

SEX AND THE SOLDIER IN WW1

The British popular memory of the First World War has traditionally made little room for sex. The lingerie prints by Raphael Kirchner that decorated dugouts, the endemic prevalence of Sexually Transmitted Diseases in the armed forces, the 'Khaki Fever' that swept young women into the arms of any soldier in uniform, have largely been suppressed in popular mythologies that dwell upon the futile sacrifices made by innocent youth.

During the War, Venereal Disease caused 416,891 hospital admissions among British and Dominion troops. Excluding readmissions for relapses, roughly 5% of all the men who enlisted in Britain's armies during the war became infected. In 1918, there were 60,099 hospital admissions for VD in France and Flanders alone. By contrast, only 74,711 cases of 'Trench Foot' were treated by hospitals in France and Flanders during the whole of the war including 'Frost Bite.' Although Trench Foot has come to symbolise the squalor of the conflict, a man was more than five times as likely to end up in hospital suffering from Syphilis or Gonorrhoea but while almost never fatal, cases required on average a month of intensive hospital treatment.

The greatest number of VD patients in hospital at any one time in 1918 was estimated to be 11,000 – enough men to supply of a division. It caused preventable drain on the army's resources, but military counter-measures were poorly conceived or hampered by moral objections.

Soldiers who were hospitalised with VD were penalised by a system of 'hospital stoppages'. In the days before a National Health Service, any man admitted to hospital for reasons not connected with his military service was liable to have money stopped from his pay to help cover the cost of his treatment. Although 'hospital stoppages' were finally abolished in October 1917, a levy was retained in cases where a man was deemed to have been admitted 'through his own fault', VD patients and alcoholics being the principle targets. 'Hospital stoppages' became, in effect, a fine. This system had numerous disadvantages, not least of which was the injustice of levying stoppages according to the length of time spent in hospital. Stoppages were of questionable use as a deterrent, as men could hope to avoid Army sanctions by seeking treatment secretly from sympathetic doctors. From a clinical point of view those doctors could be positively harmful if they encouraged men to take quack remedies or to conceal the disease.

The longer such diseases went untreated, the longer the patient eventually had to spend in hospital. Hospitals and treatment might themselves form part of the problem. Treatment was invasive and painful, and hospitals, set up in 1915 to concentrate expertise and keep VD patients away from their 'honourably' wounded comrades, often had a poor reputation for quality of care. Besides targeting pay, the authorities originally counselled self-control hoping that by providing men with clean and wholesome activities they could be kept occupied.

By 1916 it was clear that existing policy was not working. Attention therefore shifted to providing sexual health education and 'early treatment' centres for disinfection following intercourse. Until the end of the war, moral pressure from home prevented the British authorities from taking the most basic counter-measures.

Ettie Rout, a New Zealand woman, aware of the problems posed by the disease, but in contrast to many feminists of her time, grew convinced that it should be treated as a medical issue, not a moral one. She designed and began selling prophylactic kits to the troops on her own initiative. A letter to the *New Zealand Times* advocating condoms and clean brothels caused such outrage that for the rest of the war her name was forbidden to appear in print on pain of a £100 fine and a deputation of society women called for her activities to be suppressed.

Her letter persuaded the authorities to sanction the free issue of her kits to the troops abroad, but this was carefully kept secret from the population at home. Despite being decorated by the French for her war work, which included the establishment of a hygienic brothel for New Zealand troops in Paris in 1918, her activities were deliberately concealed in her own country.

In the nineteenth century, the French had instituted a system of *maisons tolérées*, brothels whose prostitutes were registered and frequently checked by doctors for signs of disease.

Although fading away before the war, the system was revived behind the front to ensure some basic standard of hygiene for the troops: control of the sex trade was seen by the French as preferable to prohibition, in the face of which 'amateur' (i.e. unregistered) prostitutes were sure to find business and spread disease in secret.

The potential supply of unregistered prostitutes was greatly increased during the war by the large numbers of women unable to provide for themselves. French *maisons tolérées* were accepted by the British military authorities for much of the war.

Besides the threat posed by diseased and 'amateur' prostitutes, there was also the fear that without such outlets, French civilians might be molested or even raped. In 1918, *maisons tolérées* became out of bounds to British troops, not without protestations from the military authorities and the French.

The risk of VD was not confined to troops serving abroad: roughly half of all cases were originally contracted in the U.K. itself. The British authorities were exceedingly slow to act, prompting outraged complaints from Dominion governments whose troops were suffering disproportionately: far from the constraints of home, unable to return there on leave, and, most importantly, better paid than their British counterparts, they found prostitutes more appealing and far more affordable. In 1915, the Canadian contingent had an infection rate running above 22% of their effective strength. Before the war, prostitutes had been allowed to solicit openly in Britain, but only in 1916 was it made a crime, under the Defence of the Realm Act. In 1918, the government attempted further regulation, forbidding women with VD from having sexual intercourse with any soldier and giving the police powers to medically examine suspected prostitutes.

Such invasive and one-sided legislation, aimed at women and only protecting men, provoked fierce protests from suffragette and moral campaigners, but the legislation stood. From 1914 to the Armistice, the British official response to VD lurched between a crude pragmatism and impossible idealism. At the beginning of the war, the official line was to preach continence but tolerate brothels under medical supervision; by the end of the war, men were being given lectures on sexual health and had anonymous access to disinfectants, but inspected brothels were placed out of bounds. Women as potential sources of disease were to be controlled, but little corresponding emphasis was placed on male culpability. Counter-productive financial punishments were persevered with throughout the conflict, but condoms never issued. Despite the ever-increasing energy devoted to combating VD at home and abroad, the total number of VD hospital admissions for British and Dominion troops actually rose between 1917 and 1918, from 2.56 to 3.24% of men serving in France, and 3.19 to 3.34% of men serving in Britain. In one of the war's little ironies, the British soldier's scale of pay probably kept him safer than all his government's initiatives: while the cheapest prostitutes in France might charge 2-3 Francs a session, a private in an infantry battalion received on average only 10 Francs a week.

To pay for the necessities of his existence, egg and chips, 'ving blong', beer, and 'baccy, the British soldier had no option but to remain relatively chaste. The increased rates of infection seen in 1918 may not be entirely unrelated to the fact that pay increased slightly in late 1917.

Poverty, not prophylaxis or pharmacology, was probably the British soldier's best defence: his Australian and Canadian counterparts were paid five times as much, and suffered the unintended consequences of their countries' generosity.



The brothels, along with cafes and bars, provided men with an escape from the slaughter and filth of the trenches. They were bright and warm, light and jovial. And large or small, intimate or formal, they always had plenty of women to choose from.

According to the dictates of good discipline, officers' whore-houses were indicated by blue lights and other ranks' by red lamps. For those who preferred to risk contracting venereal infection rather than copulate under military supervision, there was always a willing 'mademoiselle' to be found in staging towns like Armentières, where thousands plied the ancient trade that made one of them the subject of the popular war song.

For 75 years, William Noel Morgan kept the negatives of his pictures from the First World War in a biscuit tin. They were never printed and never shown to his family. A few years ago, when his daughter died, his granddaughter and her husband opened the tin. What they found helped to



explain why "WN" had hidden the photographs – but also why he had kept them. The images include poignant and innocent scenes from Lieutenant Morgan's romance with a young French woman during 1917 and 1918. When he returned to Mountain Ash in South Wales after the war, the young officer's parents discouraged his plans to marry his French sweetheart. He gave way to their wishes, but wrote to her for many years and remembered her until his death, aged 92.



Lt. Morgan making a phone call from inside a 'Maison close', with risqué pictures on the wall.



An officer plays the piano in a brothel - Officers, meanwhile, were officially allowed to use upmarket "blue-lamp" brothels but were "admonished" if seen sullyng their uniform by consorting with prostitutes in public.

Unknown French woman inside a 'blue light' - a brothel reserved for British officers. These are some of the women who played an important — yet almost forgotten — role in many soldiers' lives during the First World War.



The French had a whole network of legalised brothels, known as maisons tolérées, dotted across towns in the northern part of the country. They housed professional sex workers, who were subject to regular medical inspections.



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