretary of Victoria, Mr John Bowser, later Sir John (1856–1936).¹⁸ Bowser was a gentleman "noted for an absurd shyness with women".¹⁹ Goldstein informed him that her organisation was against compulsion of any kind in dealing with "vice" of any kind because it meant sex and class legislation of "the most pernicious kind"²⁰ and was only the Contagious Diseases Act "in a new Dress".²¹

During World War I, Ettie Rout worked closely with the ANZAC troops and authorities in Egypt and in Britain to take a more practical and rational approach to venereal diseases such as gonorrhoea and syphilis. She was generally regarded as a thorn in the side of the authorities, being described as "highly objectionable in every way" and a "considerable bother".²² Historian Milton

Lewis describes her as “redoubtable ... a self appointed expert on wartime control of venereal disease and later an internationally recognized exponent of sex education”.²³ Rout’s war work was transnational, taking her from New Zealand to Egypt, Europe and England, and her influence was felt in all these countries. Though she was not always regarded positively at the time, there were those who supported her approach. Rout was not a nurse; she had trained as a typist and, with her skills in shorthand, had worked as a court clerk in New Zealand. She was a radical and a socialist and also a vegetarian; she did not wear corsets because she preferred loose-fitting clothing; she often wore plain long skirts, men’s jackets and even boots; she like to ride a bicycle; she cut her hair short and she upset the Establishment. In 1910, she started the labour paper, the *Maoriland Worker*, with the New Zealand Shearers’ union. She was not a member of the union but she edited the first six editions of the *Maoriland Worker* without payment, until the editorship was taken over by the New Zealand Federation of Labour in 1911.

In 1915, Rout formed the New Zealand Voluntary Sisterhood and invited women between the ages of 30 and 50 years to accompany her to Egypt to support the New Zealand troops there.²⁴ In 1916, she went to Egypt against the wishes of the New Zealand government with a small group of 25 like-minded women. Egypt at that time was a British protectorate and Sir John Maxwell was the Imperial Commander-in-Chief. Rout saw that venereal disease was rife there. By the end of 1915, there were 10,000 cases and, by the middle of 1916, the infection rate amongst Australians was 178.8 per thousand, six times the incidence amongst British troops housed in Egypt.²⁵ Rout’s work in Egypt was mainly concerned with providing troops with better, fresh food, first at the YMCA canteen in Esbekia. She also obtained sporting equipment from New Zealand for the New Zealand troops. She moved to London in June 1917 where she made a practical study of the situation, tramping the streets, talking to prostitutes and visiting the brothels.²⁶ By 1918, Rout was in Paris where she lived for two years. She was mentioned in dispatches and very briefly in Australia’s official history of the war.²⁷ She never received the recognition she deserved in her lifetime for the work she did. Her writing and letters were censored in New Zealand and anyone publishing her ideas there incurred a fine of £100.

The military authorities preached “moral prophylaxis” but Rout believed that “physical prophylaxis” and sex education would be far more effective in protecting the health of the troops than lectures on chastity. She wrote to W.H. George of the New Zealand National Council of the YMCA that “the ordinary Australasian soldier—particularly the Australian—does not deliberately intend to be vicious. He is simply and frankly a pagan”.²⁸ She implied by this that any appeal to such men on moral grounds would simply fall on deaf ears. Rout claimed that there was “no necessary connection between Vice and Disease”.²⁹ She wrote that venereal diseases were “*dirt diseases*”,³⁰ not diseases of morality. Rout emphasised the fact that venereal disease was a medical problem and that it should be approached as a medical problem. This idea was certainly not accepted by the military authorities in Britain or New Zealand in 1916. Rout was roundly accused of promoting vice and was disliked intensely, particularly by the women of New Zealand, who saw her as an advocate for vice and sin, the equivalent of a “fallen woman” in their eyes.

Rout’s solution to the problem of venereal disease for both men and women was cleanliness. She believed that the servicemen cared deeply about the health of their women and children at home, even if they did not care about their own health. By emphasising their responsibility to their wives and future children, she persuaded the soldiers to use the kits she provided. These kits contained Condy’s crystals (potassium permanganate) a disinfectant for washing, condoms (much thicker than the modern ones) and calomel ointment (mercurous chloride).³¹ Rout also believed that sex education was vital because it would make servicemen more aware of the dangers of unprotected sex. Rout worked solidly against the negative attitudes towards her ideas during and after World War I. She disliked the Wowsers or the puritans who argued that using physical prophylaxis spread “immorality”.³² She had taken her typewriter and

cyclostyling machine with her to war. An excellent typist, she was thus well equipped to type and then print her circulars and letters. The circulars contained clear instructions for the men on how to use the kits.³³ She also wrote circulars for the prostitutes in both English and French on how to take preventative measures both before and after "connection". She worked actively with Military Command, where she could, to raise awareness of her "physical prophylaxis" approach. She was also able to convince wealthy friends and supporters, like H.G. Wells, to give her money so that she could set up the kits.

Writing in June 1919 in a memo to the ANZACs, she said that the English, Australian and New Zealand YMCAs had tried to close blue-light rooms in the Beaver Hut (Canadian YMCA) and the Eagle Hut (American YMCA) on the Strand. These blue-light rooms appear to have been designated areas where a soldier could seek medical help or a prophylaxis kit. She was annoyed that the YMCA authorities would not allow their lecture halls to be used for medical lectures, even when these had been approved of by the relevant military authorities.³⁴

After the cessation of war in November 1918, Rout described the chaos in Paris when soldiers poured into the city; they were "exhausted, distracted, nervous, restless and reckless", she later wrote.³⁵ Even before November 1918 the army authorities were meant to meet the men at the stations but, after the Armistice, she observed, the system broke down completely. She regularly got up at 5am when New Zealand troops were due in at the Gare du Nord to greet them after their long, tiring, overnight trip. She gave them each a kiss on the cheek and handed out disinfection kits and cards with the address of Madam Yvonne's clean brothel. She tried to persuade the men to go to a hotel and have a sleep first. It seems that she had booked out an entire hotel in her own name and that she would write the room number on the soldier's hand in indelible pencil. At the hotel there was a supply cupboard of disinfection material that the soldiers could access at any time. She persuaded the men to leave their gear with her for safe-keeping, including their money. She limited each man to 50 francs a day, unless it was a special occasion.³⁶ The prostitutes might charge two to three francs a session; a British private in the infantry only received about 10 francs a week whereas his Canadian and Australian counterparts were paid "five times as much".³⁷ Each day, when the soldier returned for another 50 francs, Rout made sure that he had a new prophylaxis kit. She wrote that the ANZACs were "perfectly good-tempered and nice-minded"³⁸ over the restrictions she placed on them because they realised that she was acting in their interests. She tried to create a "home from home" for them. "I sat on thousands of pounds of the men's money, and uncounted pay books, watches and other personal property", she wrote.³⁹

Rout also managed to achieve workable and friendly relationships with the British Military Police (BMP) in Paris. Over time, the BMP set up an informal routine with Rout and brought back to her any ANZACs they found drunk, dazed, or "broke". They even sent a few back to her in a taxi with cards pinned to their clothing. In return, there was an understanding that all the ANZACs who had benefitted from this lenient attention from the BMP would contribute to "Jack's Box", which was the Military Police Mess Fund. Rout claimed that at any one time there were between 40,000 and 50,000 officers and men of the British Army who were out of action as a result of venereal disease.

Rout's approach was non-judgmental, she appealed to the better nature of the ANZACs, she wrote that "the unforgiveable sin ... would be for a man to go home and sow in the body of an innocent wife the seeds of disease he had picked up in foreign lands in moments of excitement and folly".⁴⁰ Untreated syphilis can cause various problems with pregnancy, miscarriage, stillbirth, premature delivery or death of the baby shortly after delivery. Babies that survive often have a low birth weight and may have become infected with syphilis in the womb. This is called congenital or constitutional syphilis and can result in serious kidney and bone damage, progressive blindness, deafness, atypical facial features and mental retardation.⁴¹ Rout wrote that there was one appeal that never failed to touch the soldier—"the Appeal on behalf of his own women and children".⁴²

It took a long time for the concept of “physical prophylaxis” to be accepted. In 1922, Mr D. Poole, writing to the *British Medical Journal*, thought that sexual disease was the result of evil and a descent to vice, and that fear would be the best deterrent.⁴³ The result of this fall, he wrote to the editor, would be “universal physical weakness and degeneracy unparalleled in history”. A more enlightened correspondent, Mr J. Armstrong, thought that the situation had developed because of the virility of men and the slackness of the authorities. He felt that if venereal diseases were notifiable and treated like other conditions, then the diseases could be brought under control.⁴⁴ Rout also wrote to the *British Medical Journal* supporting those soldiers who had been accused of deliberately infecting themselves with venereal disease to escape active duty. She said that for “those of us who really *know* war”, these poor soldiers excited only pity.⁴⁵ A total of 43,933 soldiers of the AIF were admitted to hospitals overseas for venereal disease between 1915 and 1918. This was an average figure 70.0 per 1000 men.⁴⁶ There were 416,891 hospital admissions among British and Dominion troops during World War I.⁴⁷

Why was there such resistance to Ettie Rout’s message and approach to venereal disease during the war period? The medical and military authorities recognised the breadth of the problem and the effect upon the war effort. New Zealand’s General Godfrey in Cairo in 1915, for example, thought that he could lose 10 per cent of his troops if the recommended “washout” method failed. He had ordered 5000 tins of Metchinkoff’s Ointment for his troops but this caused blistering, and the prostitutes, who each might service between twenty and thirty men a day, did not like it. However, the local people in Cairo apparently found that it was effective against hair and body lice.⁴⁸ Although the military commanders could see the efficiency and effectiveness of the physical prophylaxis kits, they could not be seen to condone “Vice”. Public opinion was against them on this issue.

There was an important myth that had to be sustained, which was the myth of the “fallen woman”. The propaganda of the time identified the prostitute as the “fallen woman” and the “source” of disease; for instance, posters warned enlisted men about the enemy said to be hidden in the bodies of prostitutes.⁴⁹ The prostitute was depicted as a “slut”, she was “Susie Rotten-crotch”, she was the “enemy”: a sweet-innocent faced young girl who could be a “booby trap”. The myth of the prostitute as the “fallen woman” and “source” can be contrasted with the image of the idealised wife or girlfriend back home. Rout effectively exploited this conventional dichotomy when she appealed to the men to use the kits, and it worked for her it seems.

Rout’s rational approach towards sexual infection was to be resurrected later in the twentieth century when the AIDS epidemic occurred. Regarded with dislike in New Zealand and elsewhere, Rout and her work polarised opinion. She wrote to her friend H. G. Wells in 1922 that, “It’s a mixed blessing to be born too soon”.⁵⁰

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Endnotes

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- 33 *Ibid.*
- 34 Rout, *Two Years in Paris*, 20.
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- 41 Willis, *How Our Ancestors Died*, 186.
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