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Patient Experience and the Treatment of Venereal Disease in Toronto's Military Base Hospital during the First World War

KANDACE BOGAERT

Abstract: During the First World War, the Canadian Expeditionary Force (CEF) was infamous for having the highest rates of venereal infection among the Allies. Soldiers could be inspected at random, questioned about the source of their infection, and held in quarantine in hospital until cured. While medical officers published research on the prevalence and treatment of venereal disease, little has been written on the experiences of patients. This paper examines the experiences of venereal patients in Toronto's Military Base Hospital in 1916. Soldiers' correspondences reveal their perspectives, along with the ways in which the military's management of venereal disease was laden with the prevailing beliefs concerning sexually transmitted infections.

"Every man found infected is immediately sent to the hospital and as far as possible kept there until he is cured..."¹

ON 12 JUNE 1918, it became a crime for a woman with venereal disease to infect, invite or solicit sex with a soldier in Canada.² Throughout the war much of the blame for venereal disease in the British army and the expeditionary forces of Canada, the

¹ Gordon Bates, "The Military Aspect," *The Public Health Journal* 9, no. 2 (1918): 53.

² Suzann Buckley and Janice Dickin McGinnis, "Venereal Disease and Public Health Reform in Canada," *Canadian Historical Review* 63, no. 3 (1982): 337-54.

Unites States, Australia and New Zealand was placed on women, and prostitutes in particular. This has been a focal point of much historical inquiry.³ Even though military officials believed women were the chief source of venereal infections, attempts to eliminate prostitution were limited, and their purview throughout most of the war was nonetheless limited to male soldiers.⁴

Unlike civilians, military medical officers could inspect soldiers for signs of disease at random. After the war, several veterans from New Zealand recalled the inspections for venereal disease, known as “dangle parades,” as traumatic experiences. Along with having to strip down in front of their peers and the medical officer, the shame of being singled out as a venereal patient to their entire unit was a grim reality.⁵ After cases of venereal disease were discovered, soldiers could be questioned about the source of their infection and held in hospital until cured. In Britain and the other Dominions, the treatment of soldiers with venereal disease took place in prison-like hospitals, secured with guards, barbed wire, or even on islands.⁶ Often patients were not allowed visitors, outside food, or to leave the hospital grounds.⁷ These prison-style hospitals had their precedent in the nineteenth-century “lock wards” for venereal cases in England

³ See discussions of venereal disease in the army in: Edward H. Beardsley, “Allied against Sin: American and British Responses to Venereal Disease in World War I,” *Medical History* 20, no. 2 (1976): 189–202; Allan M. Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States since 1880* (New York: Oxford University Press, 1987); Jay Cassel, *The Secret Plague: Venereal Disease in Canada 1838-1939* (Toronto: University of Toronto Press, 1987); Roger Davidson, *Dangerous Liaisons: A Social History of Venereal Disease in Twentieth-Century Scotland* (Atlanta: Rodopi, 2000); Lesley A. Hall, “‘War Always Brings It on’: War, STDs, the Military, and the Civilian Population in Britain, 1850-1950,” *Medicine and Modern Warfare* 19 (1999): 205–23; Mark Harrison, “The British Army and the Problem of Venereal Disease in France and Egypt during the First World War,” *Medical History* 39 (1995): 133–58; Antje Kampf, “Controlling Male Sexuality: Combating Venereal Disease in the New Zealand Military during Two World Wars,” *Journal of the History of Sexuality* 17, no. 2 (2008): 235–58.

⁴ In the United States during the First World War, for example, prostitutes were believed to be 90% infected with venereal disease, although protecting soldiers by shutting down red light districts at home and abroad saw limited success. See Brandt, *No Magic Bullet*, 72.

⁵ Kampf, “Controlling Male Sexuality,” 235–58.

⁶ Arthur Graham Butler, “The Venereal Diseases of the War of 1914-18,” *Official History of the Australian Medical Services 1914-18*, 1st ed. (Canberra: Australian War Memorial, 1943), 148–89.; Kampf, “Controlling Male Sexuality,” 235–58.

⁷ Butler, “The Venereal Diseases”, 173-77.

and Scotland.⁸ The American, British and Dominion armies also enforced pay stoppages while soldiers were being treated for venereal disease.⁹ In some cases, as an additional deterrent and punitive measure, soldiers' families were notified when hospitalization for venereal disease was noted in pay books.¹⁰ The commander of the American Expeditionary Force, General Pershing, went so far as to make contracting venereal disease punishable by court martial.¹¹

While military medical officers collected and published research on the prevalence and treatment of venereal disease,¹² these accounts reveal little of the actual experiences of the soldiers who were patients in segregated venereal wards in military hospitals. First-hand accounts might also be lacking precisely because of the way venereal disease was, and still is, stigmatized as the just reward for immoral behaviour.¹³

What was it like to be a soldier in a venereal ward? To answer this question, this paper explores soldiers' experiences in hospital using previously unstudied correspondences from both the patients who were segregated in the venereal ward of the Toronto Military Base Hospital, as well as the military officials who facilitated their detainment.¹⁴ These correspondences emphasize the personal hardships associated with a punitive treatment regime for venereal disease, and further corroborate the interpretation that segregation

⁸ Davidson, *Dangerous Liaisons*, 19-29.

⁹ Brandt, *No Magic Bullet*, 65; Butler, "The Venereal Diseases", 148-89.

¹⁰ Kampf, "Controlling Male Sexuality", 248.

¹¹ It is unclear how often this rule was enforced; Brandt, *No Magic Bullet*, 102.

¹² Gordon Bates, "The Control of Venereal Diseases," *The Public Health Journal* 8, no. 8 (1917): 187-89; Gordon Bates, "The Military Aspect," 53-57; Gordon Bates, "The Venereal Disease Problem," *The Public Health Journal* 9, no. 8 (1918): 354-59; Lawrence Whitaker Harrison, "The Modern Treatment of Syphilis," *Canadian Medical Association Journal* 7, no. 1 (1917): 31; F S Patch, "The Military Aspect of the Venereal Disease Problem in Canada," *The Public Health Journal* 8, no. 11 (1917): 301-3.

¹³ Buckley & Dickin McGinnis, "Venereal Disease and Public Health Reform in Canada," 337-54; Cassel, *The Secret Plague*, 116; Heather MacDougall, *Activists and Advocates: Toronto's Health Department 1883-1983* (Toronto: Dundurn, 1990); Judy Mill et al., "Past Experiences, Current Realities and Future Possibilities for HIV Nursing Education and Care in Canada," *Journal of Nursing Education and Practice* 4, no. 5 (2014): 183.

¹⁴ Base Hospital - Toronto, 1916, Department of National Defence fonds, RG 24, Volume 4385 File MD2-34-7-136, Library and Archives of Canada (LAC).

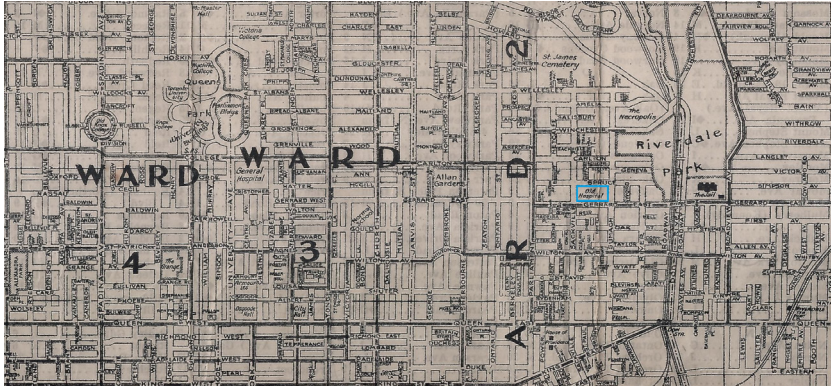


Figure 1. Map showing location of Military Base Hospital in Toronto, Ontario, labelled as “Old Hospital” on Gerrard St. Map adapted from The Map Company’s “Map of Greater Toronto and Suburbs”, 1916. [University of Toronto Map & Data Library]

can be understood as a form of discipline associated with the belief that venereal disease was punishment for a moral crime.¹⁵

One of the busiest military hospitals providing treatment for venereal disease in Toronto was the Military Base Hospital (see Figures 1 and 2). During the First World War, medical officers admitted approximately 1,500 soldiers with venereal disease per year to the Base Hospital in Toronto.¹⁶ The hospital was located in a building that was originally the site of the Toronto General Hospital on Gerrard Street, which had served the city of Toronto from 1856-1913. The Department of Militia and Defence rented the building for \$10,000 per year from 1914-1919 when the new Toronto General Hospital was built at College Street and University Avenue. Nearly fifteen years after the Toronto General Hospital’s trustees built the Gerrard Street hospital in 1872, visiting dignitaries described the hospital as a fine, well managed building. By the time the Department of Militia and Defence rented it, the hospital was run down and in severe need of repairs (precisely why the new Toronto General Hospital was built). Located on a 4-acre plot, once the military

¹⁵ Cassel. *The Secret Plague*, 88; Jay Cassel. “Making Canada Safe for Sex: Government and the Problem of Sexually Transmitted Diseases in the Twentieth Century,” in *Canadian Health Care and the State: A Century of Evolution*, ed. by David Naylor (Montreal & Kingston: McGill-Queen’s University Press, 1992), 141-92; Buckley & Dickin McGinnis, “Venereal Disease and Public Health Reform in Canada,” 337-54.

¹⁶ Bates, “The Control of Venereal Diseases,” 87-89.



Figure 2. Photograph of the Military Base Hospital, formerly the Toronto General Hospital around 1900 in Toronto, Ontario. [Toronto Public Library Acc: X 63-10]

erected tents on the property, the hospital was able to serve 1,000 patients. The hospital building itself boasted an impressive twenty-two wards, strategically designed so that each floor could be shut off from the others to restrict interaction between patients.¹⁷

Military officials took full advantage of the design of the wards in the hospital in order to facilitate the segregation of patients with venereal disease. The venereal ward was located on the top floor of the building. Iron bars were put in place above the stairhead leading to this floor to “ensure segregation,” but allow adequate ventilation. As an extra precaution, Lieutenant-Colonel Richardson, who was the Officer Commanding (o.c.) in charge of the base hospital placed military guards around the building to prevent escape from the fire escape routes.¹⁸ The official purpose of segregation was twofold: to prevent others from becoming infected and to enforce treatment to the point of a cure.¹⁹ Both the extreme measures taken to ensure

¹⁷ James Thomas Hamilton Connor, *Doing Good: The Life of Toronto's General Hospital* (Toronto: University of Toronto Press, 2000); Waring Gerald Cosbie, *The Toronto General Hospital, 1819-1965: A Chronicle* (Toronto: MacMillan of Canada, 1975).

¹⁸ O.C Base Hospital to A.D.M.S M.D #2, 22 September 1916, Base Hospital – Toronto, 1916, Department of National Defence fonds, RG 24, Volume 4385 File MD2-34-7-136, Library and Archives of Canada (LAC).

¹⁹ Bates, “The Venereal Disease Problem,” 355; Cassel, *The Secret Plague*, 116.

segregation, and the language used to describe this segregation, underscore the punitive purpose of the ward. Medical writers sometimes replaced the word “segregated” with “incarcerated” in the medical literature, which deepened the stigma of being treated in a venereal ward.²⁰ The venereal disease ward was essentially a prison.

THE TREATMENT OF VENEREAL DISEASE

At the time of the Great War, the major recognized venereal diseases, or sexually transmitted infections (STIs), were syphilis, gonorrhea, and chancroid. Bacteria cause all three of these diseases, namely *Treponema pallidum* (syphilis), *Neisseria gonorrhoeae* (gonorrhea), and *Hemophilus duceryi* (chancroid), and sexual contact is the primary mode of transmission.²¹ Gonorrhea can cause infertility in both men and women, and doctors in Canada were especially concerned about the complication of blindness in infants.²² Syphilis was the most debilitating and deadly of these diseases at the time. In its tertiary stage, syphilis can result in the breakdown of various systems in the body, finally ending in psychosis and death. It can also result in sterility, miscarriage, and birth defects.²³ The negative reproductive effects of these diseases made venereal disease a threat to the replenishment of the population after the war and gained the issue recognition.²⁴ The early-twentieth century in Canada was a period where ideas about citizenship were entangled with moral reform, eugenics and racialism, and venereal diseases were seen as symptoms of social disorder. Doctors held a prominent position navigating moral behaviour in Canada, and served as mediators between scientific and moral knowledge. They were not immune to the prevailing beliefs in Canadian society about venereal disease and immorality.²⁵

²⁰ Patch, “The Military Aspect of the Venereal Disease Problem in Canada,” 301.

²¹ Cassel, *The Secret Plague*, 13.

²² Gordon G Copeland, “Blindness of the Newborn—A Preventable Disease,” *Canadian Medical Association Journal* 8, no. 8 (1918): 724.

²³ Cassel, *The Secret Plague*, 148.

²⁴ Buckley & Dickin McGinnis, “Venereal Disease and Public Health Reform in Canada,” 344-5.

²⁵ Mariana Valverde, *The Age of Light, Soap, and Water: Moral Reform in English Canada, 1885-1925* (Toronto: University of Toronto Press, 2008).

Canadian doctors were not all aware of how to diagnose or treat venereal diseases like syphilis. Lieutenant-Colonel Harrison of the Royal Army Medical Corps suspected this was in part because physicians took some pride in being unfamiliar with the ever stigmatized venereal diseases.²⁶ However, treatments available at the time were painful and distressing; the course of treatment, dose levels and length of treatment were up to the discretion of the physician. Soft chancres were burned with various acids, such as carbolic and salicylic acid, which were used to cauterize the open sores. Gonorrhea was treated with a number of washes and solutions, such as silver nitrate and potassium permanganate, which were painfully forced through the urethra. Physicians treated syphilis with caustic chemicals, most infamously mercury, which had extremely adverse side effects and questionable efficacy. Syphilis proved especially problematic to treat as it usually went through a period of dormancy where the initial sore would disappear until the disease progressed into its later, tertiary stages. This natural cycle in pathogenesis could make ineffective treatments appear effective because the primary lesions disappeared.²⁷

During the years before the First World War, however, considerable advances had been made in the diagnosis and treatment of venereal disease, including the identification of the bacteria responsible for both syphilis and gonorrhea, which improved the diagnostic accuracy for both. The most notable development was the Wassermann blood test to detect syphilis, created in 1906. In addition to helping achieve a concrete diagnosis, the Wassermann test also allowed physicians to determine whether patients had achieved a cure after treatment. Furthermore, in 1910 the first truly effective treatment for syphilis, the arsenic compound Salvarsan, or 606, became available.²⁸ Specific treatment regimens with Salvarsan varied, but generally involved a series of injections spread over two months, or as long as it took for a Wassermann test to return a negative result.²⁹ The treatment options available meant that soldiers segregated in the base hospital in 1916 faced either an extremely painful course of treatment (for

²⁶ Harrison, "The Modern Treatment of Syphilis," 31.

²⁷ Cassel, *The Secret Plague*, 46-71.

²⁸ MacDougall, *Activists and Advocates: Toronto's Health Department 1883-1983*, 214.

²⁹ Cassel, *The Secret Plague*, 46-71.

gonorrhoea), or one that could take months to treat (syphilis), which could in part explain some of their reactions to treatment.

THE SEGREGATION AND TREATMENT OF SOLDIERS WITH VENEREAL DISEASE

The overarching goal of military officials was to reduce the number of men in hospital for venereal disease, and thereby increase the number of men in training camps who could be expedited overseas for military service.³⁰ Stagnant recruitment at home and the depletion of manpower in Europe meant that treating cases of venereal disease found among the ranks of the army became imperative.³¹ The official policy was to treat men in segregation until they were cured.³²

Soldiers' lives were regulated by strict military order, and they were subject to examinations for venereal disease at random.³³ The military forced them to accept treatment under segregation for venereal disease at hospitals like the Military Base Hospital in Toronto. Soldiers, however, were not always keen to follow treatment in the segregated hospital ward to the point of a cure. Soldiers felt that, "by volunteering to defend their country, they had earned its recognition,"³⁴ and they were not willing to be imprisoned and made to feel like criminals without some resistance. Soldiers resisted segregation by writing letters to senior officers in the hope that those officers would intervene on their behalf. Others attempted escape, while some opted for causing a disturbance. Soldiers felt their treatment in the venereal ward warranted the risk of detention in a basement cell of the hospital, court martial, and even serious personal injury.

At least two soldiers wrote letters which have been preserved to more senior military officials describing their treatment at the

³⁰ Bates, "The Military Aspect," 53.

³¹ Desmond Morton, "Military Medicine and State Medicine: Historical Notes on the Canadian Army Medical Corps in the First World War 1914-1919," in *Canadian Health Care and the State: A Century of Evolution*, ed. David Naylor (Montreal & Kingston: McGill Queens University Press, 1992), 38-66.

³² *Ibid.*

³³ Cassel, *The Secret Plague*, 129.

³⁴ Desmond Morton, *Fight Or Pay: Soldiers' Families in the Great War* (Vancouver: UBC Press, 2004), 169.

Toronto Military Base Hospital. These letters offer a rare opportunity to examine the perspective of patients suffering from venereal disease. Although each of the documents examined in this paper are publicly available at Library and Archives of Canada, I have omitted the full surnames of soldiers because of the social stigma surrounding venereal disease that persists today.

One such letter was written on the 23 September 1916 by the 39-year-old Private Matthew W., who had recently enlisted in the 169th Battalion. Matthew wrote that he had contracted a “bad disease” in England ten years previous. When a military doctor asked if he had any previous “blood trouble,” he replied honestly that he had been treated once before and was promptly sent to the venereal ward of the Toronto Base Hospital.³⁵ The terminology in this letter highlights that the terms “bad disease” and “blood trouble” for venereal disease had some social currency in Canada, referring to both syphilis and gonorrhoea.³⁶ This was how the military doctor began his inquiry into the soldier’s medical history. Venereal disease acquired similar monikers in the United States, for example “bad blood,” used by physicians and patients in Macon County, Alabama.³⁷

On paper supplied by the YMCA, Private Matthew W. wrote to General Logie after a month of confinement in the venereal ward. When first admitted to the hospital, the staff performed a blood test, which determined he had syphilis. Matthew W. was then told he was unfit for military service, and would be discharged from the army. The doctor in charge of his case, however, forgot to duplicate his papers, and as a result, Matthew W. had been confined without being discharged from the army, and also without receiving any treatment for syphilis for over a month. He had not received any pay while in hospital, and in his letter mentions losing \$2 per day.³⁸ Matthew W’s hardship would amount to an economic loss of about \$60, a significant amount for a Canadian family during the First World

³⁵ Pte. Matthew W. to General Logie, 23 September 1916, Base Hospital – Toronto, 1916, Department of National Defence fonds, RG 24, Volume 4385 File MD2-34-7-136, Library and Archives of Canada (LAC), 1-4.

³⁶ Harry B Weston, “Prevention of Venereal Diseases,” *The Public Health Journal* 7, no. 5 (1916): 282–85.

³⁷ James H Jones, *Bad Blood: The Tuskegee Syphilis Experiment* (New York: Simon and Schuster, 1993).

³⁸ Matthew W. to General Logie, RG 24, Volume 4385 File MD2-34-7-136, LAC, 4.

War. The stoppage of pay was clearly a punishment for contracting venereal disease and was consistent with military policy at the time.³⁹

Matthew W. further described feeling as though, "...I am here treat[ed] like a criminal I am behind bars and am not allowed out. Sir it is not as though anything had broken out on me, but to be kept here a prisoner for six weeks and then to be told I have to go over it all again is heartbreaking."⁴⁰ This quote illustrates how Matthew W. was emotionally upset and felt like a criminal behind bars as a patient in a segregated hospital ward. Furthermore, visitors were banned from the venereal ward, creating difficult social hardship for the patients. The private's wife, who did not know of his condition, wanted to know why the military held him prisoner in the hospital. Matthew W. requests to be able to visit with her for one hour a week on the ground floor of the hospital. Because of the difficulty with his paperwork, Matthew W. did not undergo treatment for syphilis, but was nonetheless confined in the venereal ward. His letter highlights his frustration with being treated like a common criminal because of the isolation and stoppage of pay. Matthew W's writing also reveals the delicate situation he was in, as he did not want his wife exposed to the shame of the venereal ward, but rather he wanted to visit with her on the ground floor and explain his condition.⁴¹

General Logie, the General Office Commanding (G.O.C) Camp Borden apparently took this complaint seriously and asked Lieutenant-Colonel Richardson, the O.C. in charge of the base hospital, to respond to Private Matthew W.'s complaints. Lieutenant-Colonel Richardson wrote that the venereal ward was seriously overcrowded, understaffed, and blamed the delay on the deaf clerk who was in charge of admissions to the venereal ward (and was removed from this position). Richardson assured General Logie that he granted Matthew W. two weeks furlough, signifying at least a temporary end to his imprisonment in the venereal ward. It is unclear, however, whether Matthew W. had to return for treatment or if the military board ultimately discharged him from the service.⁴² It seems that the venereal ward's overcrowding, stigma and lack of administrative

³⁹ Morton, *Fight Or Pay: Soldiers' Families in the Great War*, 47.

⁴⁰ Matthew W. to General Logie, RG 24, Volume 4385 File MD2-34-7-136, LAC, 3.

⁴¹ Ibid.

⁴² O.C Base Hospital to G.O.C Camp Borden, 29 September 1916, Base Hospital – Toronto, 1916, Department of National Defence fonds, RG 24, Volume 4385 File MD2-34-7-136, Library and Archives of Canada (LAC).

oversight meant that it was easy for a venereal patient to fall between the gaps and that patients were well aware of this fact.

Earlier that month, on the 13 September 1916, Lieutenant-Colonel Lohead, the Officer Commanding the 118th Battalion at Camp Borden wrote that he had also received a letter from a non-commissioned officer under treatment in the venereal ward. Lohead wrote that he had received several complaints of a similar nature and asked for a response from the hospital.⁴³ Lance-Corporal Dan D. wrote a strongly worded letter condemning the venereal ward for punishing patients by not allowing them minor conveniences, such as daily newspapers and parcels from friends. Even more frustrating was the sanitary condition of the ward, where there were ten patients sleeping in a single room designed to sleep a maximum of five or six.⁴⁴ The patient sleeping next to Dan D. was suffering from consumption in addition to venereal disease, which worried the soldier because they were confined to the same ward day and night and not at all allowed outside.⁴⁵ It is clear that military officials perceived syphilis to be more dangerous, even though tuberculosis caused a significant number of the soldier deaths that occurred in Canada.⁴⁶

Dan D. also wrote, "...it is certainly very disheartening to be locked up like a criminal when a man has committed no crime, only against himself and I for one certainly realize my position, and feel it dearly and it has certainly me[a]nt enough to me all ready."⁴⁷ This quote again emphasizes the feeling of being more a prisoner than a patient for having contracted venereal disease, and the acute awareness of the perception of venereal disease as punishment for immoral behaviour (a crime against oneself). Dan D. received four shots of di-arsenol, a substitute for Salvarsan produced in Ontario when the war in Europe

⁴³ O.C 118th Battalion to O.C 9th Brigade, 13 September, 1916, Base Hospital – Toronto, 1916, Department of National Defence fonds, RG 24, Volume 4385 File MD2-34-7-136, Library and Archives of Canada (LAC).

⁴⁴ L/C Dan D. to O.C 118th Battalion, n.d, Base Hospital – Toronto, 1916, Department of National Defence fonds, RG 24, Volume 4385 File MD2-34-7-136, Library and Archives of Canada (LAC).

⁴⁵ Ibid.

⁴⁶ Alex Rewegan et al., "The First Wave of the 1918 Influenza Pandemic among Soldiers of the Canadian Expeditionary Force," *American Journal of Human Biology* 27, no. 5 (2015): 638–45.

⁴⁷ L/C Dan D. to O.C 118th Battalion, RG 24, Volume 4385 File MD2-34-7-136, LAC.

disrupted the patented supply from Germany.⁴⁸ Dan D. was expecting to be in the hospital for an additional four or five weeks.⁴⁹ Some patients were not content to wait that long and attempted escape from the venereal ward.

Several patients attempted to escape from the venereal ward. One patient attempted to climb down the fire hose, but fell 45 ft., receiving severe injuries. A hospital orderly rescued the patient and returned him to the venereal ward for treatment.⁵⁰ Three others wrenched apart a metal screen (possibly from a window), and effected their escape in hospital clothing.⁵¹ Two other patients wrenched apart two of the iron bars from the entrance to the ward and attempted an escape.⁵² One escapee, undergoing treatment for gonorrhoea, managed to contract syphilis while he was truant from the hospital which, according to the orderly officer's report, "adds further to his crime sheet."⁵³ Soldiers away without leave (AWOL), such as hospital escapees, could face a court-martial for their offence.⁵⁴ That the patients perceived their segregation and treatment in the venereal ward poorly enough to risk serious personal injury or even a court-martial is telling of the patient experience in such a ward.

Venereal patients also resisted authority from within the hospital. As Lieutenant-Colonel Richardson reported, there was a disturbance among the venereal patients which resulted in several of them being tried and sentenced to detention. The patients threatened to tear down the new fence designed to keep them in their ward as soon as it was completed. Hospital officials suspected that patients worked

⁴⁸ Cassel, *The Secret Plague*, 151-2.

⁴⁹ L/C Dan D. to O.C 118th Battalion, RG 24, Volume 4385 File MD2-34-7-136, LAC.

⁵⁰ Capt. Wallace A.M.C to O.C Base Hospital, 26 September 1916, Base Hospital – Toronto, 1916, Department of National Defence fonds, RG 24, Volume 4385 File MD2-34-7-136, Library and Archives of Canada (LAC).

⁵¹ O.C Base Hospital to A.D.M.S M.D #2, 22 September 1916, Base Hospital – Toronto, 1916, Department of National Defence fonds, RG 24, Volume 4385 File MD2-34-7-136, Library and Archives of Canada (LAC).

⁵² O.C Base Hospital to A.A.G M.D #2, 16 August 1916, Base Hospital – Toronto, 1916, Department of National Defence fonds, RG 24, Volume 4385 File MD2-34-7-136, Library and Archives of Canada (LAC).

⁵³ A.D.M.S M.D #2 to O.C 204th O/S Bn, 2 November 1916, Base Hospital – Toronto, 1916, Department of National Defence fonds, RG 24, Volume 4385 File MD2-34-7-136, Library and Archives of Canada (LAC).

⁵⁴ O.C Base Hospital to A.D.M.S M.D #2, 22 September 1916, RG 24, Volume 4385 File MD2-34-7-136, LAC.

together to foment dissent and even helped other patients to escape.⁵⁵ Richardson had engineers construct five cells in the basement of the hospital to hold patients guilty of misdemeanors. This meant that resisting segregation on the top floor could lead to imprisonment in the basement of the hospital⁵⁶ where there was a kitchen, storage area and the servants' quarters from the former Toronto General Hospital.⁵⁷

Richardson grew increasingly frustrated with complaints from soldiers in the venereal ward, escapes and insurrections. Richardson was also convinced that with a patient load of more than 150-170 per day, he needed more than five or six staff members to run the ward. On 22 September 1916 he wrote to the Assistant Director of Medical Services (A.D.M.S.) of Military District 2 suggesting that a separate venereal hospital with an entirely separate staff be created as far away from the base hospital as possible. He argued that having the venereal patients on the top floor of the base hospital was having a "baneful effect on the whole hospital." He reported that patients in the other wards resented being associated with the venereal patients and lived in constant fear of being contaminated. Richardson argued it was difficult to maintain order and segregation in such an environment.⁵⁸ The men in charge of guarding the venereal ward feared they would also be exposed to disease.⁵⁹ This correspondence reveals the deep seated fear and stigmatization that venereal disease inspired in the minds of Canadians. The fear of contamination by association or through non-sexual contact through toilet seats and silverware was also common even though sexual contact was the primary mode of transmission.⁶⁰

⁵⁵ O.C Base Hospital to A.A.G M.D #2, 16 August 1916, RG 24, Volume 4385 File MD2-34-7-136, LAC; O.C Base Hospital to A.D.M.S M.D #2, 22 September 1916, RG 24, Volume 4385 File MD2-34-7-136, LAC.

⁵⁶ Ibid.

⁵⁷ Connor, *Doing Good: The Life of Toronto's General Hospital*, 85.

⁵⁸ O.C Base Hospital to A.D.M.S M.D #2, 22 September 1916, RG 24, Volume 4385 File MD2-34-7-136, LAC.

⁵⁹ O.C Base Hospital to A.D.M.S M.D #2, 25 September 1916, Base Hospital – Toronto, 1916, Department of National Defence fonds, RG 24, Volume 4385 File MD2-34-7-136, Library and Archives of Canada (LAC).

⁶⁰ Cassel, *The Secret Plague*, 13.

THE MORAL REGULATION OF SOLDIERS AND THE WAR EFFORT

In line with British and other Dominion expeditionary forces during the First World War, the Canadian army stopped pay to soldiers and their families while the soldier was treated for venereal disease in hospital.⁶¹ The two letters written by soldiers in segregation at the Toronto Military Base Hospital both emphasize this punitive element to their experience. Even after the widespread and accepted use of Salvarsan during the First World War and later the introduction of antibiotics like penicillin in 1943, some physicians felt they should withhold these treatments because soldiers should suffer for the lapses in morality that led to their infection in the first place.⁶² Clergymen also spoke out against treatment, arguing that such measures encouraged immoral behaviour by removing the consequences of promiscuity.⁶³ It is for this reason that condoms were never distributed during the First World War as a preventative measure among Canadian troops, even though Australia and New Zealand's soldiers had access to them.⁶⁴ In spite of this backlash, by 1918, the military required that "men who, notwithstanding all advice, insist on exposing themselves to venereal infection," report to their medical officer to receive prophylactic treatment.⁶⁵ This highlights the primacy of the war effort in the Canadian consciousness, as the need for soldiers overseas superseded the dominant narrative of venereal disease as punishment for immorality.⁶⁶

Soldiers' education on the topic of venereal disease began upon enlistment or conscription when they were given a card detailing the dangers of venereal diseases, and warning them to avoid catching

⁶¹ Buckley and Dickin McGinnis, "Venereal Disease and Public Health Reform in Canada," 341; Desmond Morton, "Military Medicine and State Medicine: Historical Notes on the Canadian Army Medical Corps in the First World War 1914-1919," *Canadian Health Care and the State* (1992): 38-66; Morton, *Fight Or Pay: Soldiers' Families in the Great War*, 47; E Beardsley, "Allied Against Sin", 196; M Harrison, "The British Army and the Problem of Venereal Disease", 139; A Kampf, "Controlling Male Sexuality", 248.

⁶² J Cassel, "Making Canada Safe for Sex," 141-92; A Brandt, No Magic Bullet, 161-82.

⁶³ Ruth Roach Pierson, "The Double Bind of the Double Standard: VD Control and the CWAC in World War II," *Canadian Historical Review* 62, no. 1 (1981): 31-58.

⁶⁴ A. Butler, "The Venereal Diseases", 158; A. Kampf, "Controlling Male Sexuality", 242.

⁶⁵ Bates, "The Military Aspect," 54.

⁶⁶ Morton, "Military Medicine and State Medicine," 47.

them.⁶⁷ The epidemiological model for venereal disease was based on the socially accepted belief that men had a natural sex drive that would lead them to have multiple sex partners before marriage, whereas women were expected to have sex with one partner within a marital union.⁶⁸ According to social norms, women were either as “ladies” or “loose women,” with the latter deemed as polluting and responsible for spreading venereal disease.⁶⁹ Soldiers thus received lectures on the benefits of abstinence, along with how to recognize the signs of disease and its progression.⁷⁰ Prostitutes were presented as the chief source of nearly all infections, and military officials preached that promiscuity and, by extension, infections contracted through promiscuous behavior, were both immoral and shameful.⁷¹ While medical and military authorities considered women the sources of contamination, it was soldiers who were punished for contracting venereal disease. While a double standard existed for men and women in Canada, all Canadians were expected to behave within the accepted morality of monogamy, marriage and heterosexuality, and soldiers were not exempt from this.⁷² Moral regulation, coupled with the need for soldiers overseas resulted in the segregation of soldiers in hospital and a treatment regime that was punitive and stigmatizing.

By 7 November 1918, just prior to the armistice, Richardson’s dream of a new, separate hospital for venereal disease had not been realized. In fact, the base hospital had become almost entirely devoted to the care of venereal patients, except for a few remaining cases of influenza after the pandemic of 1918.⁷³ In 1917, Richardson was let go from his position at the base hospital due to “irregularities which recently occurred in connection with the administration of

⁶⁷ Bates, “The Military Aspect,” 54.

⁶⁸ J Cassel, “Making Canada Safe for Sex,” 144.

⁶⁹ Ibid.

⁷⁰ Buckley and Dickin McGinnis, “Venereal Disease and Public Health Reform in Canada,” 339; Bates, “The Military Aspect,” 54.

⁷¹ C K Clarke, *The Prevalence of Venereal Diseases in Canada: A Presentation of Facts and Figures Made to the Conservation Commission of Canada on January 17th, 1917* (Toronto, University of Toronto Press, 1917); Pierson, “The Double Bind of the Double Standard,” 57.

⁷² Renisa Mawani, “Regulating The ‘respectable’ classes: Venereal Disease, Gender, and Public Health Initiatives in Canada, 1914-35,” *Regulating Lives: Historical Essays on the State, Society, the Individual, and the Law* (2002): 170–95.

⁷³ A.D.M.S M.D #2 to D.G.M.S, 7 November 1918, St. Andrew’s Military Hospital – Toronto, Department of National Defence fonds, RG24, Volume 4298, Files MD2-34-1-54-24, Library and Archives of Canada (LAC).



Figure 3. Captain Gordon A. Bates (approx. age 33), who was in charge of the venereal ward at the Toronto Military Base Hospital during the latter half of the First World War. [City of Toronto Archives, Fonds 70, Series 340, Subseries 6, File 3, 914-918]

his institution.”⁷⁴ Captain Gordon Bates was put in charge of the venereal ward of the hospital (see Figure 3) and would continue his crusade against venereal disease in the military and among the civilian population throughout his career following the war.⁷⁵

⁷⁴ According to a note in the article, “Changes at Toronto Base Hospital”, *The Hospital World, Canadian Hospital Association* vol. 11-12 (1917): 15.

⁷⁵ Sidney Katz, “The Doctor Who Won’t Take No for an Answer” *Maclean’s*, 68 no. 24 (1955), 14. According to Katz, Dr. Gordon Bates was renowned for his unrelenting enthusiasm and zeal for improving the health of Canadians throughout his long career, and his formula for getting results was to “frighten, shock, anger and educate”. He was one of the most prolific authors on the subject of venereal disease in the army and continued his campaign to eradicate venereal disease amongst the civilian population long after the war. It appears that Dr. Gordon Bates enlisted in 1916 and arrived at the Toronto Military Base Hospital after Dr. Robinson was let go, although it is not clear if the “irregularities” that Dr. Robinson was fired for were specifically linked to the management of the venereal ward.

While it appears that the strict policy of segregating venereal patients in Canada continued throughout the war,⁷⁶ the Australian army touted their success with a more progressive treatment regime. At Langwarrin Military Hospital venereal patients were initially treated like prisoners. Until 1916 they were kept under guard and not allowed visitors or recreation. As in the Toronto Military Base Hospital, patient prisoners at Langwarrin were disgruntled and many escaped or caused disturbances that impeded the treatment of disease. Brigadier-General E. Williams and Captain Conder decided to attempt to restore patients' health and self-respect by removing the guards, building comfortable accommodation, allowing athletic recreation and entertainment, and enabling soldiers to earn money while under treatment for venereal disease. By 1917 the result was a significant reduction in insurrections and escapes.⁷⁷

Following a less progressive military health policy, the war had given the Canadian government unprecedented control over the lives of its citizens.⁷⁸ The frightening thing for Canadians was that public health officials strove to model public health measures after those adopted by the military.⁷⁹ In March 1918, the provincial government in Ontario drafted new legislation with the aim of preventing venereal disease. This legislation gave health officials the authority to inspect those convicted of crimes against "public morals and decency" for venereal disease and, if infected, compel them to receive treatment. Moreover, medical health officers were given the authority to enter any private home and seek out individuals who might have venereal disease. While the proposed legislation provided for the establishment of free clinics that offered treatment to the general public, the police were also able to fine individuals who did not seek treatment. This legislation was passed and in effect by 1 July 1918, and similar legislation was passed in other provinces including Saskatchewan,

⁷⁶ Bates, "The Military Aspect", 53-57; Cassel, *The Secret Plague*, 130-135. According to Cassel, in contrast to practices at the Toronto Military Base Hospital, Canadian soldiers in Europe were eventually allowed to continue a modified course of training while being treated for venereal disease, and therefore were not strictly confined to hospital wards for the duration of their treatment.

⁷⁷ Butler, "The Venereal Diseases", p.173-77.

⁷⁸ Mark O Humphries, *The Last Plague: Spanish Influenza and the Politics of Public Health in Canada* (Toronto: University of Toronto Press, 2013), 133-34.

⁷⁹ Bates, "The Military Aspect," 57.

British Columbia, and New Brunswick.⁸⁰ This public health legislation had far-reaching effects. The draconian provisions that developed from the desire to morally regulate Canadians and the need to supply soldiers for the First World War persisted into the 1980s when the AIDS pandemic emerged.⁸¹

CONCLUSION

As described by those soldiers who were patients, the segregation of soldiers in Toronto's Military Base Hospital was essentially imprisonment with brief periods of treatment. Faced with a shortage of volunteers and mounting casualties in Europe, Canadian military officials reconciled the moral regulation of soldiers with the need to treat illness and replace casualties by segregating and punishing venereal patients with inhumane treatment in the hospital. The military stopped pay, disallowed visitors, newspapers and other distractions from the moral purgatory that was the venereal ward of the base hospital. The military imprisoned soldiers with venereal disease in the top floor of the hospital with metal bars and guards surrounding the building. Having volunteered to serve their country, soldiers were not content to suffer these hardships silently. This analysis of the letters written by soldiers in the venereal ward and the correspondence of military officials reveals that soldiers resisted their confinement by appealing to senior officials, attempting to escape, and resisting authority within the hospital's walls. In doing so, they risked great personal harm and even the possibility of a court martial. The segregation of soldiers during the First World War for venereal disease had far-reaching effects as the legislation that resulted from this model of treatment was adopted across Canada following the war.



⁸⁰ Buckley and Dickin McGinnis, "Venereal Disease and Public Health Reform in Canada," 343-44.

⁸¹ MacDougall, *Activists and Advocates: Toronto's Health Department 1883-1983*, 224.

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