

2018

'Whatsoever a Man Soweth:' Sex Education about Venereal Disease, Racial Health, and Social Hygiene during the First World War

Brent Brenyo

Follow this and additional works at: <https://scholars.wlu.ca/cmh>



Part of the [Military History Commons](#)

Recommended Citation

Brenyo, Brent "Whatsoever a Man Soweth:' Sex Education about Venereal Disease, Racial Health, and Social Hygiene during the First World War." *Canadian Military History* 27, 2 (2018)

This Article is brought to you for free and open access by Scholars Commons @ Laurier. It has been accepted for inclusion in *Canadian Military History* by an authorized editor of Scholars Commons @ Laurier. For more information, please contact scholarscommons@wlu.ca.

Whatsoever a Man Soweth

Sex Education about Venereal Disease, Racial Health, and Social Hygiene during the First World War

BRENT BRENYO

Abstract: In 1917, the British War Office released a film directed by Joseph Best titled Whatsoever a Man Soweth. The 38-minute silent film used intertitles to convey dialogue, and the film's narrative, which focuses on three Canadian soldiers on leave in London, England, was intended to provide sex education for soldiers. This paper examines how the film reflected and constructed a wartime reality through cultural representations, as increased attention was paid to the threat of venereal disease and its impact on racial health and the British Empire during the First World War. Ultimately, this sex education film provided soldiers with a medical-moral education about racial health; it vividly conveyed fears about VD and racial degeneration, but also highlighted a belief in social hygiene and racialized moral arguments to protect and ensure the health of the Anglo-Saxon race.

IN 1917, THE BRITISH WAR OFFICE released a film directed by Joseph Best titled *Whatsoever a Man Soweth*. The 38-minute silent film used intertitles to convey dialogue, and was intended to provide sex education for soldiers.¹ The film has been called a “no holds barred look at the impact of the effects of disease”² and, upon

¹ *Whatsoever a Man Soweth* (1917) in *The Birds and the Bees: 60 Years of British Sex Education Films*, DVD, directed by Joseph Best (London: The British Film Institute, 2009).

² Byrony Dixon, “Whatsoever a Man Soweth,” pamphlet included with the DVD collection, 16.

its release, it was “well liked, and some hundred copies were sent to all British and Allied fronts for showing to the troops.”³ The film follows three Canadian soldiers; the protagonist—aptly named Dick, his brother Tom, and their friend Harry. Dick, Tom, and Harry are portrayed as “everymen” and the film follows their actions as they spend time in wartime London. All three men are tempted by women interested in having sex, but their responses towards these women vary greatly, as does the outcome to their health outcome should they chose to consort with them.

It is no coincidence that the film follows three Canadian soldiers. During the First World War, Canadian troops had the dubious distinction of having the highest rates of venereal disease (VD). While the exact numbers of Canadian soldiers who contracted VD during the course of the war may be elusive, a work commissioned by the Historical Section of the Department of National Defence put the number of recorded cases of VD in the Canadian army at 66,083.⁴ Nonetheless, it is conceded that the Canadian Expeditionary Force had the highest level of venereal disease of all the military units serving overseas in Europe.⁵ Compared to the British, Australian and New Zealand troops, the situation was quite embarrassing as the British regularly reported an incidence of about 5 per cent of strength which dropped to half by the end of the war. The Australians, on the other hand, had an incidence rate of 13 to 14.5 per cent, and the New Zealanders an incidence around 13 per cent.⁶ Based on the statistics of the *Official History of the Canadian Forces*, Canadian troops had an incidence rate of 15.8 per cent.

However, the film is more than an example of how information about disease transmission and treatment was communicated to soldiers, *Whatsoever a Man Soweth* acts as a social document of

³ “Extract from notes by J. Best, January 14, 1949” in *The History of British Film 1914-1918*, ed. Rachel Low (London: George Allen & Unwin Ltd., 1950), 149.

⁴ Andrew MacPhail, *Official History of the Canadian Forces in the Great War 1914-19: The Medical Services* (Ottawa: Department of National Defence, 1925), 293.

⁵ Jay Cassel, *The Secret Plague: Venereal Disease in Canada, 1838 - 1939* (Toronto: University of Toronto Press, 1987), 123.

⁶ Cassel, 123. For other works on VD rates see: H. MacDougall, *Genitourinary Medicine*, Vol. 70, (1994): 56-63; Philippa Levine, *Prostitution, Race & Politics: Policing Venereal Disease in the British Empire* (New York: Routledge, 2003); Tim Cook, *Shock Troops: Canadians Fighting the Great War, 1917-1918 Vol. 2* (Toronto: Penguin Group, 2008).

exceptional value.⁷ The narrative of the film provides a vivid look into the fears surrounding VD and the threat it posed to national, as well as “racial” health, during the First World War. At the turn of the twentieth century, venereal disease was seen as a serious threat because it undermined the health of the Anglo-Saxon race. The onset of war only intensified these fears.⁸ As British historian Frank Mort has argued, syphilis and gonorrhoea were not just a threat to English military health and effectiveness, but also racial survival.⁹ In Canada, historian Angus McLaren has demonstrated that eugenicists used the fear of VD to claim that syphilis (and its conduit, prostitution) imperilled racial purity in order to call for it to be rationally controlled.¹⁰ It is no surprise that these ideas particularly flourished in Canada, as imperialist sentiment stressed Anglo-Saxon unity.¹¹ The belief that the Anglo-Saxon race and Empire was in peril, coupled with the fact that Canadian troops stationed in Britain had shockingly high rates of VD, meant that the film met a very real need for sexual education.

The narrative of the film provides not only a chance to examine the widespread fears about VD and racial health, but also the evolution of attitudes towards VD and its treatment during the First World War. As a result of the mounting loss of life on the battlefields, greater attention was paid to the health of both Canadian and British soldiers—the eugenically desirable “flower of manhood.”¹² The work of influential eugenicists such as Havelock Ellis, Karl Pearson, and C.W. Saleeby gained traction throughout the early-twentieth century, as they focused on the safeguarding of the race. They drew on the ideas of Charles Darwin, Herbert Spencer, and Francis Galton, and their work promised racial regeneration at a time when Anglo-Saxon

⁷ Kevin Brownlow, *Behind the Mask of Innocence: Sex, Violence, Crime, Films in the Silent Era* (London: Jonathan Cape, Ltd. 1990), 63.

⁸ Anglo-Celtic may be a more appropriate term than Anglo-Saxon, but these terms, along with the designation British, were used interchangeably and often uncritically.

⁹ Frank Mort, *Dangerous Sexualities: medico-Moral Politics in England since 1830, 2nd Ed.* (London: Routledge, 2000), 156-63.

¹⁰ Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885-1945* (Toronto: McClelland & Stewart Inc., 1990), 72.

¹¹ Carl Berger, *The Sense of Power: Studies in the Ideas of Canadian Imperialism, 1867-1914* (Toronto: University of Toronto Press, 1970), 259-60.

¹² Lesley A. Hall, “‘War Always Brings It On’: War, STDs, the military, and the civilian population in Britain, 1850-1950” in *Clio Medica Vol 55: Medicine and Modern Warfare*, eds. Roger Cooter, Mark Harrison, and Steve Sturdy (Amsterdam, Rodopi, 2000): 211.

communities felt defensive due to economic and military threats to empire and declining birth rates.¹³ Eugenics was the “science of selective breeding,” as eugenicists believed that human characteristics were predominately determined by inheritance, which could impair or improve the racial qualities of future generations. Those individuals deemed “fit” or “desirable” were to be encouraged to propagate, while those deemed unfit or undesirable were to be discouraged, even prevented. The former was often termed positive eugenics, while the latter was referred to as negative eugenics.¹⁴ As Jeffrey Weeks highlights, eugenics was “Befitting the prevailing social mood of its period, and as a response to the anxieties that gave it its resonance, clear imperialist and patriotic themes can be discerned.”¹⁵ The First World War acted as a catalyst that only intensified these fears as the prime breeding stock marched off to war, and helped to bring about a change in attitudes and treatment toward VD.

Whatsoever a Man Soweth reflects this wartime transition by showcasing the ascendancy of social hygiene and the marginalization of the social purity movement. During the late-nineteenth and early-twentieth centuries, the social purity movement, anchored in the Church and firmly wedded to repressive sexual attitudes, advocated for higher moral standards in public life.¹⁶ Social purity demanded the sexual continence of both sexes, as the movement was intent on changing society’s sexual behaviour and attitudes, often through legislation.¹⁷ However, the social purity movement, inspired by a high degree of moral fervor, jettisoned sympathy for the victim and concern for individual rights in favour of discriminatory and repressive policies.¹⁸ It was the attitudes and beliefs of social purity groups that

¹³ Mort, 133-34. See also: Lucy Bland, “Cleansing the Portals of Life: The Venereal Diseases Campaign in the Early Twentieth Century” in *Crises in the British State, 1880-1930* (London: Hutchinson, in association with the Centre for Contemporary Cultural Studies, University of Birmingham, 1985), 195.

¹⁴ Lucy Bland, *Banishing the Beast: Sexuality and the Early Feminists* (New York: The New Press, 1990), 223.

¹⁵ Jeffrey Weekes, *Sex, Politics and Society: The Regulation of Sexuality since 1800*, 2nd ed. (Essex: Longman Group UK Ltd., 1989), 131.

¹⁶ Edward J. Bristow, *Vice and Vigilance: Purity Movements in Britain since 1700* (Eden Quay: Gill and Macmillan Ltd., 1977).

¹⁷ Bland, 52.

¹⁸ Paul McHugh, *Prostitution and Victorian Social Reform* (London: Croom Helm Ltd., 1980), 29.

led to their irrelevance, as the crucible of war allowed for any and all means necessary to protect the health of the race.

Even with increasing rates of VD amongst soldiers, social purists maintained that it should not be treated as a form of punishment for sin. Prophylaxis (action taken to prevent disease) was considered “to condone vice and thus were not acceptable to either the social purists or to the doctors allied with them.”¹⁹ As a result, it was realized in many medical and political circles that no amount of religious moralizing or punitive legal control could protect the health of the race; only medical intervention could. The social hygiene movement, which had its origins in the prewar eugenic era as part of the growing debate over national health and efficiency, stressed medical prophylaxis and sex education to control VD, and it flourished as religious arguments against prophylaxis lost ground. Social hygiene stressed prevention rather than punishment and replaced fear and repression tactics with positive discussion about sex education, leading to increased acceptance of prophylaxis over time.²⁰ With its scientific and medical approach to sexuality, social hygiene supplanted the social purity movement as the vanguard of racial health.

This paper examines how the sex education film *Whatsoever a Man Soweth* reflected and constructed a wartime reality through cultural representations, as increased attention was paid to the threat of VD and its impact on racial health and the British Empire during the First World War. While the film’s narrative vividly conveys fears about VD and racial degeneration, it also highlights a belief in the power of social hygiene to preserve the health of the race, promote its recovery, and prevent future degeneration. An examination of the film also helps resolve a point of historiographic contention in regards to the transition from social purity to social hygiene during the early twentieth century. The question of whether it was medical or moral prophylaxis that was central to the strategy of prevention during the First World War has perplexed historians, many of whom have presented the situation as an either-or proposition.²¹ In his work on

¹⁹ David Evans, “Tackling the ‘Hideous Scourge’: The Creation of the Venereal Disease Treatment Centres in Early Twentieth Century Britain,” *The Society for the Social History of Medicine*, Vol. 5, No. 3 (1992): 419.

²⁰ Mort, 156-63.

²¹ As Laura Doan notes, it is a risky but necessary strategy. See: Laura Doan, “Sex Education and the Great War Soldier: A Queer Analysis of the Practice of ‘Hetero’ Sex,” *The Journal of British Studies* Vol. 51, No.3 (2012): 647.

early VD treatment centres, David Evans rightly places emphasis on medical prophylaxis for prevention and highlights that moral instruction was seen as a secondary approach. Evans does not, however, explore the role that moralizing played in the promotion of treatment. Lucy Bland also presents a dichotomy in her work on VD campaigns. She argues that there was a medico-moral strategy (moral prevention with curative medical treatment) and a medical prophylaxis strategy (medical prevention and cure). While the first strategy is better expressed as moral-medico, Bland precludes the possibility that there existed a complementary strategy of medical *and* moral prevention.²² While *Whatsoever a Man Soweth* repudiates social purity in favour of social hygiene, the film challenges the medical versus moral dichotomy, as a combined strategy of medical and moral prevention is presented in the film.

The film utilizes moral arguments for prevention of VD, but its moralizing is distinctively different from that of the social purity movement. *Whatsoever a Man Soweth* promoted social hygiene's primary emphasis on medical intervention, but also demonstrated areas where modern medicine could not help, such as shaping sexual behaviour to prevent VD. Therefore, it was necessary to resort to a form of 'moral prophylaxis' in an attempt to ensure proper character and conduct. This moral prophylaxis was not religious but concerned with temporal matters such as racial health and social hygiene. As cultural historian Frank Mort has highlighted, social hygiene redefined morality, and

its significations were shifted away from the [...] emphasis of the purity movement. Nowhere was this clearer than in moralists' take up of scientific logic and a language of rationality. [There was] the emergence of a new type of moral discourse. Here evolutionary science was fully integrated with moral pronouncements about society's future progress or decline.²³

²² See: Evans, "'Tackling the 'Hideous Scourge,'" and Bland: "Cleansing the Portals of Life." However, since both historians do not examine how the "new" moral arguments differed from arguments about religious morality, they both err in ascribing social purists too much power. Social purists found the lack of religious arguments against the treatment of VD as equally problematic as the treatment of VD, since it divorced the religious aspect from the debate.

²³ Mort, 138.

If VD was to be prevented, moral prophylaxis was also necessary (in addition to medical prophylaxis) to shape sexual behaviour into a more socially acceptable form and ensure good racial health.

A combined strategy of medical and moral prevention is presented in *Whatsoever a Man Soweth*, and both are derived from eugenic concerns about racial health, as well as a belief in social hygiene to protect the race. This argument, however, stands in contrast to Laura Doan's analysis of the film. In her queer analysis of *Whatsoever a Man Soweth*, Doan notes the valorization of medical knowledge, but does not sufficiently recognize the importance of contemporary concerns over racial health and the historical context in which the social hygiene movement operated.²⁴ Doan concludes that "there are persistent *residual* elements in the film of an *older* regulatory system in wartime eugenicist concerns about hereditary taint."²⁵ This is an error in her work. The strong persistence of eugenic elements concerned with hereditary health are not residual, but are central, to the film's narrative and reflect a pressing contemporary concern. Eugenics "crystallized the intellectual and political imperatives of evolutionary biology,"²⁶ and social hygiene emphasized preventative medicine as the way to improve health and ensure racial survival. The social hygiene movement, which overlapped with eugenics, aimed to improve racial health and because of its popularity consequently informed the pedagogy of sex education during this time.

While medical knowledge was valorized, it was combined in the film with a form of 'moral prophylaxis' which was very much the result of social hygiene and concerns over racial health. While Doan is right about religious moral arguments being increasingly marginalized, she does not delve into how the "new morality" derived from medical knowledge not only promoted social hygiene's primary emphasis on medical prophylaxis, but also redressed its limitations.²⁷ Understanding the limits of medicine to protect racial health reveals why a form of moral prophylaxis concerned with temporal needs was necessary. While a queer perspective may "complicate historical understandings of evolving sexual regulation subject to multiple,

²⁴ Doan, 660.

²⁵ Doan, 658. Italics have been added for emphasis.

²⁶ Mort, 134

²⁷ Doan, 659

sometimes contradictory systems of governance,”²⁸ the sex education in *Whatsoever a Man Soweth* actually highlights how the medical and new moral approaches could be quite complementary. Therefore, a focus on fears about racial degeneration, the belief in the power of social hygiene to improve the health of the race, and how moral prophylaxis reinforced medical treatment, is necessary to address these neglected areas in Doan’s work.

Ultimately, *Whatsoever a Man Soweth* promoted social hygiene’s primary emphasis on medical intervention, but presented both medical and moral prophylaxis in a complementary – if not entirely congruent – strategy to prevent VD. Contemporaries realized that medical prophylaxis had its limits and could not alone deter “illicit” sex and further infection. As such, a racialized moral lesson was also presented as part of the film’s narrative. The film exhorts soldiers not to take a chance with illicit sex and instead promotes a “culturally appropriate” form of sex—monogamous marriage with an emphasis on childbearing. Monogamous marriage is presented in the film as a proper outlet for sexual energies, as well as the only way to ensure good (racial) health and the propagation of the race. The film’s moralizing therefore played upon the emotions of soldiers as potential husbands and fathers and stressed the severe hereditary consequences of VD (racial poison) that accompanied illicit sex. Social hygiene was unable to treat hereditary syphilis, so this form of moral prophylaxis was included in the film to redress the limitations of medical prophylaxis and place responsibility for the prevention of VD on the shoulders of each and every soldier. This moral prophylaxis was not concerned with religious wellbeing, but on shaping sexual behaviour which affected the temporal issues of racial health and imperialism, and it continued to reinforce medical prophylaxis where possible. As a sex education film, *Whatsoever a Man Soweth* provided soldiers a medical-moral education about racial health; it vividly conveyed fears about VD and racial degeneration, but also highlighted a belief in social hygiene and racialized moral arguments to protect and ensure the health of the Anglo-Saxon race.

²⁸ Doan, 662.

A REALITY BEYOND THE LINGUISTIC: THE IMPERIAL WAR CONFERENCE, 1917

Culture, with its practices, symbols, unspoken assumptions, and discourses, shapes people's views of contemporary events. Though the film *Whatsoever a Man Soweth* constructed a wartime reality through cultural representations, these representations are based on lived experience and have a reality beyond the purely linguistic.²⁹ While *Whatsoever a Man Soweth* helped shape dominant cultural representations of the dangers of VD and race degeneration, it was a product of these perceived dangers itself. Languages and discourses are not as deterministic as some postmodernists would suggest, as they are tools to be used, and must have a basis in reality.³⁰ Discourse and historical experiences are intimately linked, and they inform and influence each other. Therefore, historical context is necessary to understand the already existing debate surrounding VD and its impact on racial health prior to the creation of the film. Furthermore, context will help to establish the discourses which constituted the sex education received by the soldiers.

Canadian Prime Minister, Sir Robert Borden, first introduced the concern about Canadian soldiers contracting VD at the Imperial War Conference in April 1917. For a “cautious man, not given to spectacular gestures,”³¹ Borden must have been incensed to have voiced his displeasure toward the British government and the lack of attention given to the problem of venereal disease. Borden, the staunch imperialist, was not solely concerned with Canadian soldiers, but the health of all Anglo-Saxon allies. He drove home the point that, “we are in the midst of a War which may shatter this whole empire and surely a measure would not be too drastic whatever consequences it might produce [lest disease be] carried to every Dominion of the Empire, and the future of our race damaged beyond any comprehension or conception.”³² The British government was not

²⁹ Adrian Gregory, *The Last Great War: British Society and the First World War* (Cambridge: Cambridge University Press, 2008), 6.

³⁰ Ibid.

³¹ Cassel, 138. For a comprehensive overview of Borden's role in wartime activities see, G.W.L. Nicholson, *Canadian Expeditionary Force, 1914-1919: Official History of the Canadian Army in the First World War* (Montreal and Kingston: McGill-Queen's University Press, 2015).

³² Confidential Proceedings of the Imperial War Conference, 1917. CO 886/7.

just facing condemnation from Canada, but also the governments of New Zealand and Australia who pressed the British government to reduce rates of VD.³³

The British government was slow to respond even though it faced similar problems combating VD amongst its own soldiers. By 1917, over 55,000 British soldiers were being treated for VD.³⁴ Borden was vocal in his displeasure with how the situation was being handled,

I do not think Canada will ever again send men overseas to any war unless we are assured that such conditions as have met our soldiers here will not meet them again. I say unhesitatingly that if I should be Prime Minister of Canada on the outbreak of another war I would not send one man overseas if the conditions were such as have prevailed during the Progress of this War.³⁵

It would be wrong to characterize Borden's call to action as a simple assertion of nationalism on the global stage. Venereal disease at the turn of the twentieth century was understood to be a serious threat because of the impact that contemporaries believed it would have on the health of the Anglo-Saxon race, and Borden's comments are an example of the level to which this concern was raised.

While the British and Canadian governments were concerned with protecting the health of the race, the British government was largely ineffective in controlling VD. An answer to why the British government allowed this threat to persist may be found in the definitional and jurisdictional challenge posed by VD. Essentially, the numerous government offices had trouble defining if it was a military, civilian, or a national problem, which prevented them from co-ordinating with each other. This problem was exacerbated by the fact that previous attempts to eradicate VD in Britain, such as the infamous Contagious Diseases Acts (1864–1886), had been discriminatory and infringed upon women's civil liberties, which made government offices reluctant to act due to fear of widespread

³³ Levine, 163.

³⁴ Weeks, 188.

³⁵ Walter Long, "Memorandum for the War Cabinet. Venereal Diseases," 6 March 1918, reporting Sir Robert Borden's statement to Imperial War Conference, 24 April 1917. PRO, WO 32/11401/173290.

public backlash.³⁶ The Home Office and War Office therefore did not wish to propose legislative action against civilians again, and the War Office maintained that troops suffered sufficiently by the loss of pay occasioned during hospitalisation for treatment. However, when the Dominions pushed for greater efforts to control VD, the War Office and Home Office placed the burden of responsibility on one another.³⁷ This hampered the construction and implementation of a coherent and effective strategy to eliminate VD for most of the war.

FIDDLING ABOUT: PROSTITUTES, VD, AND CANADIAN SOLDIERS

In the months following the Imperial War Conference, knowledge of VD within Canadian camps in Britain became more widely publicized, due to a May 1917 pamphlet entitled, “The Fiddlers: Drink in the Witness Box,” Arthur Mee denounced the British government for allowing the production of booze, especially when the ingredients could be better spent feeding the British people.³⁸ In addition, Mee contended that booze undermined the efficiency of soldiers and workers, led to violence, truancy at work, the shirking of duty, and consorting with “loose women.” These were all ill effects of drink that threatened the ability of Britain to wage war. Mee pointed to the Dominions as the example for Britain to follow, as they instituted prohibition at home for their soldiers.³⁹ Mee contrasted the experience of Dominion soldiers at home with their experience in Britain. Mee looked to the Canadians who were degraded and made useless - “broken by the thousands” - as a result of booze in

³⁶ For information on the Contagious Diseases Acts, see Judith Walkowitz, *Prostitution and Victorian Society: Women, class and the state*. (Cambridge: Cambridge University Press, 1980) and Paul McHugh, *Prostitution and Victorian Social Reform* (London: Croom Helm, 1980).

³⁷ Suzann Buckley, “The Failure to Resolve the Problem of Venereal Disease among Troops in Britain during WW1” in *War and Society: A Yearbook of Military History*, Vol. 2. Eds. Brian Bond and Ian Roy (New York: Holmes and Meier Publishers, 1975), 65-85. While Buckley is correct that the War Office was the most irresponsible, I disagree with Buckley’s claim that VD was essentially a military concern. This paper highlights how war blurred the boundaries between civilian and military life, and between the welfare and warfare state, with VD taking on a particular liminal quality.

³⁸ Arthur Mee, “The Fiddlers: Drink in the Witness Box” (London: Morgan & Scott, Ltd., 1917), 5.

³⁹ Mee, 34.

Britain.⁴⁰ However, booze was also a gateway for other vices such as prostitution.

Mee highlighted how booze made Canadian soldiers more likely to consort with prostitutes, which led to the corruption of their innocence. To reinforce this point, Mee quoted Colonel Sir Hamar Greenwood, who spoke before Parliament in 23 April, 1917:

Every Canadian soldier who comes to this country arrives here not only a first class specimen of a fine soldier, but as clean-limbed and as clean a man as the Creator Himself could create. The fact that in one only of the three Canadian camps in this country 7,000 of these clean Canadian boys went through the hospital for venereal disease in fourteen months is not only a great discredit to any Government in this country but has an effect in Canada which I can assure the House does not make for a better feeling with the Home Country, and does not make for what we all desire - Imperial Unity.⁴¹

Mee argued that supposedly temperate, disease-free Canadian soldiers were coming to Britain and were having their innocence corrupted. If they could not find booze at camp, they could find the public houses in towns and cities around the camp. The shockingly high rates of VD provided proof of the evils of alcohol. While the trope of “innocence lost” was cliché, Mee recognized its cultural power. The idea of “innocence lost” was utilized by Greenwood who told the British House of Commons that, during a recent visit to the Dominions, he met many parents whose children were “ruined and debilitated” by “harpies.” They allegedly told him that, “We do not mind our boys dying on the field of battle for old England, but to think that we sent our sons to England to come back to us ruined in health, and a disgrace to us, to them, and to the country, is something that the Home Country should never ask us to bear.”⁴² The possibility of bodily mutilation and death on the battlefield was accepted, while the disgrace and ruinous effects of catching VD in the bedroom was explicitly condemned.

⁴⁰ Ibid, 9.

⁴¹ Ibid, 32.

⁴² *House of Commons Debate*, “Venereal Disease Bill [Lords].” 23 April 1917. Vol. 92. Cc2071-127.

Concerned about the impact upon imperial sentiment and support for the war, the Canadian government responded directly to the pamphlet and Mee's accusations about the conduct of its troops. Consequently, Surgeon General J.T. Fotheringham launched an investigation to ascertain the veracity of its statements. On 2 August, 1917, Prime Minister Borden read the report to the House of Commons:

the pamphlet was meant to attract attention to alleged shortcomings on the part of the British government in the matter of temperance legislation, and would appear to affect Canada only in so far as Canadian troops are held up therein as horrible examples of the result of certain alleged failures on the part of the British government. Without being meant as an attack on Canadian authorities or Canadian troops its statements reflect very seriously upon the morals and military efficiency of Canadian troops. It is suggested, please, that if allowed to reach the Canadian public these statements should be accompanied by a full and definite refutation in the public interest.⁴³

The Canadian soldiers were not being explicitly attacked since they were portrayed more as victims, but the pamphlet painted an unflattering picture nonetheless. Most importantly, however, the pamphlet had the potential to harm public support for the war and open the Canadian government to criticism. Fotheringham noted how similar irresponsible statements had fuelled public anxiety in the past and was therefore cause for alarm.

However, Fotheringham was irate about Mee's "gross overstatement and unfair use of figures."⁴⁴ While Mee included the quote from Greenwood, Mee also used this statement in another form on another page of the pamphlet, which claimed that "There are 7,000 cases in one camp alone."⁴⁵ Fotheringham was quick to point out that, "it will be noticed that the length of time, 14 months, in which the alleged number of cases occur, is omitted, and that no statement is made as to the number of thousands of Canadian troops which had passed through that camp in the course of fourteen months without venereal

⁴³ *Canadian House of Commons Debates*, 12th Parliament, 7th Session: Vol. 1, 1917. 4059.

⁴⁴ *House of Commons Debates*, 12th Parliament, 7th Session: Vol. 1, 1917. 4061.

⁴⁵ Mee, 32.

disease.⁴⁶ Nonetheless, he admitted that regrettably “accurate figures as to the incidence of venereal disease among Canadians in Britain and France are not available in Canada.”⁴⁷ While the statement may have appeared out of context, Fotheringham thought it would be best if the government did not address the pamphlet at all. He recommended that the government use any measures necessary to prevent the circulation of the pamphlet amongst the general public in Canada in the best interests of both the public and the troops. The Canadian government consequently censored the pamphlet and forbid its circulation in Canada.⁴⁸

While Fotheringham was correct that 7000 troops suffering from VD in one camp was pure fiction, it was revealed in September 1916 that over the previous thirteen months, 7223 VD cases had been handled at the Shorncliffe hospital in England. The exposure of rampant VD amongst Canadian troops, and the failure to remedy the situation, was part of the explosive revelations of Dr. Herbert Bruce’s *Report on the Canadian Army Medical Service*.⁴⁹ There had long been knowledge of VD amongst Canadian troops, and the fear that it might spread further was palpable. On 25 April, 1917 a letter by Surgeon General G.C. Jones was presented in the House of Commons stating that the total number of Canadian venereal patients in England by 2 March, 1916 was 740. Mention was also made of Herbert Bruce’s *Report*, which stated that on 13 August 1916, there were 695 venereal cases in the Shorncliffe area.⁵⁰

While the belief that “innocents abroad” were being corrupted resonated in political and military circles, the origins of venereal disease amongst Canadian troops in England was much more complex. Many troops came to England with VD already, as they caught it in Canada prior to leaving for overseas. In 1916, the

⁴⁶ *House of Commons Debates*, 12th Parliament, 7th Session: Vol. 1, 1917. 4061.

⁴⁷ *Ibid.*

⁴⁸ *Ibid.*

⁴⁹ Herbert, A. Bruce, *Report on the Canadian Army Medical Service by Colonel Herbert A. Bruce*, 42-43. See also: H.A. Bruce, *Politics and the C.A.M.C.: A History of Intrigue, Containing Many Facts Omitted from the Official Records, Showing How Efforts at Rehabilitation Were Baulked* (Toronto: William Briggs, 1919).

⁵⁰ *Ibid.*, 839. In addition, between 1914 and the autumn of 1915 there were 1,249 patients suffering from venereal disease at the hospital at Salisbury Plain. See: Colonel A. Fortescue Duguid, *The Great War 1914-1919: General Series Vol. 1 – The Outbreak of War to the Formation of the Canadian Corps, August 1914-September 1915*. (Ottawa: Minister of National Defence, 1938).

Canadian Army Medical Corps (CAMC) sent detailed reports to Ottawa about the rates of VD in the army: “Approximately 25 per cent of cases in England had been infected in Canada, and 40 per cent in London; 30 per cent were relapses; and only 5 per cent were infected elsewhere, including France.”⁵¹ Mee was probably not concerned with the incidence of VD in Canada, but even if he was aware of the incidence rate in Canada, he may have chosen to omit this fact in order to focus on “The Price that Empire Pays” and serve his own ends. Ultimately, VD amongst Canadian troops was a very real and continuing source of concern, as it was believed to be a threat which undermined military effectiveness and imperilled the Anglo-Saxon race and British Empire.

WHATSOEVER A MAN SOWETH: A RESPONSE TO THE VENEREAL DISEASE EPIDEMIC

As the intended audience of *Whatsoever a Man Soweth*, soldiers were given a sex education lesson where the discourse surrounding venereal disease was informed by concerns about racial health, the continuity of imperialism, and the desire to improve sexual education. While the film’s director, Joseph Best, wrote that its creation was a relatively quick affair and a “one man job,”⁵² *Whatsoever a Man Soweth* nonetheless conveyed a multifaceted message which reveals an intense cultural debate surrounding VD and the impact that contemporaries feared it might have on racial health.

More research needs to be conducted to adequately explain both the creation of the film and emphasis upon social hygiene and racial health that Best took. Although made at the behest of the War Office to show the “evils of venereal disease,” the National Council for Combatting Venereal Disease (NCCVD) exerted considerable influence upon the decision. The NCCVD was established in 1916 by the Royal Commission on Venereal Diseases chairman, Lord Syndeham of Combe, a former army officer and high imperial official. Its objectives included the strengthening of the family, the promotion of an equal standard of sexual conduct, and the improvement the Anglo-

⁵¹ Cassell, 136.

⁵² “Extract from notes by J. Best, January 14, 1949” in *The History of British Film 1914-1918*, ed. Rachel Low (London: George Allen & Unwin Ltd., 1950.) 149.

Saxon race through educational and social measures. Furthermore, the NCCVD enjoyed semi-official status, which was reflected in substantial annual grants from the central and local government and in Ministry of Health vetting of its copious propaganda.⁵³ Part of the NCCVD's campaign was a "new propaganda vehicle with almost unlimited potential. This was the VD horror film, and Lord Sydenham's forces soon considered cinema 'the most attractive form of propaganda.'" ⁵⁴ Titles of early films in this genre included *Whatsoever a Man Soweth*. Perhaps the collusion between the War Office and NCCVD, aided in part by Lord Sydenham, led to the film's emphasis on social hygiene to protect the Empire and race against venereal disease. If the Ministry of Health had some oversight and vetted this propaganda, it is possible that the film would reflect the medical profession's knowledge of VD to protect the health of the race, rather than social purity arguments.

The film illustrates fears about racial health, but also emphasizes the power of social hygiene and the medical knowledge needed to preserve the health of the race, promote its recovery, and prevent future degeneration. It reflects the symbols of the medical profession in their efforts to protect the health of the race. Despite the title of the film which comes from Galatians 6:7-9, it only has a superficial connection to religious instruction.⁵⁵ The film is not a religious sermon, as the content is purely concerned with social hygiene. The film's characters witness the symbols of medical hegemony which promised to improve the health of the race, but their experiences and health outcomes differed based on their ability to educate themselves about the importance of social hygiene. As a sex education film, *Whatsoever a Man Soweth* squarely placed the responsibility of educating and protecting oneself—and by extension the health of the family and race—on the shoulders of each and every soldier.

⁵³ Bristow, 150.

⁵⁴ Ibid.

⁵⁵ "Be not deceived; God is not mocked: for whatsoever a man soweth, that shall he also reap." King James Bible, Galatians 6: 7-9.

The film's protagonist, Dick, is accosted by women interested in sex a total of four times in London.⁵⁶ According to Colonel Adami of the Canadian Army Medical Corps and surgeon to the Canadian forces, London in 1916 was a "great centre of prostitution, the hot-bed of venereal infection."⁵⁷ It was estimated that 12 per cent of the population might be syphilitic.⁵⁸ The fears of Canadian troops catching VD while stationed overseas were very real and well-founded. London was no exception. In his first encounter with a prostitute, Dick remembers his mother's last words to him, "Dick, you are going to fight for honor and principle; never forget it, dear, wherever you may be – do nothing of which you would be ashamed to tell your sister or mother."⁵⁹ As a result of these words of wisdom, Dick comes to his senses and he brushes off the woman. This reinforces the point that Canadian government officials were worried about public criticism of soldiers' improper behaviour overseas. As mentioned earlier, Colonel Greenwood expressed that Canadian parents were willing for their sons to fight and die for England, but not if they would be ruined by "harpies." Furthermore, Newton Rowell would reiterate to the Imperial War Conference in 1918 that Canada's mothers were willing for their sons to go and die for the empire, but they would not tolerate

⁵⁶ While the film implies that these women are prostitutes, no money in exchange for sex is depicted on screen. Furthermore, discussions about the "amateur prostitute" and "khaki fever" during this time make such rigid distinctions problematic. See Bland "Cleansing the Portals of Life," as well as Angela Woollacoot, "'Khaki Fever' and Its Control: Gender, Class, Age, and Sexual Morality on the British Homefront in the First World War," *Journal of Contemporary History* Vol. 29, No. 2 (1994). It is more apt to say that the film was as concerned with "every woman of the easiest virtue" as it was sexual promiscuity and extramarital sex which contributed to the spread of VD.

⁵⁷ Colonel J.G. Adami, "The Policy of the Ostrich," *The Canadian Medical Association Journal* Vol. 9, No. 4. (1919): 294. Adami also wrote a history of the CAMC which is a useful work for examining the medical aspects of the war, and it includes some information related to VD, as well as the author's attitudes towards its treatment. Adami advocated "complete openness" when discussing VD which he hoped would educate public opinion to accept vaccination. Adami also noted that the military situation was but one part of the greater problem and VD amongst the civilian population that had to be dealt with by authorities. Adami, *War Story of the Canadian Army Medical Corps: The First Contingent, Vol. 1 – to the Autumn of 1915* (Published for the Canadian War Records Office by Colour Ltd, 1918.)

⁵⁸ Royal Commission on VD, *Appendix to Final Report of the Commissioners. Minutes of Evidence.* 27 April 1914 – 21 June 1915, 440.

⁵⁹ *Whatsoever A Man Soweth.*

their sons being tempted by sin and exposed to disease.⁶⁰ The next intertitle reflects this sentiment, as it reminded soldiers that “Not all victories are won on the battlefield.”⁶¹

In his second encounter with a prostitute, Dick has a flashback to his sweetheart, Jane, who remains at home in Canada. The flashback, which presents monogamous love as the ideal standard, brings Dick to his senses and allows him to spurn the advances of the prostitute. When Dick is approached for a third time in front of the National Gallery, the reference to his sweetheart appears again. A woman saunters up to Dick, places an arm around his upper back, and tugs on his sleeve with her free arm in a gesture for him to follow her. Lt. Charles Williams, who is passing by, sees “a friend in need. Struck by the youth’s familiar appearance, grasps the situations and acts.”⁶² William drives the woman off and asks Dick, “Do you know, young man, the risks you run in associating with such women?” William provides Dick with a card for a Dr. Burns, who will educate him on such matters. The card reads, “Dear Burns, Bearer is youth I am phoning you about for your kind attention.” As Dick is putting away the card, the camera flashes a picture of Jane in Dick’s wallet. Officer Williams exclaims, “Your sweetheart! Ah! I thought I had seen you somewhere before. Jane is my sister.”⁶³ Soon after this improbable and awkward encounter, Dick is approached by another prostitute. This woman is more forceful, not just grabbing his arm, but leading him. This time, two Patrol Women of the International Hospitality League forcibly intervene, drive off the prostitute off, and the other escort to Dick to a YMCA hut.⁶⁴ This diversion to the YMCA was probably filmed to remind soldiers of other, more appropriate entertainment and leisure activities at their disposal.

Dick, wanting to know more about the dangers of VD, carries out his promise to Lieutenant Williams and makes his way to the military hospital to meet Dr. Burns. Dr. Burns takes Dick under

⁶⁰ *Proceedings of Imperial War Conference*, 13th Day (19 July 1918) PRO, WO 32/11404. 4-5.

⁶¹ *Whatsoever a Man Soweth*.

⁶² *Whatsoever a Man Soweth*.

⁶³ *Ibid*.

⁶⁴ The intertitle states that these female officers are members of the Patrol Women of the International Hospitality League. For a discussion of women’s patrols and the women police during the First World War see: Philippa Levine, “‘Walking the Streets in a Way No Decent Woman Should’: Women Police in World War I,” *The Journal of Modern History* Vol. 66, No. 1 (Mar. 1994): 34-78.

his wing, becomes his teacher, and enlightens him about the perils of VD. The doctor takes Dick around to examine patients and their sores in order to better warn him of the dangers posed by VD. This scene is where viewers witness all the symbols of medical hegemony at work, as the twentieth century was a turning point in medical knowledge about VD. In 1905, the causative organism of syphilis was identified, and in 1906 the Wasserman test was developed, which allowed for a successful diagnostic blood test for the disease. Finally, in 1909 Salvarsan was discovered, and it was an effective treatment for syphilis. While Salvarsan was able to ameliorate the signs and symptoms of disease and render patients non-infectious, it was not a cure, even though patients were considered 'cured' after three or four negative tests. In addition, contemporaries acknowledged that the Wasserman test was difficult to perform and not always accurate.⁶⁵ Nonetheless, more effective testing and treatment was finally realized, and the film glorifies these advancements. In the hospital, a Wassermann test is conducted on a soldier to determine if spirochetes are present in his blood, which would give a positive diagnosis of syphilis. A syringe is used to draw blood from a soldier, and an intertitle tells viewers that if the blood is clear, germs are absent, but if the blood is dark then the results are positive.⁶⁶ Two vials are held to the camera for juxtaposition—one vial is positive, one is negative. In one of the shots, Dick's face is bathed in light as he stares at the test tubes when the Wasserman test is being conducted, and he is literally 'seeing the light.'⁶⁷ Darkness and ignorance as to what the disease is and how to combat it are dispelled due to the efforts of social hygienists and the medical profession. A sample of positive blood is placed under a microscope, where Dick views the sample. Viewers are shown the germs of VD, "threadlike bodies, seen under the microscope attacking healthy corpuscles, and then a syphilitic sore, seething with spirochetes."⁶⁸ The result of this test calls into sharp focus the supplanting of social purity by social hygiene, with

⁶⁵ For the discovery of spirochetes and the development of the Wasserman test see Cassel, 32-33. For the treatment of syphilis and the discovery of salvarsan see Cassel, 56.

⁶⁶ *Whatsoever a Man Soweth*.

⁶⁷ Doan also reaches a similar conclusion, noting that science was ascribed an aura of spiritual mysticism, previously the preserve of religion, and she likens it to a conversion experience. Doan, 655.

⁶⁸ Brownlow, 64.

the latter promising enlightenment and the ability to better protect the health of soldiers and the Anglo-Saxon race.

The hegemony of the medical profession and ability of social hygiene to improve the health of the race is reinforced when Dick and Dr. Burns read together information about VD contained in *The Synopsis of the Final Report of the Royal Commission on Venereal Diseases* by Capt. Douglas White, M.D., Royal Army Medical Corps. The preface to White's synopsis includes an introduction by George Clark, First Baron Sydenham of Combe, and head of the Royal Commission, in which Clark earnestly commended "Dr. White's able compilation to all who are anxious to co-operate in freeing our race from a curse that threatens its numbers and its vigour in days when both will be sorely needed to enable us to meet the difficult and strenuous years which the future holds in store."⁶⁹ The film, as well as Dr. White's work, echoes calls from the medical profession that "the VD problem is one in which the medical profession should lead in educating public opinions and in influencing the course of legislation."⁷⁰ The hegemony of the medical profession is asserted through this film, not just through the symbols of the profession and its fight against VD, but also in the intertitles, which display statistics and information from the *Final Report*. The Royal Commission relied on expert medical testimony throughout its duration, and its findings are presented in the *Final Report*, which forms Dick's basis for knowledge about VD, as well as that of any soldier watching the film for the purposes of sex education.

ASCENDANCY OF SOCIAL HYGIENE: THE ROYAL COMMISSION ON VENEREAL DISEASE AND THE CONSERVATION COMMISSION

The Royal Commission began on 7 November, 1913. Headed by Lord Sydenham, the Commission was appointed to "inquire into the prevalence of VD in the United Kingdom, their effects upon the health of the community, and the means by which those effects

⁶⁹ Douglas White, *The Synopsis of the Final Report of the Royal Commission on Venereal Diseases*, (London: National Council for Combatting Venereal Diseases, 1916.)

⁷⁰ "The VD Problem," *Canadian Medical Association Journal* Vol. 7 No. 8 (Aug. 1917): 740-45.

can be alleviated or prevented.”⁷¹ When it concluded on 21 June, 1915, it consisted of a total of eighty-six meetings with 22, 296 questions asked to eighty-five witnesses. Investigation into previous state action, defects in hospital statistics, the prevalence of VD within the army and navy, the effects of VD on offspring, how VD patients were notified and detained, quackery, medical education, and education of the public—were just some of the topics touched upon in the Royal Commission’s *Final Report* published in 1916. The importance of this document cannot be understated. The most important recommendation of the Royal Commission, which would have future ramifications, was the impact of VD on the Anglo-Saxon race. The Commission’s final recommendation stated:

Lastly, we wish to lay stress upon the needs of the future. The diminution of the best manhood of the nation, due to the losses of the war, must tell heavily upon the birth rate – already declining – and upon the numbers of efficient workers. The reasons for combating, by every means possible, diseases which in normal times operate with disastrous effects alike upon the birth rate and upon working efficiency are, therefore, far more urgent than ever before.⁷²

Despite the Royal Commission’s dire warning, the *Final Report* offered hope for the future. Its recommendations in their totality offered a way forward. Scientific and medical advancements, sexual education and discussion about the dangers of VD, and social hygiene organizations dedicated to the prevention of VD, could help promote the recovery of the Anglo-Saxon race and prevent future degeneration.

As a result, the *Final Report* was heralded by many, and a greater attention was paid to the health of the Anglo-Saxon race in both Canada and Britain. The recommendations of the *Final Report* “allowed for measures which are sound and accredited to meet this terrible peril to our imperial race.”⁷³ The Royal Commission signalled a change in policy allowing “for our salvation as a nation and an

⁷¹ Royal Commission on Venereal Diseases, *Final Report of the Commissioners*, (1916), 1.

⁷² *Ibid*, 66.

⁷³ Thomas Barlow, “Report of the Royal Commission on Venereal Disease,” *The Contemporary Review* Vol. 109 (Jan 1916): 450.

empire [as] we have needed the services of every available man; have needed them at the height of their physical capacity.”⁷⁴ The Royal Commission was beneficial to the “revelation of the seriousness of venereal disease to the race.”⁷⁵

The attitudes favourable towards social hygiene in the *Final Report* were no accident, however, as the Commission was largely composed of doctors and relied upon the testimony of the medical profession. Six of the fifteen members were doctors, and the vast majority of those whom gave testimony before the Commission were involved in the medical profession in some way.⁷⁶ The links between the medical profession and the Commission meant prophylaxis would be cast in a favourable light. When asked about prophylaxis, witnesses endorsed early detection and treatment as the most effective methods. As Surgeon General A.W. May professed, he had “no objection” to prophylactic measures and saw the “greatest good in having them.”⁷⁷ Dr. D. Havenith believed that the medical profession and government should devote themselves, “without further delay, to the prophylaxis of syphilis by means of treatment.”⁷⁸ The importance of prophylaxis to soldiers was even stressed in a comparison to the German army. Assistant Surgeon at the London General Hospital, Frank Kidd, stated that “the great diminution of the incidence of the disease in modern armies, especially the German army, is due to the adoption of simple prophylactic measures.”⁷⁹ This last point was especially salient, as the German army was destroying the best manhood of the nation (and, therefore, the best eugenically desirable breeding stock) on the battlefields of Europe. Ultimately, in the Commission’s *Final Report* concluded that, while they were “deeply sensible of the need and importance of the appeals to conscience and honor, which are made by the religious bodies and by associations formed for this purpose [...] the terms of our reference precluded consideration of the moral aspects of the questions with which we have dealt.”⁸⁰

⁷⁴ Adami, 291.

⁷⁵ A. Maude Royden, “Report of the Royal Commission on Venereal Diseases,” *International Journal of Ethics* Vol. 27, No. 2 (Jan 1917): 172.

⁷⁶ *Final Report*, iii-iv.

⁷⁷ *Appendix to First Report of the Commissioners*. Minutes of Evidence: 7th November 1913 to 6th April 1914, 16.

⁷⁸ *Appendix to the Final Report of the Commissioners*. Minutes of Evidence: 27th April 1914 to 21st June 1915, 80.

⁷⁹ *Final Report*, 173.

⁸⁰ *Final Report*, 60.

The Commission could not have been clearer—religious arguments against treatment of VD and the social purity associations which advanced them were not to be given consideration.

Since the Commissioners did not place any emphasis on religious arguments surrounding VD, they advocated for the prevention of VD through prompt identification and treatment. This sentiment was prevalent in both British and Canadian social hygiene circles throughout the war. Social hygiene allowed doctors to consolidate hegemony through their service in protecting the health of the Anglo-Saxon race. In a lecture given at the Royal Institute of Public Health, Dr. Otto May stated that education was an important factor in preventative treatment, but

at the same time he thought it was necessary to have some clear thinking on the subject of prophylaxis [...] he was well aware that any popular propaganda on the subject of prophylaxis would meet with a good deal of opposition in many quarters, but all the same he thought it ought to be persevered with. The sooner the whole question of morality was divorced from the methods of treatment of the disease the better. The two aspects – the moral and the medical – must not be confused.⁸¹

Dr. Bryan Donkin reiterated May's argument in correspondence to the *British Medical Journal*, speaking about the silence which has long prevailed on the matter of prevention. Donkin claimed that,

medical men are hampered in this action by the 'medieval doctrine' which, though it may not be expressed in words, is still operative in leading the public to regard such diseases from a different standpoint from that which they maintain towards all others. [Those who are against prophylaxis] decline to take notice of the paramount importance of preventing infection at its source. It is undeniably true that neither moral nor religious instructions will succeed in the future any more than they have succeeded in long past centuries.⁸²

⁸¹ Editorial. "The Prevention of Venereal Disease in Men," *The British Medical Journal* Vol. 1, No. 2928 (Feb. 10, 1917): 196-97.

⁸² H. Bryan Donkin, "The Prophylaxis of VDs," *The British Medical Journal*, Vol. 1, No. 2926. (Jan. 27, 1917): 135-36.

In the opinion of these doctors, it was medicine, not morality, which should govern public health.

The Royal Commission on Venereal Diseases even inspired the Canadian government to inquire into the problem of VD amongst Canadian troops. The Conservation Commission, a government body which usually focused on fisheries, forestry, minerals, town planning, and public health, was also tasked with examining VD throughout 1918. The Commission members noted that, “greater public interest has been created in regard to the problem of dealing with this class of disease during the present war than all the other questions combined.”⁸³ Frank discussion of VD amongst government authorities as well as the public at large inevitably followed. The Conservation Commission included the testimony of Dr. C.K. Clarke and Capt. Walker, M.D. of the CAMC. In regard to infection amongst Canadian soldiers, Dr. Walker stated that

(the figures are his own) from the beginning of the war to July 31, 1917, the total number of cases was 23,248, of which 510 were officers and 22,738 other ranks, or ten per cent of the Canadian forces. Of this number, 25 per cent had contracted the disease in Canada, and 75 per cent in the British Isles or France. These figures clearly indicate the gravity of the situation, and cover only the reported cases.⁸⁴

While the validity of his figures may be questionable, Walker’s testimony does reveal a great public concern with VD. The greatest fear of the Conservation Commission was not just the spread of VD amongst the troops, but also the spread of VD amongst the civilian population. When it comes to the ability to control VD, “The odds are in favour of the soldier, who is under discipline, education, and control.”⁸⁵ It was the view of the Conservation Commission that the importance of abstinence, scientific cleanliness, and prophylaxis should be stressed to soldiers through mandatory education about VD. The Commission concluded by saying that the desired results were worth the battle, and worthy of all great efforts.

⁸³ “Report of the Tenth Annual Meeting: Held at Ottawa – February 17, 1919,” *Commission of Conservation* (Ottawa: 1919), 201.

⁸⁴ *Ibid.*, 202.

⁸⁵ *Ibid.*, 203.

The Canadian medical profession also argued that medicine should not be governed by religion or morality. In an editorial in the *Canadian Medical Association Journal*, a writer stated that “moral considerations” had long “stood in the way of dealing with sexual diseases with the same deliberation and scientific candour as with other great public health questions.”⁸⁶ In a *Canadian Lancet* editorial, a writer stressed that *salus populi suprema lex esto* (the health or safety of the people be the supreme law) must be upheld, and that VD should be managed like any other disease—through treatment and prophylaxis. The writer mentioned that “radical” methods of treatment should be advocated as was being done in Britain.⁸⁷

In Canada, the medical profession embraced the social hygiene argument that VD was a threat to national health and should be treated. At a meeting of the Public Health Officers in Hamilton, Captain H.W. Bill, MD., equated VD with German forces:

We figure the Kaiser and we figure VD as the Kaiser of disease. Which is the worst? [...] the Kaiser must die sometimes in the course of human events, but syphilis and gonorrhoea show no signs of old age yet. [...] It is for the civilian population, led by our own noble branch of the finest profession in the world, to win this victory as the professors of arms are winning now the other.⁸⁸

While exaggerated for effect, Bill’s remarks highlight the fear some held about the severe threat of VD to national health (and equating the Kaiser with VD also served as effective propaganda for both causes). His statement also takes on a particular liminal quality, illustrating how blurred the lines were between military and civilian

⁸⁶ Ibid.

⁸⁷ Editorial. “Prevention of Tuberculosis and Venereal Diseases,” *Canada Lancet* Vol. 51, No.2 (Oct. 1917): 49.

⁸⁸ “The Venereal Disease Problem,” *Canada Lancet* Vol. 52, No. 1 (Sept. 1918): 10-11.

life.⁸⁹ However, this lack of clearly demarcated domains paved the way for frank discussion of VD and calls for greater government intervention in the lives of the overall general populace. VD was not simply a military, civilian or national problem.

The threat of VD to national and racial health was further reiterated in an editorial in the *Canadian Medical Association Journal*. The writer stated that “It is abundantly clear that for our success and continued national existence the fitness of our troops is a matter of life and death. The British Empire cannot afford to waste and throw away the services of its soldiery from causes that are easily preventable.”⁹⁰ This sentiment rang true in both Britain and Canada. While there were doctors who did not want to divorce religious arguments from treatment of VD, they were the extreme minority.⁹¹

Following the publication of the Royal Commission’s reports, committees were set up in both Britain and Canada to implement its recommendations, specifically with the goal of safeguarding and strengthening the race. In 1916, the National Council for Combatting Venereal Disease (later renamed the British Social Hygiene Council in 1925) was formed. The NCCVD shared its premises and some membership with the Eugenics Education Society (EES), as both wanted to combat the effects of VD on the race.⁹² Many members, who later joined the Society for the Prevention of Venereal Disease (SPVD) it formally inaugurated in 1919, were actively involved in the prophylaxis debate.⁹³ In Canada, provincial health authorities as well as lay and medical activists united in 1917 to form the Canadian

⁸⁹ Hall, 206. Since Canadian and British armies relied on volunteer and conscripted forces and not just regulars, anxiety over VD already took on a liminal quality as the boundaries between military and civilian life were eroded. I disagree with Bland who believes that once war was declared, VD became defined fundamentally as a military rather than a civilian problem. See Bland, 206. In addition, when soldiers were demobilized after the war, the problem of VD continued to defy the civil-military distinction.

⁹⁰ Editorial, “Venereal Prophylaxis Among the Troops,” *Canadian Medical Association Journal* Vol. 5 No. 3 (Mar. 1915): 216-19.

⁹¹ T.C. Mackenzie, “The Prophylaxis of Venereal Diseases,” *The British Medical Journal*. Vol. 1, No. 2927 (Feb. 3, 1917), 174. For a layman’s rebuttal of medico-moral arguments, see: Hugh Elliot, “Prophylaxis of Venereal Diseases,” *The British Medical Journal* Vol. 1, No. 2928 (Feb. 10, 1917): 209.

⁹² Weeks, 211.

⁹³ S.M. Tomkins, “Palmitate or Permanganate: The Venereal Prophylaxis Debate in Britain, 1916-1926,” *Medical History*, Vol. 37, (1993): 393 n.55.

National Committee for the Control of Venereal Disease, which continued to press the Borden government to set up a federal health department.⁹⁴ The Committee was later renamed the Canadian Social Hygiene Council. These groups, buoyed by the popularity generated from the Royal Commission's *Final Report*, furthered the cause of social hygiene and its emphasis on medical intervention to prevent VD.

The ascendancy of social hygiene led to the creation of early treatment centres in major cities throughout Britain in 1917, centres that British and Dominion troops used to their advantage. Soldiers who exposed themselves to infection “could report to the early treatment centres – called Blue Light Depots after the colour of the bulb always kept burning over the doors as a subtle advertisement of the purpose of the establishment – for a prophylactic cleansing with chemicals that supposedly prevented the infection.”⁹⁵ Should infection still take hold, the soldier was to report his condition to the medical officer as “failure to do so would be considered a military offence and charged against him. Soldiers with VD would lose half their pay during the period of treatment. This was intended to discourage men from illicit sex and to recover some of the financial loss.”⁹⁶ Furthermore, Canadian troops with “open syphilitic lesions or with symptoms of acute gonorrhoea were not allowed to return to Canada without first being treated at one of the special VD hospitals.”⁹⁷ All soldiers, whether hospitalized or not, would eventually have to be inspected and certified by a medical officer before returning home. These practices highlight that the recommendations of the *Final Report* for early treatment of VD were ultimately followed. Prevention of VD was the priority, and this entailed prophylaxis. VD had long preoccupied political leaders and the medical profession, but with the onset of war, it became an emergency. The arguments of social purity advocates no longer held sway over treatment of VD.

⁹⁴ H. MacDougall, “Sexually Transmitted Diseases in Canada, 1800-1992,” *Genitourinary Medicine* Vol. 70 (1994): 58. A federal department of health was also recommended by the Conservation Commission in their 1918 Report. See: H. Bryce, M.A., M.D. “Conservation of Man-Power in Canada: A National Need,” *Commission of Conservation* (Ottawa: 1918), 21.

⁹⁵ Suzann Buckley & Janice Dickin McGinnis, “Venereal Disease and Public Health Reform in Canada,” *Canadian Historical Review*, Vol. 63, No. 3 (1982): 339.

⁹⁶ Cassell, 127.

⁹⁷ Buckley & McGinnis, 339; See also: Cassell, 136.

It was medicine over religion, as only social hygiene had the tools to protect the health of the race. However, this is not to suggest that moralizing no longer served any purpose. Racialized moral lessons, which played upon soldier's emotions and fears, were also used in the service of social hygiene and its primary emphasis on the prevention of VD.

“THAT SHALL HE ALSO REAP:” FEEBLENESS AND THE HEALTH OF FUTURE GENERATIONS

Despite the ability of social hygiene to improve the health of the race, modern medical practice had its limits. While the medical profession tried to portray VD as a medically manageable condition, there were some circumstances where social hygiene was powerless, especially in the case of hereditary syphilis which did its damage in the womb. It was hereditary cases of VD that presented the most acute danger, and the film acknowledges this fact. It was not enough to delineate these limits in the film in order to educate soldiers, since these limits had serious implications for the survival of the race. A moral lesson was therefore included. While soldiers may still have thought to “take a chance” if they believed that the outcome of their actions would solely harm them, the film highlights the damage soldiers could potentially do to wives (as “mothers of the race”) and their children.⁹⁸ It was areas where medicine failed to treat disease that a moral argument was used to promote prevention of VD. The creators of *Whatsoever a Man Soweth* used guilt, shame, and fear to discourage illicit sex and promoted the idea that meant betraying ones' prospective family and the race. This racialized moral lesson highlights how the fear of “race suicide” was used to promote a culturally appropriate form of sex—monogamous marriage—as a way to ensure good (racial) health and the propagation of the race.

⁹⁸ Women's maternity gave them a key role in the “future regeneration of the race.” The idea of “Woman as Mother” both empowered women, giving them a vantage point of superiority from which to speak, while simultaneously locating that vantage point within a discourse of racial superiority. For women were superior not as mothers in general, but as mothers of the nation and of the race. Such constructions were inevitably placed within an imperialist framework, and the idea of women as “mothers of the race” drew centrally on the language of evolution. Bland, 70.

After a demonstration of the Wasserman test, Dr. Burns instructs Dick to visit a school for the blind. This sequence of the film reveals the most about the fear of racial degeneration. An intertitle subtly states that, “Dr. Burns directs Dick to the nearest Blind School for further facts about Wild Oats. Dick *sees* it through.”⁹⁹ When Dick arrives, the scene is a sombre one, as a large group of blind children are shown, with an intertitle stating, “Of 1100 children in the London Country Council schools for the blind, the cause of blindness in 268 cases or 24 per cent was found to be gonorrhoea and in 374 cases or 34 per cent the cause was syphilis. The total percentage attributable to venereal disease was certainly between 56 and 58 per cent.”¹⁰⁰ The fear of syphilis being passed onto the next generation was immense. As the Royal Commission reflected in their *Final Report*, “hereditary syphilis was an even more serious disease than the acquired form, since it attacks tissues still in the process of development.”¹⁰¹ The list of complications for early and later manifestations of syphilis in children was long: depression of the bridge of the nose, hair loss, spleen and liver enlargement, blindness, thinning of the skull or legs bones, loss of hearing, brain damage from meningitis, hydrocephalus, or convulsions.¹⁰²

VD posed a grave danger to the health of future offspring, especially if soldiers infected their wives, with children suffering as a result. “Innocent victims paying the price of somebody’s ‘Wild Oats’ – all incurably blind,”¹⁰³ an intertitle read. As Dick looks upon the passing children, another intertitle from the film states, “Daddy took a chance.”¹⁰⁴ The degenerative impact of VD on future generations was a topic of intense debate within the medical profession and in the social hygiene literature, and the film reveals these fears of “race suicide.” In January 1917, Maude Royden wrote in the *International Journal of Ethics*, “Syphilis [...] takes its toll of the race. The less fortunate infected mothers bear not dead but living children, who may be blind, deaf, ‘rickety,’ mentally deficient, or otherwise unfit

⁹⁹ *Whatsoever a Man Soweth*. Italics added for emphasis. Attention should be paid to the subtle link between the conduct of individual soldiers and their ability to prevent negative health outcomes for potential offspring.

¹⁰⁰ *Ibid.*

¹⁰¹ *Final Report*, 29.

¹⁰² *Final Report*, 29-30.

¹⁰³ *Whatsoever A Man Soweth*.

¹⁰⁴ *Ibid*

for the battle of life.”¹⁰⁵ VD, especially in its hereditary form, was portrayed as a “race poison” which would ultimately culminate in racial suicide.

If the sight of blind school children did not sufficiently express the fear of racial degeneration, the fate of Tom drove the point uncomfortably close to home. Unlike Dick, Tom and Harry choose to sleep with two prostitutes. Harry’s girlfriend leaves him as a result, but the worst is reserved for Tom. Tom contracted VD in London, and when he started to display suspicious symptoms, Harry provided him with a “Dr. Quack’s Ointment.”¹⁰⁶ The film candidly expresses the concern of social hygienists and medical professionals, many of whom saw quackery as a threat to national health as people did not receive proper treatment.¹⁰⁷ However, when Tom returns home he unknowingly infects his wife, believing that he had already been cured. When his wife starts displaying symptoms, he dispatches for a doctor. The doctor diagnoses her condition and tells Tom that, “she has certainly been infected with syphilis, doubtless through contact with yourself. You have been sowing Wild Oats, young man.”¹⁰⁸ The doctor shames Tom and wags his finger accusingly. Tom breaks down crying as the doctor leaves.

Dick arrives and tries to comfort Tom. Now a convert to the teachings of social hygiene, Dick tells him what he has learned about VD as the scene flashes back to the military hospital and school for the blind. Tom and Dick visit a Dr. Brown who informs Tom that the quack cure was only superficial and that the germs still remain latent. Tom submits himself to a Wasserman test and arranges treatment for himself and his wife. While their health improves, the group discovers that Tom’s wife is pregnant. After a six-month period passes, Tom returns from a business trip to finally see the baby which was born during his absence. This improbable scenario was most likely done to heighten the dramatic impact of the following scene. Upon seeing his son, which is a feeble and frail baby, an intertitle displays his reaction.

¹⁰⁵ A. Maude Royden, “Report of the Royal Commission on Venereal Diseases” *International Journal of Ethics* Vol. 27, No. 2 (Jan 1917): 175.

¹⁰⁶ *Whatsoever a Man Soweth*.

¹⁰⁷ “The fear of disgrace and the consequent desire for concealment necessarily render the sufferer from VD specifically liable to attempt self-treatment, or to entrust his treatment to persons who are in no way qualified to deal with the issue.” *Final Report*, 53.

¹⁰⁸ *Whatsoever a Man Soweth*.

“My God! There is something wrong about it!” Tom exclaims as he stares at the newborn. “Tom recalls his healthy first born baby,” an intertitle displays, “and [he] is shocked at the contrast.”¹⁰⁹ The film cuts away to introduce Tom’s healthy first-born for comparison.

Also troubled by the condition of his child’s eyes, Tom calls upon a specialist who deems the child to be incurably blind. Upon receiving the news, the assembled family—Dick, Jane, Lt. Charles Williams, Tom’s wife and child, and the mother of Dick and Tom—are devastated. The doctor and Williams take their leave, and the nurse takes the baby. Tom tries to comfort his wife, but she and Tom’s and mother exit the room. Tom sits down, dejected. His firstborn child sits next to him and asks, “Daddy, why can’t baby see?”¹¹⁰ The scene flashes back to Tom and Harry drinking and consorting with the two London women before switching back to a shot of the newborn afflicted by syphilis to end the film.

The fate of Tom’s newborn son crystallizes the worst fears of those who believed the Anglo-Saxon race was in peril at the turn of the century and lays the blame squarely on the behavior and choices of soldiers. As one of the film’s intertitles reminds viewers,

FOR THE SAKE OF HEALTHY CHILDREN! Every child has a right to be born clean into this world and that man is to be pitied whose own flesh and blood looks him in the face to say” curse you Dad, I was dirty born, and you are the reason why! The health of our children is in our keeping and the greatest trust on earth is in the loins from which the next generation springs. The well-being of the race, the perpetuity of the nations, is involved in keeping clean.¹¹¹

The family and the nation were equated, as the family was perceived as the building block of society. Social hygiene could help a soldier with “cleanliness,” but only if treatment was pursued promptly and overseen by a professional. However, there were limits to medicine, as the film reveals. Hereditary syphilis did its damage in the womb. It, produced a weak and enfeebled generation that threatened to end Anglo-Saxon dominance in the world. Furthermore, illicit sex was not conducive to the wellbeing or propagation of the race. The

¹⁰⁹ Ibid.

¹¹⁰ *Whatsoever a Man Soweth*.

¹¹¹ Ibid.

film equates “taking a chance” and illicit sex with betraying the race and promotes monogamous marriage as the only sure way to ensure good health and the propagation of strong future generations. An intertitle reminds the soldiers viewing the film that

The man who has illicit relations with any woman offering herself, exposes himself to disease, and a single exposure may mean a lifetime affliction. The man who carries disease to an innocent wife does worse than murder; and that man cheats in the biggest bargain of all who comes unclean to the marriage altar and there asks for the clean. Live as you would have the girl live whom you mean to marry.¹¹²

The film placed responsibility for the health of future generations squarely upon the conduct of each individual soldier and appealed to a racialized morality to hopefully avert “race suicide.”

In the final intertitle of the film, the lines from Ella Wheeler Wilcox’s poem, “The Price He Paid,” highlights soldiers’ responsibility to proper sexual conduct and makes the point exceptionally personal:

And the Child she bore me was blind
And stricken and weak and ill
And the mother was left a wreck
It was they who paid the bill¹¹³

Tom’s fate harkens back to the title of the movie and the implications for the Anglo-Saxon race: “For he that soweth to his flesh shall of the flesh reap corruption.”¹¹⁴ A man who gives into earthly desires and contracts VD through illicit sex will only sow discord, especially if he transmits this “racial poison” to his children. He would run the risk of ruining his family and the Anglo-Saxon race. However, a man who is well-informed and who does not give in to his baser instincts will protect the safety of his family and continue to propagate and maintain the health of the race.

While further research is needed to determine the extent of the film’s audience as well as the reaction that it received, a similar message was disseminated to soldiers during the spring of 1917. In

¹¹² *Whatsoever a Man Soweth*.

¹¹³ *Whatsoever a Man Soweth*

¹¹⁴ King James Bible, Galatians 6: 7-9.

a CAMC lecture on “the sex instinct,” soldiers were introduced to topics centred on “the Responsibility of Parenthood.” Such lecturers warned men that VD could be passed to their wives and children with tragic effects.¹¹⁵

CONCLUSION: “THERE IS NOTHING LIKE A WAR TO DISCOVER THE STEPS THAT SHOULD BE TAKEN FOR THE PROTECTION OF PUBLIC HEALTH”

Canadian Senator James Lougheed’s quip that, “There is nothing like a war to discover the steps that should be taken for the protection of public health,”¹¹⁶ represents well the wartime concern for racial health that *Whatsoever a Man Soweth* both reflected and constructed through cultural representations. These cultural representations were based on lived experience and had a reality beyond the purely linguistic. The concerns presented at the Imperial War Conference, Arthur Mee’s pamphlet *Fiddling About*, and the flourishing of social hygiene to combat racial degeneration, all convey a very real fear about VD and its impact on racial health. VD was a growing public health problem throughout the late-nineteenth and early-twentieth centuries. The war acted as a catalyst that intensified these concerns, as the best of the Anglo-Saxon race—the prime breeding stock—were either destroyed or damaged in combat, leaving a feeble future generation wracked by VD unfit to replace them.

Whatsoever a Man Soweth responded to the demands of the Canadian government and met a very real need amongst soldiers for sexual education. The film illustrates fears about racial health, but also emphasizes the power of social hygiene—as well as the symbols of medical and scientific hegemony—to preserve the health of the race, promote its recovery, and prevent future degeneration. This belief in social hygiene to improve the race was not created by the film but was widespread amongst political and medical quarters. Support for medical prophylaxis was expressed in the *Final Report* of the Royal Commission and the work of the Conservation Commission. Both the Canadian and British medical profession argued that medicine

¹¹⁵ Cassell, 132

¹¹⁶ The Hon. Senator James Lougheed, *Senate Debates*, 13th Parliament, 2nd Session, Vol. 1, 1919, 288.

should not be governed by religion or morality and advocated for prophylaxis. However, despite the ability of social hygiene to improve the health of the race, modern medical practice had its limits.

While the medical profession tried to portray VD as a medically manageable condition, there were some circumstances where social hygiene was powerless, especially in the case of hereditary syphilis which did its damage in the womb. The film quite clearly delineated the limits of social hygiene and employed a racialized moral argument to deter illicit sex and promote a culturally appropriate form of sex to ensure the propagation of the race—monogamous marriage. The original narrative of the film, the actions of the three characters, and the consequences of those actions, provided this moral prophylaxis. The film discouraged illicit sex through guilt, shame, and fear, and portrayed sexual promiscuity as the betrayal of one's prospective family and the race. Tom's extramarital liaison caused him shame and guilt, and the state of his child crystalized the worst fears about the degeneration of the Anglo-Saxon race. Tom's fate harkens back to the title of the movie, as he gave into earthly desires and contracted VD through illicit sex. This moral prophylaxis was not concerned with religious wellbeing, but on shaping sexual behaviour in order to positively affect the temporal issues of racial health and imperialism. The film continued to reinforce medical prophylaxis where possible.

The actions of the characters, considered in their totality, highlight how the medical and moral forms of prophylaxis complemented each other. The film promoted social hygiene's primary emphasis on medical intervention, but also presented both forms of prophylaxis in a complementary strategy to prevent VD. Prompt diagnosis and treatment could have prevented Tom's unhappy ending and even allow him to escape punishment for his infidelities. But he chose not to educate himself. Unlike Tom, Dick armed himself with medical knowledge imparted from a doctor. And even with the knowledge that treatment might be feasible, Dick choose not engage in illicit sex and remain faithful to his sweetheart, Jane. The racialized moral lesson in the film was intended to aid in the prevention of VD, as perhaps the soldiers would follow Dick's lead instead of Tom. The film promoted the message that "safe sex" was only found within the context of monogamous marriage. The film played on soldiers' emotions and fears as potential husbands and fathers to promote this culturally appropriate form of sex and diminish the chance

of transmitting VD to children, preventing the poisoning of future generations.

Ultimately, *Whatsoever a Man Soweth* promoted social hygiene's primary emphasis on medical intervention, but presented both forms of prophylaxis in as a complementary—if not entirely congruent—strategy to prevent VD. However, medical prophylaxis alone could not stop illicit sex and further infection, so a moral lesson was included. The film's moralizing utilized concerns with familial (racial) health to redress the limits of modern medicine and also aid in the prevention of VD by shaping sexual behaviour. However, this form of moral prophylaxis was not religious in the least. *Whatsoever a Man Soweth* provided soldiers with a medical-moral education about racial health. It vividly conveyed fears about VD and racial degeneration, but also highlighted a belief in social hygiene and racialized moral arguments to protect and ensure the health of the Anglo-Saxon race.



ABOUT THE AUTHOR

Brent Brenyo is currently completing his PhD in History at McMaster University. He is a graduate of Brock University's Concurrent Education Program (BA, B.Ed.), and he also received his MA from Brock. His research interests include Modern Canadian History, Modern British History, Imperial and Commonwealth History, and the History of Education. His dissertation focuses on sex education in Ontario public schooling and examines how pluralist politics and the influence of pressure groups affects educational policymaking and curriculum.

The author would like to thank the anonymous reviewer for their insightful comments which ultimately strengthened the article. The author would also like to thank Hillary Giles for a copy of the DVD.