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**Contributors**

Walker, George, 1869-1937.

**Publication/Creation**

Baltimore : Medical Standard Book Co., 1922.

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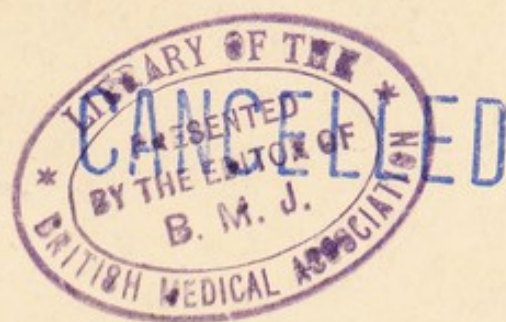


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VENEREAL DISEASE  
IN THE  
AMERICAN EXPEDITIONARY FORCES  

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WALKER





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# VENEREAL DISEASE

IN THE  
American Expeditionary Forces

BY  
GEORGE WALKER, M. D.  
LATE COLONEL, MEDICAL CORPS, U. S. A.



MEDICAL STANDARD BOOK CO.  
BALTIMORE, MD.

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The facts set forth in chapter No. XXIII represent only the violation of orders in a small section and should not be taken in any sense as a criticism of the army as a whole, nor should they reflect in the least degree on the leadership of General Pershing. He was always personally most vigilant in safeguarding the physical and moral welfare of the American Expeditionary Forces, and he took infinite pains to see that proper measures were carried out. In such a large army there will always be found some irregularities but in the management of affairs as a whole only praise should be given the staff and other high ranking officers.

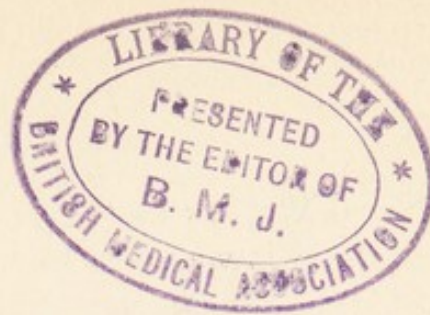
In presenting this record I am simply trying to tell the whole story of the control of venereal disease in France, but I hasten to add that it does not infer really reprehensible conduct on the part of the officers. Rather was it due to an honest belief that our attempted suppression of prostitution was impracticable and would not result in good.





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## PREFACE

The object of this book is to record the experience of the American Expeditionary Forces in the control of venereal disease. It is intended to show the methods which really proved effective and those which were found to be futile, and we venture to hope that these records may be of value to the American and other armies.

It has been the author's unpleasant duty to chronicle the short comings of both line and medical officers, but an effort has been made to let the principle of disobedience stand out rather than the individual offenders. The aim has been to conceal the identity of such officers in every instance and to disclose no details which might give cause for investigation.

General Bradley, the first chief surgeon of the A. E. F., took a very active personal interest in the control of venereal disease, and with the assistance of Colonel Hugh H. Young, chief consultant urologist, a urological department was organized and a plan of procedure formulated.

The consultant section was placed under surgery, which was in charge of General J. M. T. Finney. We were indeed fortunate in having the benefit of the counsel and advice of General Finney.

Colonel Young was established at Neufchateau, where he was very ably assisted by Colonel Edward L. Keyes, Jr., and Captain Bertner. This bureau deserves the credit in a large measure for the success of the department.

When General Bradley was compelled to return to America on account of ill health, General M. W. Ireland succeeded him. No interest could have been more sincere nor cooperation more hearty than that given by General Ireland. Under his charge the venereal rate continued to decrease and the department was strengthened in many ways.

General McCaw succeeded General Ireland. Shortly after this change the Armistice was declared and Colonel Young and Colonel Keyes returned home, whereupon I was given charge of the venereal section in the chief surgeon's office.



General McCaw gave this department a great deal of thoughtful care and it was due to him that the order placing houses of prostitution out-of-bounds all over France was made. Hitherto it had been applicable only to ports. He was always ready with practical suggestions when questions were brought to him and willing to back them by his personal power, notwithstanding the fact that sometimes opposition was very strong.

During the first half of the administration of the A. E. F. the venereal section in the chief surgeon's office was under the charge of Colonel Haven Emerson. He was responsible for the system of reports, for their tabulation and for the correspondence which was so valuable in reducing venereal incidence. I am happy to add my testimony to the great value of his work.

This section was under general sanitation, which was directed by Colonel Percy Ashburne. The difficult and many times disagreeable part of the work was greatly relieved by the sympathetic advice of Colonel Ashburne, who was unfailing in wise and practical criticisms and suggestions. It is always a privilege and a pleasure to associate with a man of his type.

Colonel W. F. Snow and a staff of investigators which he brought over from America rendered invaluable aid in a critical period. The names of these are given in the list.

After the Armistice such a large number of men in the field department were allowed to go home that it necessitated almost a complete reorganization. This was done with difficulty, for a number of the ablest and most experienced men had returned to America.

I regret that it is not possible for me to mention the men who gave conspicuous service in the department under Colonel Young, nor am I able to do this in regard to those who belonged to the personnel even after I took charge myself. Nothing would give me more satisfaction than to present the complete roster, but since I would surely omit the names of many who did most faithful work, I shall have to confine myself to mentioning the men who were in the organization during the early part of 1919.

My thanks are due Mr. Warren W. Brown for very valuable assistance in the editorial work.





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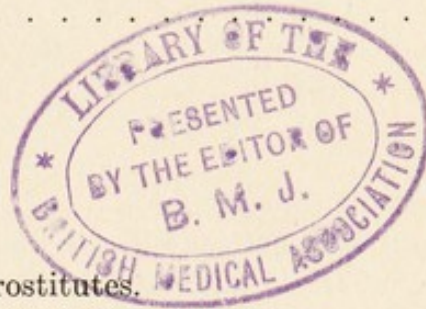
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## MEDICAL OFFICERS ENGAGED IN VENEREAL DISEASE CONTROL

### Base Section No. 1

Lieut. Col.	SCOTT, WALTER F.	Base Urologist
Lieut. Col.	DONNELLY, JOSEPH E.	
Major	MAHONEY, JOHN L.	Camp Hosp. 11
Major	TARLETON, LEESON C.	Base Hosp. 119
Capt.	ASHWORTH, JOHN P.	Base Hosp. 216
Capt.	COPELAND, JOHN C.	Base Hosp. 136
Capt.	FRANTZ, WINTER R.	Base Hosp. 38
Capt.	HART, LASHER	Base Hosp. 85
Capt.	PICKRELL, CLAUDE D.	Consulting B. U.
Capt.	REQUE, PETER A.	Camp Hosp. 31
Capt.	RHODES, CLINTON C.	Base Hosp. 216
Capt.	TEDROWE, CHARLES W.	Base Hosp. 85
Capt.	WILLIAMSON, THOMAS V.	
Lieut.	BALL, BERT C.	Camp Hosp. 11
Lieut.	BULLARD, HUGH M.	Evac. Hosp. 31
Lieut.	CAMPBELL, CECIL S.	Camp Hosp. 11
Lieut.	CHAMBERLAIN, HENRY M.	Evac. Hosp. 28
Lieut.	CLARK, MORRIS H.	Camp Hosp. 11
Lieut.	DAMRON, MARCUS R.	Embarkation Camp 1
Lieut.	DAY, JOHN R.	Camp Hosp. 11
Lieut.	DIKE, BENJAMIN H.	Base Hosp. 11
Lieut.	DWYER, HARRY J.	Camp Hosp. 11
Lieut.	HOFFMAN, JOHN W.	Camp Hosp. 15
Lieut.	KORBY, GEORGE J.	Camp Hosp. 31
Lieut.	LANE, CLIFFORD	Camp Hosp. 11
Lieut.	MAY, EDWIN R.	V. S. C., Nantes
Lieut.	MUENCH, HUGO, JR.	Troop Hq., Nantes
Lieut.	NOVY, BENJ. N.	Bannes, Camp 1
Lieut.	PARNASS, SAMUEL	Base Dispensary
Lieut.	PODESTA, AUGUST J.	Base Hosp. 8
Lieut.	REICHELDERFER, VEST D.	Embarkation Camp 1
Lieut.	SORKIN, JOSEPH J.	Camp No. 4
DERMATOLOGISTS:		
Capt.	HOPKINS, RALPH	14th Grand Div. T. C. Saumur
Capt.	JANES, ARTHUR P.	



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Lieut. Col.	DEARBORN, FREDERICK M.	Dermatologist
Capt.	BARNES, WILLIAM S.	
Capt.	BLANCHARD, WILLIAM	D. and U.
Capt.	CARY, FRENCH S.	
Capt.	DENNIE, CHARLES CLAYTON	Dermatologist
Capt.	ERKENBACK, WILLIAM J.	
Capt.	JANSING, JAMES H.	
Capt.	McKAY, HAMILTON W.	
Capt.	MENEFEE, CHARLES D.	
Capt.	PENTICOST, M. I.	Dermatologist
Capt.	WALSH, F. C.	
Lieut.	BIRDSALL, JOSEPH C.	
Lieut.	BEHEN, WILLIAM C.	
Lieut.	BUCHANAN, CHARLES	
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Lieut.	CARMEL, B. E.	
Lieut.	CHUMLEY, C. P.	
Lieut.	COPELAND, IRA C.	
Lieut.	CORN, ERNEST	
Lieut.	DALY, EDMUND J.	
Lieut.	EMSHEIMER, H. W.	
Lieut.	FOERSTER, HARRY R.	
Lieut.	HOOPER, JOEL S.	
Lieut.	LINDHOLM, H. O.	
Lieut.	PHILLIPS, THOMAS W.	
Lieut.	ROWELL, C. L.	
Lieut.	SCHENCK, GEORGE F.	
Lieut.	WILDERMAN, E. R.	

## Base Section No. 3

Major	LYONS, OLIVER	Base Urologist
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## Base Section No. 4

Major	ANDERSON, ROBERT B.
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## Base Section No. 5

Major	EAVES	
Major	THOMPSON, ALEC. N.	Base Urologist
Major	MOOK, W. H.	Base Dermatologist
Major	VALENTINE J. J.	
Capt.	COLIGNON, C. M.	

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Capt.	KNEESHAW, R. S.	Camp Port Foye
Capt.	LEAMY, LeBANE J.	Temporary Duty
Capt.	McGONIGLE, M. B.	
Capt.	ROLAND, M. M.	Temporary Duty
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Capt.	WILLIAMS, W. C.	Asst. Dermatologist
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Lieut.	CATHERWOOD, ALBERT	
Lieut.	CLARK, FLOYD M.	Asst. to Col. Page
Lieut.	COX, OSCAR	

## Intermediate Section

Col.	HUTTON, CLAUDE	Supervisor V. D. Control
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## Base Sections

Col.	JOHNSON, H. H.	Supervisor V. D. Control
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Capt.        PALLAN, CONDE DE S.

## American Embarkation Center—Le Mans

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Major	BLACK, FORREST A.	Dermatologist
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Capt.	WHITE, ROBERT V.	
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Lieut.	DORSEY, G. H.	
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Capt.	EDELSON	
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Capt.	KINGSBURY, JEROME	Dermatologist
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Capt.	SPINGARN, ARTHUR B.	Is sur Tille
Lieut.	ANTLES, HOWARD H.	Tours
Lieut.	BRADLEY, W. A.	Beaune Area
Lieut.	EDWARDS, THOMAS C.	Lyon
Lieut.	FRENCH, ALLISON T.	Paris
Lieut.	WORTHINGTON, GEO. E.	
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Lieut.	WEADOCK, EDWARD G.	Le Mans





# VENEREAL DISEASES IN THE AMERICAN EXPEDITIONARY FORCES

## CHAPTER I

### PLAN OF ORGANIZATION OF THE UROLOGICAL DEPARTMENT

The general plan of organization in France differed considerably from that in the United States, because we were unable to take charge in any way of the French communities and had to devote our chiefest energies to the control of the soldiers themselves. The regulation of districts and the suppression of alcohol and prostitution were impossible.

Major Hugh H. Young, Captain L. C. Lehr, Captain L. M. Boyd and Lieutenant H. L. Cecil went to France on the same ship with General Pershing and his staff in May, 1917.

Major Young and his assistants were detailed to study the situation concerning the prevention and treatment of venereal disease in the English and French armies. When this report was submitted two things were agreed upon.

The first of these was that the most stringent measures would be adopted to prevent the incidence of venereal disease among the American soldiers. The second was that the treatment of these diseases would be carried out, as far as was practicable, by the various organizations; that is, the infected soldiers would not be detached and removed to special hospitals.

To meet this condition, dispensaries were opened where cases could be treated as often as was necessary. The soldier, however, remained with the organization on duty status. Hospital facilities were to be arranged only for severe and complicated cases. This was a very important departure from the method which had been adopted by the French and English. It was found to work admirably, except when the soldiers went into line.



In October, 1917, Major Young was appointed Urologist-in-Chief of the A. E. F. and instructed to organize his staff. Major E. L. Keyes, Jr. was made first assistant. The army in France at that time was combed for men who had urological training and a number was brought over from the United States.

These urologists were stationed throughout the A. E. F. and connected with various large and small units, extending from the front line to the base parts. In this manner, all of our troops were given the benefit of expert knowledge.

Major Goerge Walker was detailed by the Chief Surgeon to have charge of the base sections.

The larger towns throughout France were specifically supervised by individual urologists, who were expected to study the situation very intimately and to institute all needed measures for the prevention of disease. They also looked after the observance of regulations and made special investigations where the venereal rates were not satisfactory. The venereal reports sent to the office at Tours were ably tabulated under Colonel Haven Emerson, and many valuable corrective measures were originated by him.

In November, 1918, Colonel W. F. Snow and Mr. Raymond Fosdick came to France to offer their services to the medical department. After a conference with the Chief Surgeon fourteen specially trained workers from the United States were sent to France. These men were detailed to various places and did most excellent work. The general advice of Colonel Snow was very valuable.

On January 1, 1919, Colonel Young and Colonel Keyes returned home and Colonel Walker was made Urologist-in Chief with headquarters in the Chief Surgeon's office.

On account of idleness enforced by the Armistice, the venereal rate showed a tendency to rise. To offset this, the field staff of urologists was greatly increased and men were detailed to the leave areas and to other places which had hitherto been without urologists. Colonels Hutton, Johnson and Page were detailed as special field inspectors—one each for the advance, intermediate and base sections. These men were given special authority by General Pershing and were allowed to make corrections without reference to the usual military channels.



The section on venereal disease was considerably enlarged and an attempt was made to keep intimately in touch with the work all over France.

An active correspondence was kept up with various medical officers and wherever a weekly report showed an incidence rate of over 50 per thousand an explanation was requested from the medical officer. By an arrangement made with the Adjutant General, a similar explanation was demanded from the line officer.

Reports concerning the condition of the prophylactic stations, the general discipline of the men and the regulation of the French towns, were also required frequently from the medical officers. Suggestions were made from time to time as to remedies for conditions, and it is believed that this method helped materially in keeping the rate low.

The difficulty with the consultants bureau at first was that it had its headquarters at Neufchateau and was only in indirect communication with the Chief Surgeon's office at Tours. All of the official reports came to the Chief Surgeon's office and consequently were not seen by the Chief Urologist. He had to work up a separate set of reports which was sent to him as a matter of courtesy, rather than as a matter of direction.



## CHAPTER II

### GENERAL DISCUSSION OF PROPHYLAXIS

Almost since the recognition of venereal diseases, or certainly since they were clearly differentiated, medical research has concerned itself with the task of finding agents valuable in preventing infection.

An extensive literature gradually grew up around the subject, and in 1913 Bachmann published a rather exhaustive review of it. I wish to acknowledge indebtedness to his record, upon which I have not hesitated to draw.

Petronius, in the first century of the Christian era, was among the earliest to suggest a means of prevention. As arbiter elegantiæ of Nero, dictator-in-chief of the pleasures of that dissolute monarch and his court, he evidently (judging by his own "Satyricon" and other records) had almost as much cause for realizing the urgent need of some such agent as a specialist in a contemporaneous clinic. Petronius's idea was that a mixture of wine and camphor would answer the purpose.

Still another "expert" of antiquity—Palmarius—believed staunchly in guaiac and wine, while Nikolas Massa (in 1532) lauded the prophylactic value of white wine and vinegar.

Frakoser was also of acidulous opinion, for he advocated plain unadulterated lemon juice. Ettmuller (in 1690) came out in behalf of the alcoholic compound, for he declared that the desideratum was achieved with a solution of white wine and turpentine.

Thus it was that "panaceas" for this malady, like most others, came into vogue and then were forgotten, more or less quickly. But there was seriousness of intent back of it all, and as is always the case with empirical methods, wherever this element, coupled with sincerity, is present, progress was gradually made.

It was not, however, until nearly the middle of the eighteenth century—1733 to be exact—that mention was made of mercury or its salts as a preventive. This discovery was announced



by de Dault, who reasoned that, since this substance had a very beneficial influence on venereal disease when taken internally, it might act to prevent infection if applied locally in salve form.

Mahon (in 1770) spoke of the advisability of alum washes, and Warren, in England, suggested astringent salves and alkaline injections.

John Hunter was convinced that the use of solutions of bichloride of mercury in water were effective, and Langelbert (in 1851) experimented with potassium soap and oil of citron. It appears that he inoculated several men with this preparation, and that he compared the results in individuals who had not been treated with it. His conclusions were that the men whom he had inoculated escaped disease, whereas the others did not.

Following these experiments a number of specialists used various preparations of mercury, notably the salicylate and the oxycyanide. It was left for Metchnikoff and Roux in our own time to work out a really definite prophylactic.

Metchnikoff, after discovering the possibility of communicating syphilis to apes, began to try various agents with which to prevent infection. Most of the well-known antiseptics at that time were tested, including various compounds of mercury, and it was finally concluded that a salve of  $33\frac{1}{3}$  per cent calomel ointment, when thoroughly rubbed into the site of inoculation, was the most effective agent. After this technique was perfected, he made 30 consecutive inoculations having 30 consecutive successes. He rubbed this ointment thoroughly into the freshly inoculated surfaces, and found that when applied within two hours, it was effective in nearly 100 per cent of instances, and in some cases it was effective when the time of application was extended up to eight hours.

After the completion of a series of these experiments on apes, a medical student, Maisonneuve, volunteered to have the experiment done on himself. His left arm was scarified and material from an active chancre was rubbed into the wound. After one hour the calomel ointment was applied and rubbed in thoroughly for five minutes. No infection followed. Two monkeys, which were used as controls were infected. At the end of these experiments Metchnikoff asserted that this ointment would prevent the infection with syphilis in almost every instance.



Neisser took up the work of Metchnikoff and went to Java where he could obtain an unlimited supply of animals. Although confirming the prophylactic value of mercurial salts, he was led to believe that the calomel should not be mixed with a fatty base, since the resulting substance was not readily applicable to moist tissue. In its place, he favored a watery solution of bichloride.

It should be said that his experimentation with calomel ointment was largely confined to the weaker strengths, that is, he used the 10 and 20 per cent almost all the time, whereas Metchnikoff had definitely concluded that nothing less than the  $33\frac{1}{3}$  per cent could be relied on. Neisser's conclusion regarding the calomel ointment was that it was effective and should be made use of by the public, but that it should not be called infallible.

The use of calomel ointment as a prophylactic agent was introduced into the navy in 1908 and proved at once an effective agent against syphilis. Of the various organic silver salts used against gonorrhea, protargol and argyrol proved to be the most valuable. Major Russell and Major Nichols did noteworthy experimental work with these two agents, and found that a 2 per cent solution of protargol or a 10 per cent solution of argyrol were decidedly inimical to gonococci. In test-tubes, the organisms were killed by these agents in a few minutes. These results have been confirmed by other investigators.

The official prophylaxis then, as used by the navy, consisted of a  $33\frac{1}{3}$  per cent calomel ointment to be used externally, and a solution of 2 per cent protargol to be injected.

In order to simplify the treatment, an attempt was made to compound a salve which would be germicidal for more than one organism. To accomplish this, carbolic acid and camphor in strength of 3 per cent were added to the calomel ointment. This preparation was used at naval stations and on a number of ships and seems to have had a very satisfactory effect.

Bachmann, after considerable experimentation and an exhaustive study of the literature, concluded that trikresol added to the calomel ointment was superior to carbolic acid. In fact, he thought it superior to any other agent. He tried this on individuals who voluntarily exposed themselves to disease, and reported that it was preventive in almost every instance. Colonel



Harrison in London has lately introduced thymol as an addition to the calomel ointment. After many laboratory experiments he concluded that the thymol is distinctly gonococcidal.

After the introduction of prophylaxis into the navy, a few of the organizations made it compulsory, but most of them left it to the discretion of the men; the results have varied greatly. In commands where the superior officer and medical officer were interested in the subject, and special pains were taken to educate the men concerning it, the treatment has proved a marked success. But in units where little attention was paid to it, just the reverse is true.

One material handicap against its satisfactory use in the navy is the fact that men are given extended shore leaves and all-night leaves with no facilities, while away from the ships, for taking these treatments. This makes the time between exposure and treatment so long that the agent loses much of its value. To meet this disadvantage the navy introduced a prophylactic tube which could be carried by sailors when on leave. This, however, does not always achieve its purpose, owing to difficulties which will be set forth later.

#### INTRODUCTION INTO THE ARMY

One year after prophylaxis had been employed by the navy it was introduced into the army. The treatment was not made compulsory and the men were allowed to use it or not as they wished.

The general rate of morbidity was not lowered materially until a penalty was fixed for those who contracted venereal disease without having taken prophylaxis. After this there was an immediate and very material reduction in the venereal rate of the army in the United States, until it fell from 156 per thousand the year before prophylaxis was used, to 76 per thousand about the fourth year after its introduction.

#### PROPHYLAXIS IN THE A. E. F.

Soon after the American soldiers landed in France it became apparent that the most rigorous measures would be necessary in order to reduce the enormous number of infections which was occurring.



General Pershing commenced the campaign by issuing General Order No. 6. This order penalized every case of venereal disease regardless of whether the patient had taken prophylaxis or not. Unfortunately this enactment exerted a deterring influence on prophylactic therapy.

This fact was brought to the attention of the Commander-in-Chief and he agreed to a more stringent order by which failure to take prophylaxis was also punished. Several other important provisions were made by this order which was altogether of such moment that I shall quote it verbatim:

G. H. Q.

American Expeditionary Forces,

General Order

No. 32

France, February 15, 1919.

I. The pride which every soldier in the American Expeditionary Force feels in its achievement, and which the whole American nation shares, must not be marred by the return of any one to civil life who, by his misconduct, has rendered himself incompetent to maintain that high standard of citizenship which America rightfully expects of her returning soldiers. The future health and welfare of our people demand that the soldiers of the A. E. F. return to their homes as clean in person as they have been brave in battle. Those suffering from venereal disease will, therefore, be segregated and assigned to provisional organizations retained for labor purposes in Europe.

II. The recent adoption of more liberal privileges for the men of these forces renders it timely to emphasize the necessity of redoubling our efforts to advise continence and discourage illicit sexual intercourse on the part of all ranks.

To that end the disciplinary actions prescribed in existing orders are hereby further amplified and will be rigidly enforced.

(a) The requirements of Par. 7, G. O. No. 34, 1917, these headquarters, are mandatory, whether or not prophylaxis be taken.

(b) In case of venereal diseases where it appears that prophylaxis has not been taken as required there will be a trial on a separate charge of failing to obey the requirements of G. O. No. 6, these headquarters, as well as on the charge of contracting a venereal disease.

A copy of this order will be posted in the office of each company and detachment and the commanding officer thereof will see that every man under his command understands it.

By command of General Pershing:

Official:

ROBERT C. DAVIS,  
Adjutant General.

JAMES W. McANDREW,  
Chief of Staff.



After a close study of conditions in France, it became evident that, in order to limit very materially venereal infection, our chief reliance would have to be placed on prophylaxis. At the same time it was, of course, intended to do everything possible to prevent contact.

To meet these conditions General Order No. 77 was issued. It placed houses of prostitution in port towns out-of-bounds and set a standard for the equipment, location and management of prophylactic stations. It also instructed the medical officers and line officers to use all means in their power to restrict the occurrence of venereal disease.

The chief difficulty in getting these plans carried out was the scarcity of material and lack of interest on the part of some medical officers. They did not give the stations personal attention, nor did they select men of the proper type to have charge of them. In many instances they seemed to regard the whole problem of preventing venereal disease as beneath their dignity. As an inevitable consequence, many of the stations were most insanitary, and such treatment as was attempted was more likely to produce infection than to prevent disease.

It was the duty of the commanding officer to see that all of his men had convenient access to prophylactic facilities. All organizations were, therefore, required to set-up stations as soon as possible after they arrived at their billeting areas. In addition to the organization station, large central stations were established in cities where many soldiers were billeted, or where many went on leave.

These central stations were always more elaborately equipped and better in every way than those of the organizations, and at Bordeaux it was found that the average time between exposure and treatment was thirty-one minutes.

As the reports came into the Chief Surgeon's office, it was noted that many of the men who had developed venereal disease had failed to take prophylaxis, and that too large a proportion of those who had taken it became infected. In other words, to a great extent prophylaxis seemed to have failed.

In order to fix the causes for this state of affairs a memorandum was issued directing that each case be investigated and that the information thus obtained be sent to the office for compilation and study.



This disclosed the fact that many of the stations were poorly equipped, poorly run and inadequately planned.

In order to correct such conditions and to more thoroughly standardize the equipment of the stations and treatment, the following memorandum was sent out.

### INVESTIGATION

1. All cases of venereal disease following failure to take prophylaxis will be investigated and the reason for the failure ascertained and recorded.

2. All cases of venereal disease which develop after having taken prophylaxis will be investigated and the cause of the failure of the treatment ascertained and recorded.

### PROPHYLACTIC STATIONS

**Attendants.**—The attendants will be selected from among the best men in the organization. A non-commissioned officer will be in charge of each station. The men will be instructed on the following:

(a) The meaning and method of obtained surgical cleanliness.

(b) Simple facts about pathogenic microorganisms with special reference to those causing venereal disease. This instruction will include laboratory demonstrations of cocci, bacilli, and spirochetæ.

(c) Simple description of the anatomy and physiology of the male and female genito-urinary organs.

(d) Description of the ordinary symptoms and course of the three venereal diseases.

(e) The method of making solutions of protargol and bichloride of mercury.

(f) Method of prophylaxis and the scientific reason for each step.

(g) Each section surgeon will form a central school at which all men who will have charge of prophylactic stations will be trained.

(h) The importance of the work will be impressed on the attendants, and everything possible will be done to arouse their interest, pride, and a cooperative spirit in the work.

**Technique.**—The technique of administration of the prophylaxis will be on a par with that of a minor surgical procedure. Anything less than this will be faulty.

**Stations.**—Care will be exercised in the placing of stations; regard for privacy will be observed. At least one room will be given to the station. This room will be painted white and be made as inviting as possible. A waiting room for large stations is desirable. The general arrangement and cleanliness of the station will correspond to that of a modern surgical dispensary.



Running water will be installed wherever possible. When material is available individual porcelain sinks similar to urinals will be used. The patient will stand over this while washing and taking the treatment. The more economical plan is to have several faucets arranged over a washing trough made of concrete or zinc. When it is possible individual booths will be made by the erection of partitions or curtains. On a shelf near each faucet will be a bottle of liquid soap with a split cork. The patient will wash in running water. Warm water is always preferable. If no running water is at hand it may be supplied by means of an elevated G. I. can to which a pipe or rubber hose is connected. If it is not possible to have running water with a sink, small basins will be used. A sufficient supply will always be on hand so as to insure cleanliness of the individual basins.

The following articles are the minimum requirements of a station:

1. A Primus oil stove for sterilization.
2. A stew pan or fish kettle with cover, for boiling.
3. A sterilizer for the sterilization of sponges. This may be made out of two tin buckets, one slightly larger than the other so that the larger one may be inverted over the smaller. A rack of some kind is placed on the bottom of the inner bucket so as to hold the sponges above the water.
4. A sufficient number, never less than twelve, of good workable syringes.
5. A closed receptacle in which to keep the sterile syringes.
6. A number of wooden spatulas which will be made by the attendant. These are for the removal of the ointment from the jar.
7. A closed glass receptacle in which to keep the sterile wooden spatulas.
8. A glass jar or some kind of vessel for the sterile gauze sponges.
9. A long clamp for the removal of the sterile syringes, spatulas and sponges from their respective containers, thus avoiding the necessity of the patient putting his hands in these containers.
10. An adequate supply of wash-basins, certainly not less than ten, if running water is not at hand.
11. Small glasses similar to ordinary medicine glasses into which protargol will be poured just prior to its being used.
12. A supply of gauze sponges.
13. One eight-ounce dark-colored bottle for the stock solution of protargol.
14. A supply of  $33\frac{1}{3}$  per cent calomel ointment.
15. A supply of protargol or argyrol.
16. Some means of weighing or measuring the protargol so that small quantities of the solution may be made up, thus avoiding the necessity of using a whole ounce at one time.
17. A supply of bichloride tablets.
18. A small clock placed where the patient may see it.
19. A roll of toilet paper.
20. A place for the patient to wash his hands.
21. A sufficient number of small towels,  $10 \times 12$  inches, so that each patient may have a clean one.



**Regulations.**—(1) The syringes will be sterilized by boiling and afterwards kept in a sterile vessel. Bichloride solution will not be used for this purpose.

2. Basins will be sterilized either by boiling or with bichloride solution.  
3. The sponges and spatulas will be sterilized in the tin sterilizer.  
4. Solutions of protargol will be of a uniform strength of 2 per cent, will be made fresh each week, will be kept in a dark bottle and the date of the making the preparation will be written on the bottle.

5. *Protargol solutions will never be left standing in an open glass.*

6. Bichloride solutions will have a uniform strength of 1 to 1,000.

7. Liquid green soap to be poured from a bottle will always be used. The use of cake soap will not be permitted.

8. The calomel ointment will be removed from the container by means of the sterile spatulas.

9. The injection of the protargol solution will be made by the attendant or under his direct supervision.

10. The attendant will thoroughly cleanse his hands before touching the patient's genitalia. The attendant will supervise the rubbing on of the calomel ointment and see that it is thoroughly done.

11. When prophylaxis is given to any soldier who is not a member of the organization to which the station belongs, a duplicate prophylactic record will be sent on the following day to the man's organization.

12. The data on the prophylactic cards will be transferred daily to a book which will be kept for permanent record.

## DIRECTIONS FOR GIVING PROPHYLAXIS

(To be posted in all Prophylactic Stations)

1. The patient will urinate and proceed as follows:  
2. Wash hands thoroughly in warm water and soap and afterwards rinse them in plain water.

3. Roll up shirt and drop trousers and drawers to the knees.

4. Pull back foreskin and wash head of penis very thoroughly with warm running water and liquid soap, great care being taken to cleanse under surface around "G string" and just back of head in the furrow. After this wash the body of the penis and adjacent parts of the body. A clean basin with warm water, liquid soap and a piece of gauze for scrubbing will be used. The basin after use will be washed with water and then filled with bichloride solution 1 to 1,000 and allowed to stand for at least thirty minutes before being used again.

5. While the foreskin is drawn back, wash the penis, particularly the head, with warm bichloride solution 1 to 1,000. This may be done by having the solution slowly poured over or by washing in a clean basin half full of the solution. This process should require about three minutes.

6. The attendant, without touching the penis, will inject slowly about one teaspoonful of a 2 per cent solution of protargol or of a 10 per cent solution of argyrol into the penis and, as the syringe is withdrawn, he will



direct the patient to close the opening of the penis, with the thumb and forefinger, and retain the solution for five minutes.

7. Pull back the foreskin and rub one teaspoonful of calomel ointment all over the head of the penis and the inner surface of the retracted foreskin, being careful to rub it in thoroughly on the under surface around the "G string" and in the furrow behind the head. The rubbing in of this ointment should continue for three minutes. After this the surplus ointment will be rubbed well over the shaft of the penis.

8. The foreskin will be drawn forward and the penis wrapped in a piece of toilet paper and the patient directed not to urinate for at least four hours.

9. If more than three hours have elapsed since exposure the patient, after having taken the regular prophylaxis, will be directed to report twice a day for two days for injection of 1 per cent solution of protargol. This will be held in for ten minutes.

### REMARKS

Washing possesses the following advantages:

(a) It is claimed by a number of observers that green soap is germicidal for the spirochetæ pallida.

(b) It removes mucoid substances and allows better penetration of the calomel ointment.

(c) It opens minute wounds or cracks in which microorganisms may have lodged.

(d) It mechanically removes a large portion of the organisms present.

(e) Thorough washing with soap and water has been found by experiment to be extremely effective in preventing chancroid.

**Bichloride Solution.**—The washing with bichloride is essential and is necessary in connection with the washing with soap and water to destroy the Ducrey bacillus. The most satisfactory method for use of the bichloride is to have it in a large bottle, demijohn, or earthenware vessel, holding not less than one gallon, with a rubber tube attached, placed on a wall bracket just above the trough. The bichloride solution will immediately follow the soap and water and should be used for about three minutes. Before the prophylaxis is administered the attendant will fill out the official slip.

Great care was taken in regard to the method of introducing prophylaxis.

The soldiers were instructed in the proper use of prophylactic treatment, and it was especially made clear to them that it was not injurious in any way. The fact was stressed that it did prevent disease in nearly 100 per cent of instances when properly administered within a period of two hours.

Discussion of the treatment was always serious, and in no case was any levity permitted on the part of the lecturer; nor was



anything said that might be construed to mean that the soldiers could have intercourse at will simply because they could be protected against disease.

An honest emphasis was laid upon measures to prevent contacts, and no excuse or toleration was allowed for exposure, but it was clearly impressed on the man that if, in spite of this advice, he did expose himself he should take the treatment in all cases. In addition to the force of moral suasion, we had a disciplinary requirement that penalized specifically every man suffering from venereal disease for not having taken prophylaxis.

In studying the attitude of the soldiers toward prophylaxis it was quite evident, during the early months of the war in France, that they had confused in their minds the taking of prophylaxis to escape court-martial with the taking of prophylaxis to prevent disease. In other words, the main object for taking the treatment was to escape punishment rather than to escape disease. It is believed that the great emphasis which had been laid on the punishment side was responsible for this.

After a time, it was noticed that educational measures were having effect and that the viewpoint of the men was being changed. They were beginning for the first time to believe in prophylaxis for its preventive effect. During the late months of the war, the number who voluntarily took it materially increased.

In the Navy venereal disease was not penalized, nor was the taking of prophylaxis compulsory. The medical officers had to depend upon educational measures, and they emphasized and elaborated the prophylaxis as a protective measure. As a matter of fact they succeeded better than was expected. For the men after they had begun to employ it were convinced, from their own experience, of its value, and continued to use it.

#### REASONS FOR NOT HAVING TAKEN PROPHYLAXIS

In a careful study of 3,069 venereal cases, together with an investigation in several camps, among the men, the following reasons were given for not having taken the treatment.

On leave or temporary duty in a strange city where there was no prophylactic station, or where its location was not known..... 179



Neglected to take it without giving any special reasons (52 of these had been drinking).....	140
Thought that the girl was clean.....	91
Had too much alcohol and didn't care.....	88
Thought prophylaxis was useless after several hours.....	66
Self-given prophylaxis not at station.....	60
Returned to camp late and didn't wish to go to station.....	45
Had insufficient time before pass expired.....	39
Station not accessible or very far away.....	35
On leave and didn't have time to take the treatment before train left..	30
Went to station and it was closed (at night).....	26
Was going with only one woman and thought she was clean.....	26
Did not believe in prophylaxis.....	21
Had found prophylaxis painful and consequently was afraid to take it..	20
Had no knowledge of prophylaxis.....	18
Didn't think it necessary, but would give no specific reasons.....	16
Organization had no station.....	15
Used condom so thought it was not necessary.....	14
Exposed while on duty and could not leave to go to station.....	11
Forgot to take it.....	9
Just took a chance.....	8
Absence without order of leave.....	7
Girl showed her card so he thought she was healthy.....	5
Had unnatural intercourse and thought prophylaxis was not necessary	5
Station closed on account of unit preparing to move away.....	4
Penis did not enter vagina during intercourse, simply came in contact with the outside, so did not think it was necessary to take prophylaxis.....	3
Station attendants were drunk and patient was afraid to have treatment administered.....	3
Knew a number of men who had taken prophylaxis and still had con- tracted venereal disease.....	3
In Paris and was afraid to be out after midnight.....	2
Had fear that Commanding Officer would find out that he had been out late.....	2
Ashamed to get name on record book.....	2
Had intercourse with wife and thought it was not necessary.....	2
Felt he was lucky and could not catch venereal disease.....	2
Wardmaster told him it was no use to take prophylaxis after half an hour.....	1
Met an American officer coming out of public house and was told by him that the girls were all right.....	1
Camp, station and attendants were very poor and he had no confidence in the treatment.....	1
Spent the night in a railroad coach with a woman and was afraid to come out on account of the military police.....	1



First intercourse he had ever had, had not expected to be exposed in France and consequently had not listened to lectures on prophylaxis.....	1
Used something which the girl had in her room.....	1
Took prophylaxis in public house.....	1
Used grease before intercourse and thought that was sufficient.....	1
Bribed guard to let the girl into prison.....	1
The "G string" broke during the intercourse and attendant advised him not to take prophylaxis.....	1
Returned to café after intercourse to get drunk and thought that would protect him.....	1
In the above, those who had been drinking.....	377
Those who had not been drinking.....	374

### CONSIDERATION OF THE FAILURE OF PROPHYLAXIS TO PREVENT DISEASE

Approximately 55 per cent of venereal disease developed after the patient had taken prophylaxis; these cases have been spoken of as failures of the treatment.

It was known, from superficial observation, that many men took the treatment after the three-hour limit; after remaining with women all night; when they were drunk; and at prophylactic stations which were improperly equipped and inefficiently conducted. To get more specific information on this subject, the prophylactic cards of a number of stations were studied.

At Bordeaux, among 5,000 examinations, 812 showed that the treatment had been taken after all-night exposures, and 1,050 were recorded as having been taken after the usual time to return to camp.

At Rennes, for Company M of the 19th Engineers, with a strength of 255, 604 prophylactic treatments were recorded in three months and of these 32 were all-night exposures and 328 lates.

At La Rochelle, for the 35th Engineers, in a strength of about 1,700, 142 lates were recorded during the month of July.

In order to get additional evidence concerning the matter, a careful study was made of 3,042 venereal cases assembled at various camps. These men were carefully interviewed by special medical officers. It must be remembered that the evidence of their having taken prophylaxis was based entirely upon their own statements.



This investigation showed that 60.72 per cent claimed to have contracted venereal disease after having taken the prophylactic treatment. A further careful questioning disclosed a number of reasons for this failure. Only the most important will be mentioned. In 62 cases the men were definitely intoxicated; in 211 the treatment was incomplete; in 389 it was hurried, that is, sufficient time was not given to the injection or to the application of the calomel ointment; in 685 it was taken more than three hours after the exposure; in 133 the date of onset of the disease did not correspond to the time claimed for exposure.

In this way, we were able to ascertain the reasons for the "failure" in 1,480 cases, and reduce the percentage from 60.72 to 12.06. Nor can we be certain that all of these latter were really instances of true failures, though we have no evidence to the contrary. It is of interest to note that among the 685 patients designated as being over the three-hour limit, 252 had remained all night with the girl, and 62 were spoken of as being quite drunk. In addition to those, and included variously in the statistics given, 170 could be spoken of as intoxicated, meaning that it was noticeable by their actions that they had been drinking. It is furthermore worth while to state that of the total number of venereal cases studied, 1,155 had intercourse, at the time of infection, more than once. The number of these who did or did not take prophylaxis was not calculated.

#### PROPHYLACTIC RATE AS AN INDEX TO EXPOSURE RATE

General inquiry, made in a number of ways among the men, proved that almost all who had exposed themselves in France, had taken prophylaxis at one time or another, but they had not invariably taken it after each exposure. A questionnaire in one city, answered by 353 men who acknowledged having had intercourse, disclosed the fact that only 12 had never taken prophylaxis at any time. This would indicate, therefore, that the prophylactic rate, in an organization, corresponds pretty closely to the exposure rate. Tables are given elsewhere showing the percentage of prophylactic treatments for various commands.



## NUMBER OF TIMES PROPHYLAXIS WAS TAKEN

Among 460 men of the 18th Engineers, Base Section No. 2, the prophylactic cards were studied by the individual names thereon. The period covered four months—January, February, March and April—and it was found that 190, had taken prophylaxis once; 88 twice; 59 three times; 43 four times; 19 five times; 17 six times; 10 seven times; 9 eight times; 5 nine times; 4 ten times; 3 eleven times; 3 twelve times; 3 thirteen times; 2 fourteen times; 1 sixteen times; 1 seventeen times; 1 twenty times; and 2 twenty-one times.

The record of Company A, 501st Engineers, was studied from December 19, 1918, to June 19, 1919, a period of six months, and the following was found:

TIMES PROPHYLAXIS		TIMES PROPHYLAXIS	
No. MEN	WAS TAKEN	No. MEN	WAS TAKEN
42	1	2	9
23	2	3	11
15	3	1	12
14	4	3	14
8	5	1	15
4	6	1	18
5	7	1	19
5	8	1	27

The following is a tabulation of prophylaxis taken in 6,188 cases among organizations situated in the Base Sections:

TIMES PROPHYLAXIS		TIMES PROPHYLAXIS	
No. MEN	WAS TAKEN	No. MEN	WAS TAKEN
3,304	1	10	15
1,020	2	7	16
585	3	8	17
342	4	13	18
252	5	7	19
165	6	2	20
109	7	4	21
101	8	7	22
55	9	2	23
54	10	3	26
42	11	1	27
35	12	1	28
22	13	1	31
35	14	1	41



At Tours, with 353 men who had exposed themselves, prophylaxis had been taken 1,162 times, or 3.29 times per man.

At St. Nazaire, with 10,140 men, it was used 47,220 times, or 4.65 times per man.

Among the 35th Engineers, at La Rochelle, there was a group of 42 men, each of whom had taken prophylaxis over ten times during a period of four months; 4 of these had taken it over twenty times, and 1 twenty-seven times. None of them had contracted venereal disease.

#### NUMBER OF PROPHYLACTIC TREATMENTS IN RELATION TO STRENGTH OF ORGANIZATIONS

A careful study was made of the number of prophylactic treatments in relation to the strength of command; that is, the total number of prophylactic treatments for one month, as recorded in the prophylactic station, was compared with the strength of the command.

For instance, among every thousand men in a section there would be in one month a certain number, say 130, prophylactic treatments. This had no relation to the individuals, but simply to the total number of treatments given.

Thus, on a basis of 130 treatments to every thousand men for any one month, the prophylactic treatments were 13 per cent. This is simply an arbitrary means of calculation in order to get some comparative idea of the number of treatments taken.

Based upon this method of computation we found the prophylactic treatments, in various sections, to be in accordance with the following table:

Base Section No. 1.....	11.01 per cent per month
Base Section No. 2.....	15.24 per cent per month
Base Section No. 3.....	12.23 per cent per month
Base Section No. 4.....	47.90 per cent per month
Base Section No. 5.....	27.87 per cent per month
Base Section No. 6.....	80.07 per cent per month
Base Section No. 7.....	20.30 per cent per month
Advance Section.....	2.69 per cent per month
Intermediate Section.....	9.86 per cent per month
District of Paris.....	52.44 per cent per month
Average for entire group.....	8.48 per cent per month



In the leave areas, the men were allowed to remain only seven days; that is, there was a complete change of men every week, so for that reason the calculation was made by weeks instead of by months.

This inquiry brought out the interesting fact that in the leave areas the prophylactic percentage increased enormously as compared with the base areas, and reached 29 per cent per week, or about nine times that of the home sections, thus indicating that venereal exposure was tremendously augmented by the men going on leave.

In the leave areas they were as follows:

Nîmes.....	104.7 per cent per week
Nice.....	66.6 per cent per week
Annecy.....	58.2 per cent per week
Grenoble.....	46.6 per cent per week
Cannes.....	44.2 per cent per week
Biarritz.....	33.6 per cent per week
Monaco.....	32.5 per cent per week
Chambéry.....	25.4 per cent per week
Vals-les-Bains.....	23.7 per cent per week
Menton.....	22.2 per cent per week
St. Malo.....	21.2 per cent per week
Bagnères-de-Luchon.....	19.3 per cent per week
Lamalou-les-Bains.....	14.6 per cent per week
Chamonix.....	9.7 per cent per week
Cauterets.....	6.6 per cent per week
Eaux Bonnes.....	5.6 per cent per week
Average for entire group of leave areas.....	29.8 per cent per week

#### NUMBER OF PROPHYLACTIC TREATMENTS IN RELATION TO THE VENEREAL RATE

In a general way it may be said that the venereal rate rises with the rate of exposure. There are notable exceptions to this, but in the majority of instances it holds true. This does not mean in the slightest that prophylaxis is not marvelously effective, but it means that as contacts increase there is a proportionate increase in the number of all-night exposures, drunkenness, delayed treatment, etc. These facts account for the increase in the venereal rate.

The accompanying table has been constructed to present the result of a study by sections of the relation of the venereal rate



to the prophylactic, or exposure, rate. Various irregularities will be noted, but it will also be seen that, generally speaking, the prophylactic rate increases correspondingly with the venereal rate.

CONSOLIDATED COMPARATIVE STATEMENT OF VENEREAL RATES AND  
PROPHYLAXIS

Base Section No. 1

Annual rate of disease	Strength	Number of prophy. given	Percentage of prophylaxis per strength
0- 25 inc.....	99,778	9,743	10.0
26- 50 inc.....	102,023	7,534	7.0
51- 75 inc.....	56,934	5,662	10.0
76-100 inc.....	8,509	1,680	20.0
101 and over.....	15,501	6,504	42.0
	<hr/> 282,745	<hr/> 31,123	

Base Section No. 2

0- 25 inc.....	61,582	8,024	13.0
26- 50 inc.....	88,202	9,701	10.0
51- 75 inc.....	55,723	8,152	14.0
76-100 inc.....	17,780	5,960	34.0
101 and over.....	9,551	3,655	38.0
	<hr/> 232,838	<hr/> 35,492	

Base Section No. 3

0- 25 inc.....	15,713	1,428	9.0
26- 50 inc.....	4,004	399	9.0
51- 75 inc.....	1,655	211	12.0
76-100 inc.....	3,138	814	26.0
101 and over.....	1,643	346	21.0
	<hr/> 26,153	<hr/> 3,198	

Base Section No. 4

0- 25 inc.....	1,618	465	29.0
26- 50 inc.....	1,004	1,110	111.0
51- 75 inc.....	208	44	21.0
76-100 inc.....	122	70	62.0
101 and over.....	865	133	15.0
	<hr/> 3,817	<hr/> 1,822	



CONSOLIDATED COMPARATIVE STATEMENT OF VENERAL RATES AND  
PROPHYLAXIS (*Continued*)

Base Section No. 5

Annual rate of disease	Strength	Number of prophy. given	Percentage of prophylaxis per strength
0- 25 inc.....	17,061	4,399	26.0
26- 50 inc.....	3,631	385	11.0
51- 75 inc.....	6,235	2,394	38.0
76-100 inc.....	118	45	39.0
101 and over.....	1,829	824	45.0
	<hr/> 28,874	<hr/> 8,047	

Base Section No. 6

0- 25 inc.....	107	9	8.0
26- 50 inc.....	0	0	0.0
51- 75 inc.....	2,446	2,171	88.0
76-100 inc.....	2,117	2,002	95.0
101 and over.....	5,950	4,322	73.0
	<hr/> 10,620	<hr/> 8,504	

Base Section No. 7

0- 25 inc.....	5,687	685	12.0
26- 50 inc.....	4,833	647	13.0
51- 75 inc.....	11,013	2,558	23.0
76-100 inc.....	3,703	1,039	28.0
101 and over.....	1,932	584	30.0
	<hr/> 27,168	<hr/> 5,513	

Advance Section

0- 25 inc.....	759,536	11,659	1.0
26- 50 inc.....	165,911	8,854	5.0
51- 75 inc.....	35,253	2,888	8.0
76-100 inc.....	6,848	1,196	18.0
101 and over.....	15,753	1,876	12.0
	<hr/> 983,301	<hr/> 26,473	

Intermediate Section

0- 25 inc.....	177,458	12,930	7.0
26- 50 inc.....	61,537	4,378	7.0
51- 75 inc.....	74,203	12,025	16.0
76-100 inc.....	8,430	1,900	24.0
101 and over.....	4,408	815	19.0
	<hr/> 326,036	<hr/> 32,138	

CONSOLIDATED COMPARATIVE STATEMENT OF VENEREAL RATES AND  
PROPHYLAXIS (*Continued*)

District of Paris

Annual rate of disease	Strength	Number of prophy. given	Percentage of prophylaxis per strength
0- 25 inc.....	14,059	8,544	61.0
26- 50 inc.....	1,207	797	66.0
51- 75 inc.....	891	278	31.0
76-100 inc.....	3,323	1,261	38.0
101 and over.....	4,486	1,688	38.0
	23,966	12,568	

Total for Entire Group

0- 25 inc.....	1,152,599	57,886	5.0
26- 50 inc.....	432,352	33,805	7.8
51- 75 inc.....	244,561	36,383	14.9
76-100 inc.....	54,088	16,057	29.7
101 and over.....	61,918	20,747	33.5
	1,945,518	164,878	

PERCENTAGE OF MEN WHO TOOK PROPHYLAXIS

The prophylactic records of the 18th Engineers at Bordeaux were examined for a period of four months, and the individuals who had taken prophylaxis were recorded by name. In that way it was discovered that 48 per cent of the entire command, a strength of nearly 1,000, took prophylaxis during the period stated. In the fourth month, new names were appearing, so that this does not represent the total number.

At La Rochelle a similar investigation was made among 1,800 of the 35th Engineers, and 62 per cent were found to have taken prophylaxis, during a period of five months.

At Brest 1,000 who had been permanently stationed in Casemates Fautres for six months showed 72 per cent. Two companies of colored engineers at Brest showed 93 per cent, in two months.

The military police at Rochefort had 85 per cent. The 15th Cavalry stationed at La Rochelle, according to troops,



showed the following: Troop "C" with a strength of 104 had 43.27 per cent in three months; Troop "D" with a strength of 107 had 57 per cent in three months; Troop "I" with a strength of 108 had 55.55 per cent; and Troop "K" with a strength of 106 had 73.58 per cent.

The 6th Cavalry at Rochefort with a strength of 20 showed 70 per cent. The 312th Labor Battalion with a strength of 78 showed 71.80 per cent.

The 61st Engineers, stationed at Rennes, with a strength of 782 showed 42.45 per cent in five months. The 15th Cavalry at LaRoche with a strength of 425 showed 244 individuals or 57 per cent in four months. At the Nîmes Leave Area 44 per cent took prophylaxis in one month.

#### PROPHYLACTIC TREATMENT IN RELATION TO DAYS OF THE WEEK AND PAY DAYS

On Sundays, more prophylactic treatments were recorded than on the week days and on holidays more than on Sundays. Fête days which were observed by both the French and Americans brought the maximum. The reason for this was that on Sundays and holidays the men had longer hours off, greater opportunity to associate with women, and more time to consume alcohol. The study also revealed that on nights of pay days there was an acute rise in the number and, in many instances it was as high or higher, than on Sundays (see Chart No. 1).

In Chart No. 2 pay days reached a much higher level than on other days. Chart No. 3 shows what happened in the case of men who were required to work on Sundays, and whose weekly day off was irregular.

Chart No. 4 shows extreme fluctuations due to the absence of men from camp; it concerns a railroad organization and the rises are much more irregular.

The prophylactic station at Rennes was frequented largely on Saturday nights and Sundays by men on leave from Camp Coetquidan. During the week but few of the soldiers were released from duty (see Chart No. 5).

The lesson is that there are many more sexual exposures on Sundays and holidays than any other time. These days accounted for nearly one-third of all venereal infection.

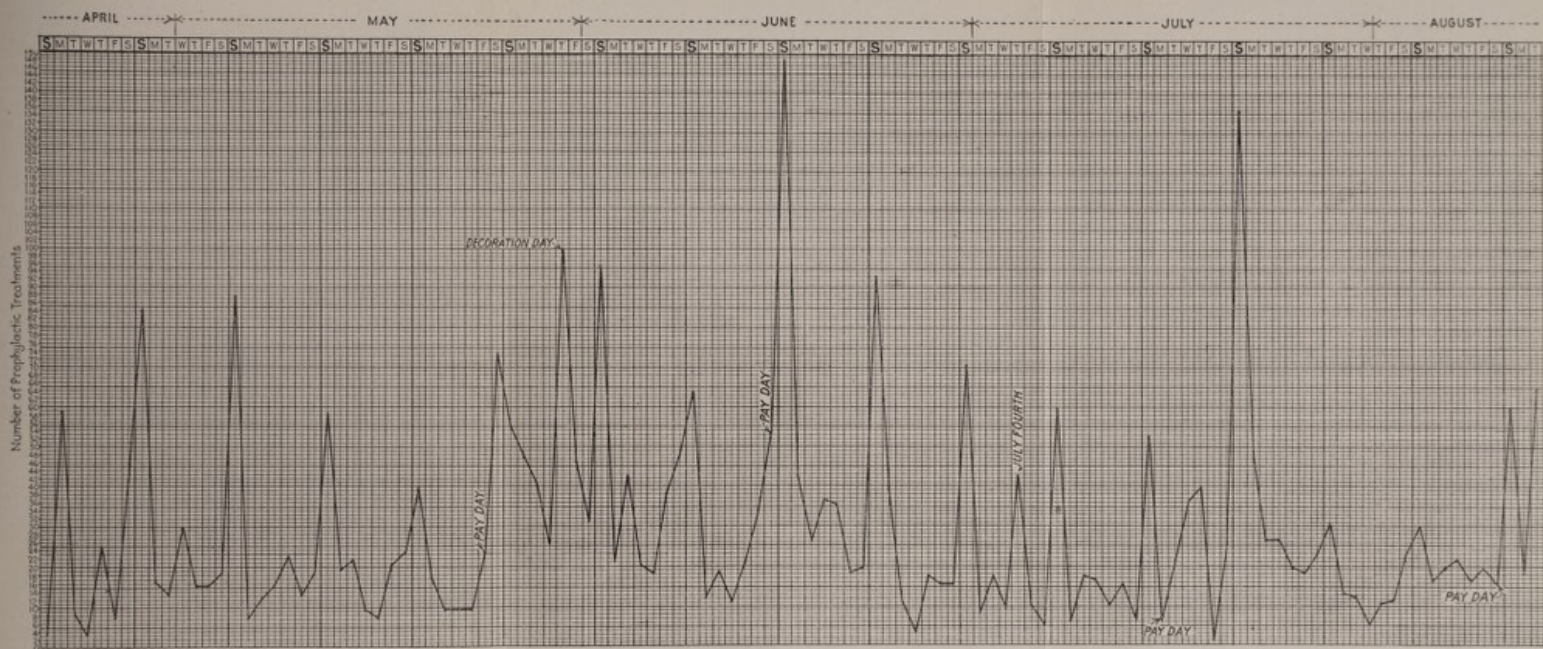


CHART 1.—Striking increase of prophylactic treatments on Sundays, holidays and pay-days.

(Facing Page 24).





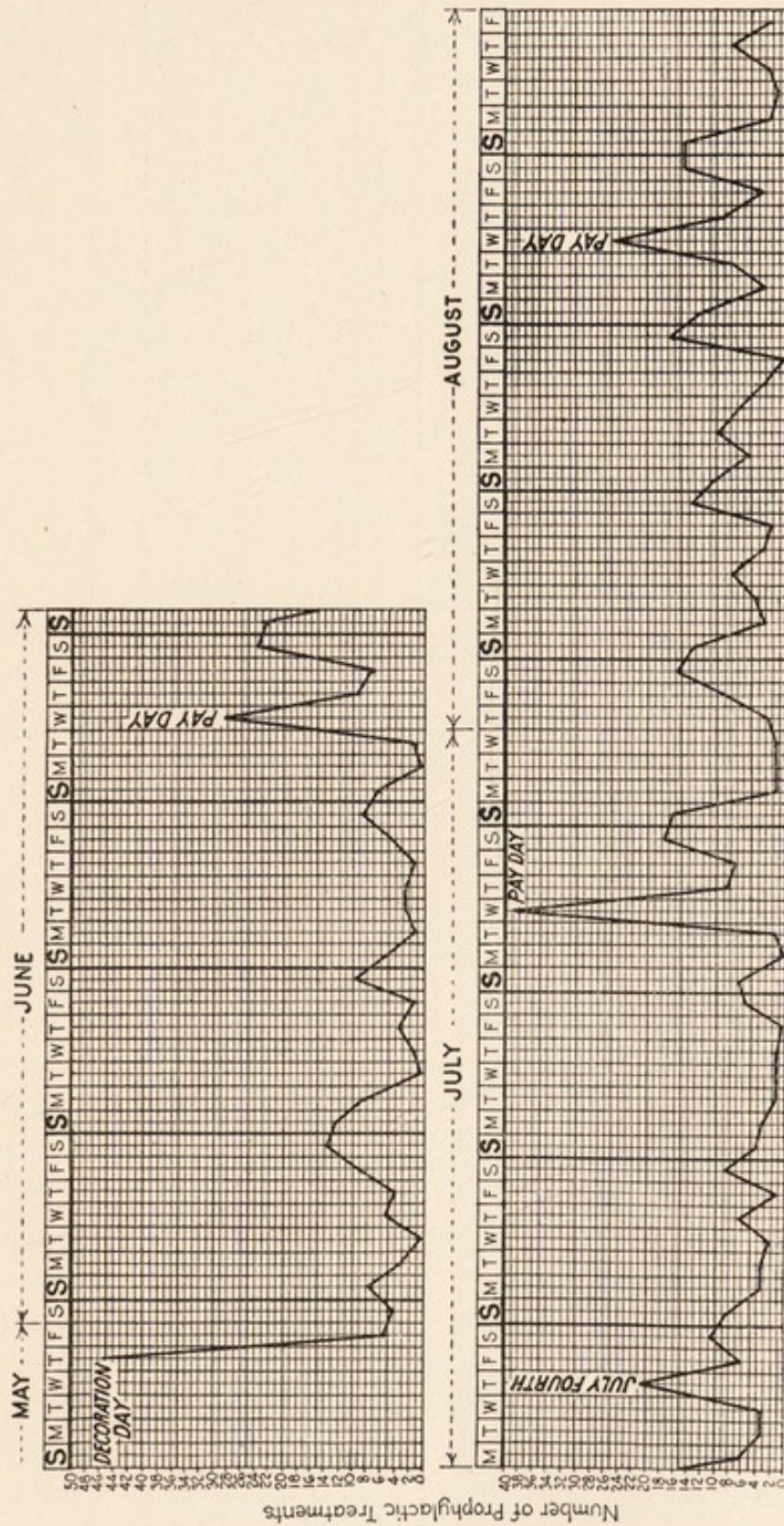


CHART 2.—Especially increase of prophylaxis on pay-days.



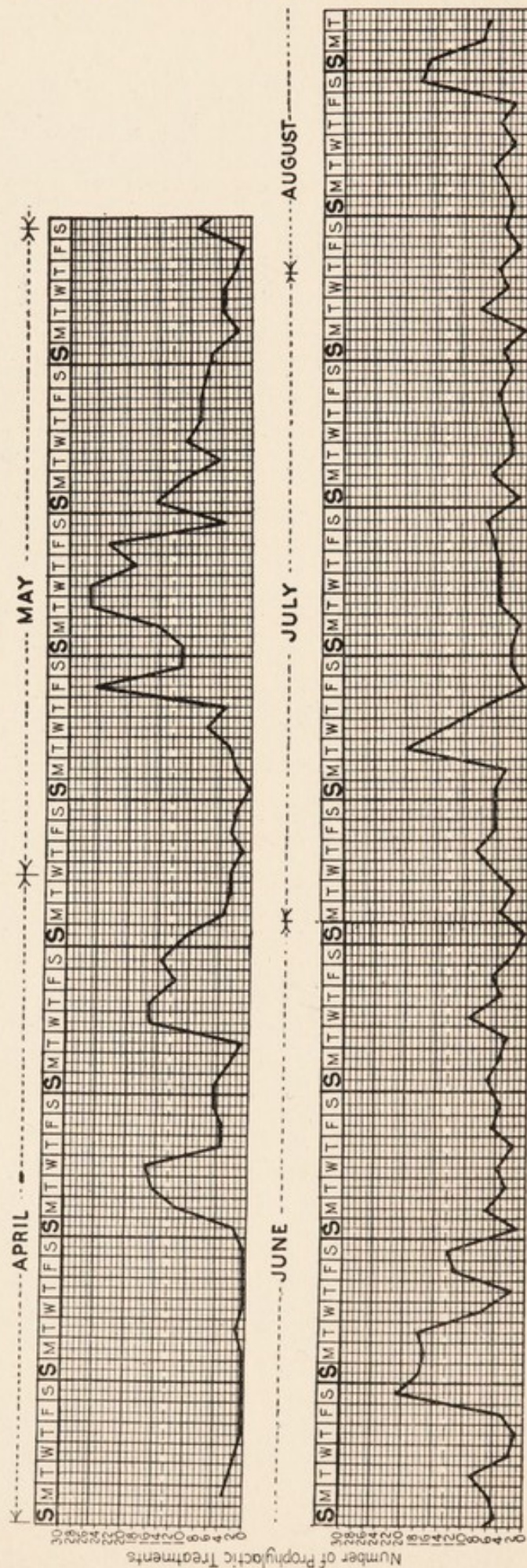


CHART 3.—Prophylaxis in an organization which worked on Sundays and had irregular days off, sometimes weeks apart.



Camp amusements and athletics should be especially planned to offset this danger. And further, since they have longer hours during the day, the Sunday evening hours should be much shorter.

### THE USE OF THE PROPHYLACTIC PACKAGE

The United States Navy discarded the package after Secretary Daniels declared against it. The Army had used it for some time and still permitted it, but the officials had never laid very much stress on it, mainly for the reason that the men would make use of the packets instead of going to the stations.

There were a few officers in the army who took the same view as Secretary Daniels. These believed that it formed a kind of invitation to the men to have illicit sex relation. The packages were not given free, but were furnished at a nominal cost, and only upon application.

The American Army in France at first did not issue tubes at all, but allowed the Red Cross to do so. These were collapsible gelatin tubes containing  $33\frac{1}{3}$  per cent calomel ointment, 1 per cent carbolic acid, and 1 per cent camphor.

After the Armistice, the issuance of these was not forbidden, but it was not heartily favored by the Chief Surgeon and consequently they were given out only in a few places, and not in sufficient numbers to produce any data concerning their usefulness. During this post-armistice period, owing to the large number of men on leave, the Chief Surgeon sanctioned their use for men who were traveling, and who were not able to have station facilities for prophylaxis.

After a trip of inspection to the leave areas, General Pershing sent out a telegram (see Chapter IV, page 53) ordering that all organizations should issue these packages to their men. Immediately there was a very general demand for them, so that the supply was soon exhausted.

It was stated, by some officers, that these tubes proved to be almost worthless in the prevention of disease. It is my opinion that they were not as efficacious as a station, but I wish, to state emphatically that there are no collected statistics, nor are there any available in the A. E. F. which have a material bearing on the efficiency of the tube. All statements, so far as concerns the



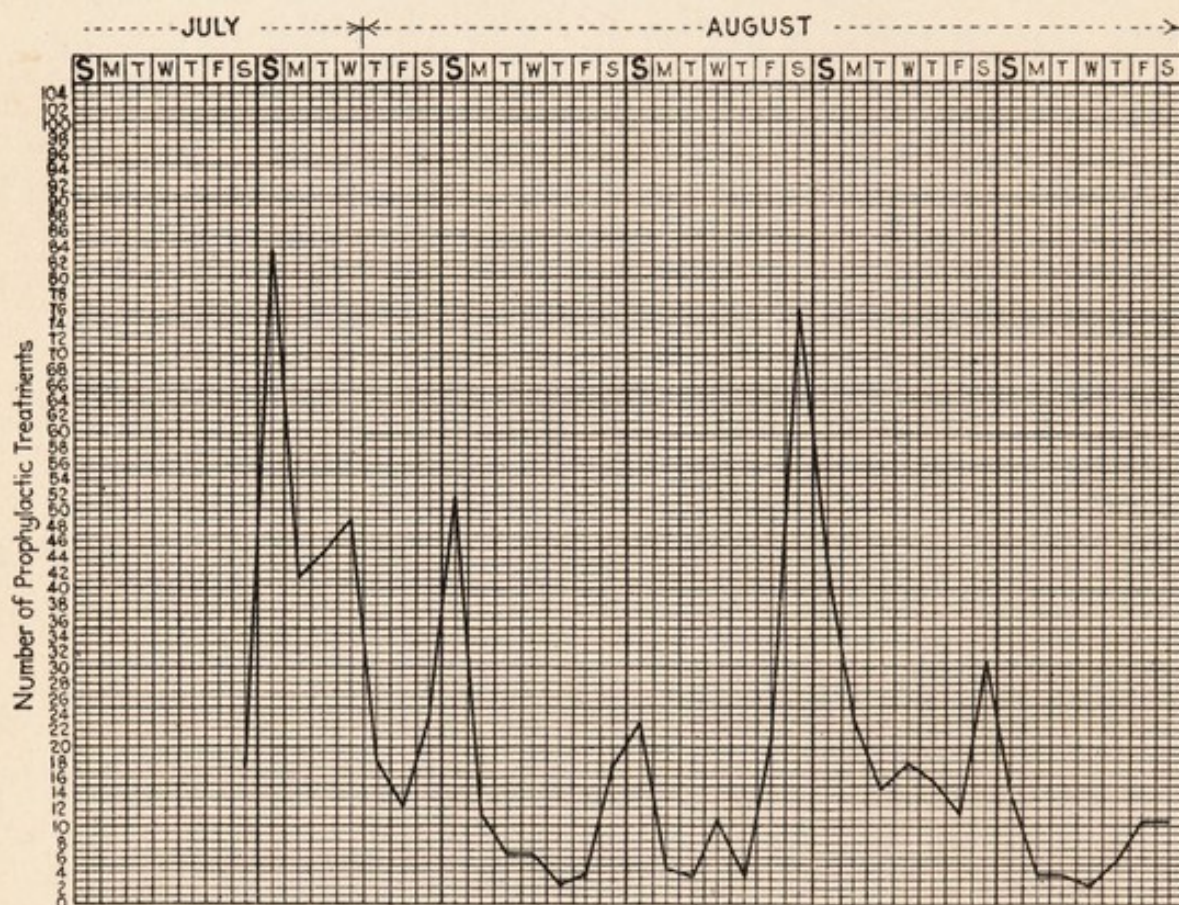


CHART 4.—Irregular rises in prophylactic treatments in a railroad organization due to fluctuation of number of men in camp.



A. E. F., are simply based on some one's unauthoritative opinion.

The Australian Army issued what was called the blue packet. It contained three tubes of  $33\frac{1}{3}$  per cent calomel ointment, and one tube of 10 per cent argyrol. One of these was given to each man as he went on leave.

The British Army adopted small collapsible tubes of calomel ointment with 2 per cent thymol. They were issued on application and were used in England to a limited extent, but only occasionally in France.

The French apothecaries put up a number of different kinds of packages. One made by Roberts and Company, in Paris, under the name of "Dreadnought," contained one collapsible tube of calomel ointment  $33\frac{1}{3}$  per cent, and one tube containing 1 dram of 10 per cent argyrol. The price, five francs, was almost prohibitive for the enlisted men; they were, however, used to a considerable extent by the officers. Individual packets were prepared in large numbers by medical officers, who gave them out to line officers. These could hardly be called packets, for they usually consisted of a bottle of protargol 2 per cent, a syringe, and a small box of calomel ointment.

The prophylactic outfit is certainly not as good as the station, but when it contains all the materials necessary, with proper directions as to their use, there is no reason why it should not be almost as efficacious. At any rate, even if it is not as good, it is far better than nothing, and should be used in every instance by men who have not access to stations. If it is preventive in only 20 per cent of the cases, it is of value.

The proper package should contain one collapsible tube of  $33\frac{1}{3}$  per cent calomel ointment, made up with lanolin and lard; one collapsible tube of 10 per cent argyrol in a solution of equal parts of water and glycerine; one piece of soap; and one  $7\frac{1}{2}$ -grain bichloride tablet. In addition to this material, concise directions, with illustrations of each step, should be contained in the box.

#### FOR WHICH OF THE THREE DISEASES IS PROPHYLAXIS MOST EFFECTIVE?

In a study of 2,770 cases of venereal disease, 1,901 men claimed to have used prophylaxis. Among this number the proportion of diseases was as follows:



Gonorrhea.....	907 cases, or 50.3 per cent
Chancroid.....	689 cases, or 38.4 per cent
Syphilis.....	205 cases, or 11.3 per cent

In a total of 969 cases that had not used prophylaxis the diseases are as follows:

Gonorrhea.....	523 cases, or 54.1 per cent
Chancroid.....	315 cases, or 32.4 per cent
Syphilis.....	131 cases, or 13.5 per cent

Very little, it is true, can be drawn from this comparison, but it would appear that prophylaxis is about equally effective for the three diseases.

Some work bearing on the effect of antiseptic agents in the prevention of chancroid was done at Base Hospital No. 9 in Paris. The experiments were too few to prove anything, but the indications were that a thorough washing with soap and water was the most effective agent against the occurrence of chancroid. In view of the high incidence of chancroid in France, and on account of its never having been proven that the Ducrey bacillus could be destroyed by calomel ointment, it was urged that a thorough washing be insisted upon in every instance, and that this be followed with an irrigation of 1 to 1,000 bichloride. As far as could be observed from the figures, this addition to the protargol and calomel ointment was effective for all disease in over 99 per cent of cases when taken within the first hour.

#### DOES THE KNOWLEDGE OF PROPHYLAXIS TEND TO INCREASE SEX EXPOSURES?

There is little statistical evidence to prove whether or not the knowledge of prophylaxis increases or decreases sexual exposure. No figures were recorded in the A. E. F. on this point, so that all of the statements as to the increase of exposures among the soldiers are based solely upon opinions and probabilities.

Bachmann found that, in a given number who took prophylaxis and in a given number who did not take it, the exposure rate was about the same.

It has been claimed by a former Secretary of the Navy and others that the prophylactic tube is especially harmful, in that it acts as a suggestion to intercourse.

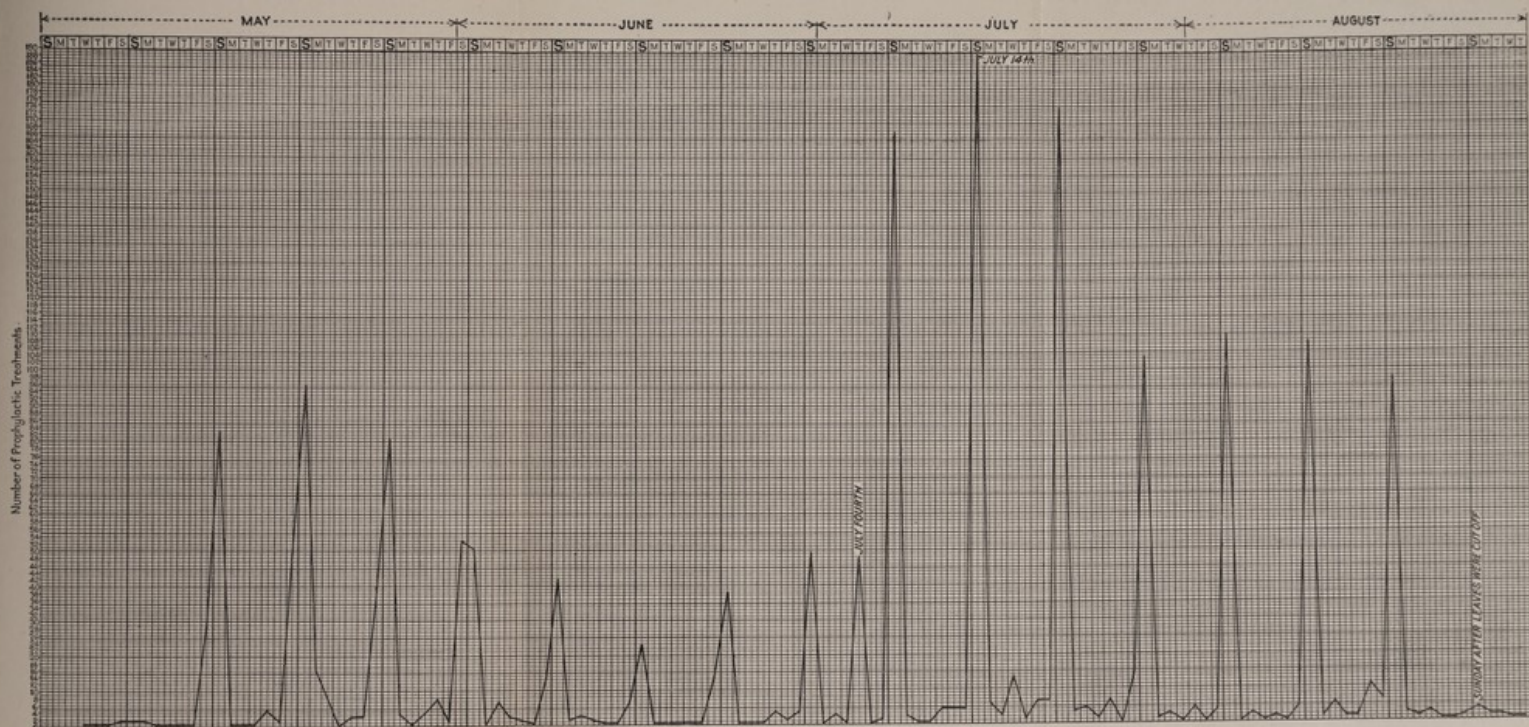


CHART 5.—Prophylactic treatments at a station in city not far from a camp. The men were allowed week-end leaves. Note enormous rise on French holiday, July 14.

(Facing Page 30).



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I believe that just the contrary is true. If a man has a prophylactic tube in his pocket, it suggests to him the prevention of disease, and brings to his mind the fact that the girl with whom he may have sex relation is probably infected. This picture of disease undoubtedly detracts from the glamour and romance of the association, and makes him face the sordid and unpleasant spectacle of venereal disease and its terrible consequences.

It is, moreover, believed, and on evidence, that the more prophylaxis is urged and talked about, the more will the average man associate in his mind the danger of disease with sex relation.

Whenever these two things, disease and illicit intercourse, become strongly coupled, the force of temptation is modified.

Another reason for the belief that the propaganda of prophylaxis does not increase exposures is that the danger of disease has been largely laid at the door of the professional prostitute. So long, therefore, as the man does not go with this class but cohabits with women who are known to him, he feels sure that there is no danger of infection and consequently prophylaxis does not enter into the consideration. In France, among the principal reasons for not having taken treatment was the assertion that the girl was not a public woman and consequently was free of disease.

After very careful consideration, I do not believe that the advocacy of public prophylaxis will, in any way, increase immorality. On the contrary, I firmly hold it will decrease it. The prevention of disease must inevitably promote the general well-being of society, and in no other way can wholesome thinking and collective morality be so powerfully stimulated as by constant consideration of this fact.

### RESULTS OF PROPHYLAXIS

In 126,000 treatments given in Base Section No. 2, 1.2 per cent were failures. In 27,000 treatments in Base Section No. 1, 0.8 per cent were failures. In 9,642 treatments in the Le Mans area, 19 cases of venereal disease developed.

In 11,400 treatments in the La Rochelle district there were only 9 failures, while in 6,524 treatments at a station in Brest only 5 infections occurred.



The records of this last named station were very carefully studied by the author and can be vouched for as correct. One base hospital reported a series of 800 treatments without an infection. In Base Hospital No. 9, 269 treatments were given over a period of nine months with only 2 cases developing.

One officer sent in a report comprising a study of 10,000 cases in which prophylaxis had been taken within the first hour; the failures were 0.08 per cent.

A study of the combined reports in the whole A. E. F. showed that in a record of 242,000 prophylactic treatments only 1.3 per cent were failures.

The results among the negro troops are even more convincing than these figures. It was found impossible to induce the negroes to appear voluntarily for prophylactic treatment after exposure.

The number of exposures was enormously high and those who took prophylaxis were very few. A study of one organization showed that 93 per cent had exposed themselves in two months.

These troops had access, for the most part, to the lower grade prostitute, among whom it is known that disease is very widespread, registering, almost 100 per cent. The annual rate among the colored soldiers at St. Nazaire had reached the alarming extent of 625 per thousand.

It was decided, after a conference, that we would require all of these men, after returning from liberty, to take prophylaxis. This meant the establishment of a system of compulsory prophylaxis, regardless of exposure.

The rate immediately dropped and within three months it went down to 110. As compulsory prophylaxis was more and more rigidly practiced, and a better system of guards instituted around camps and working places, the rate continued to drop, and finally reached 35 per thousand per year.

In one organization of 1,800 colored men in St. Nazaire the new cases per month prior to compulsory prophylaxis had been from 50 to 80; after its establishment the number dropped marvelously, varying between 2 and 5. At Brest the rate was reduced from 480, before compulsory prophylaxis, to 48 afterward. In



Bordeaux, it dropped for the same reason from 325 to 50, and for several weeks it was below 30.

This fine achievement was due almost entirely to the universal use of prophylaxis, since other regulations remained unchanged. Fifty per cent of the men were allowed leave from 5:30 to 9:30 p.m. and no new restrictions were imposed concerning the use of alcohol or the association with women.

#### RESULT OF PROPHYLAXIS IN THE U. S. NAVY

The work of Riggs in the United States Navy stands out as among the best, if not the very best and it was based upon the most careful observation.

His first report from the United States Naval Station at Norfolk showed the following:

TIME AFTER EXPOSURE	PROPHY.	V. D.
1 hour.....	674	0
2 hours.....	657	4
3 hours.....	298	2
4 hours.....	223	1
5 hours.....	156	3
6 hours.....	285	4
7 hours.....	247	5
8 hours.....	359	16
9 hours.....	272	9
10 hours.....	190	10
11 hours.....	195	13

Alcohol was present as a factor in 37.5 per cent of the cases. Only one case out of 365 claims accidental infection of syphilis.

Later he gave an analysis of 19,639 prophylactic treatments, given in the Asiatic Station. These showed 478 venereal infections. It will be seen, from the following table, that out of the 3,453 treatments there were 31 diseases, or 0.897 per cent of failures.



Hours subsequent to exposure	Number of treatments	Number followed by			Totals	Percentage of failures
		Gonorrhea	Chancroid	Syphilis		
1	3,453	7	20	4	31	0.897
2	4,400	27	43	3	73	1.659
3	3,104	26	31	3	60	1.932
4	2,034	19	20	2	41	2.015
5	1,216	28	16	3	47	3.865
6	1,179	21	20	1	42	3.562
7	742	13	16	1	30	4.043
8	862	23	18	0	41	4.756
9	534	17	11	1	29	5.430
10	645	10	12	1	23	3.565
More than 10..	1,470	30	27	4	61	4.149
Total.....	19,639	221	234	23	478	2.433

It appears that the proportion of chancroid in the above list is very high. According to our observations in France, as already mentioned, we found that a thorough washing with soap and water followed with a bichloride irrigation was necessary to prevent chancroid. The absence of this preventive measure may furnish a partial explanation of the question presented by Riggs statistics.

Surgeon Henry, United States Navy, reports 529 prophylactic treatments with four cases of gonorrhea following; two of these men had received treatment more than twelve hours after exposure, and another did not have an official record of having taken it at all, so that we have only one authentic failure in the 529 exposures. He states further that in a crew of 200 men, no venereal cases were under treatment, a condition which was previously unknown.

Major Deane C. Howard, United States Navy, in 1911, reported 177 treatments with two infections following. One of these men did not report until ten hours after exposure. Later, under a more rigid system of prophylaxis Howard had 216 treatments with only one infection.

W. F. Davidson took special care with his prophylactic station and reported 127 exposures with one failure. This case was



questionable because the gonorrhea did not develop until one month after exposure. In a later series of 317 cases there was not a single failure.

Bachmann reports 504 men who had been exposed 1,301 times, and who used prophylaxis after each exposure. Of these men two reported with gonorrhea. There were, in addition, 302 men who had had 763 unprotected contacts. Among these were one case of syphilis, 26 cases of gonorrhea and 12 cases of chancroid. The percentage of infection of the first group was 0.25 per cent, and that of the second group was 12.58 per cent.

The number of individual contacts among the 504 men who took prophylaxis was 2.53, and the number in the 302 who did not take prophylaxis was 2.52 times, so that the number of exposures in each series was about the same.

Holcomb seems to be very adverse to the use of prophylaxis, and does not wish to view it in a favorable light, but in spite of this he admits that in 1,385 exposures, which were treated within eight hours, only 19 developed disease, or a percentage of 1.37.

In connection with the report of Holcomb, it must be remembered that the value of prophylaxis must be judged from individual ships, where both the officers and men take an interest in the prevention of disease. On many ships the prophylactic station is a part of the latrine and is just about as uninviting. The men are given all-night leave and many week-end leaves, and very little is done to safeguard them from infection by the adoption of either disciplinary or educational measures covering prophylaxis.

There are far too many commands in the navy which do not insist upon prophylaxis, and their records will always increase the general rate. In justice, it must be said that the navy has not the same opportunity as the army for efficient treatment, since their leaves are much longer, and land stations are not permitted.

Wolbarst reports an instance of two men who had repeated intercourse with the same girl during one night. She was suffering from active syphilis and had local lesions on the labia majora and around the anus. One of these men applied to Wolbarst, who used  $33\frac{1}{3}$  per cent calomel ointment for five minutes over the places which seemed likely to be infected and



instructed the man to apply this same ointment every four hours. The man who was so treated remained free but the other one, who had no treatment, developed syphilis.

A hospital steward in the navy became interested in the efficacy of the naval prophylactic tube and voluntarily exposed himself with a woman who had a chancre on the labium. He used prophylaxis immediately and escaped infection. Another man who did not use prophylaxis had been infected from the same woman. Three other men had had relation with this woman, and two of them used prophylaxis nine hours later, while the other used nothing. All three were infected. Still another man who had two contacts with her within the space of an hour, used the treatment immediately after the last contact and escaped infection.

Bogan reports 4,750 exposures occurring among the crew of the S. S. Tacoma, Rhode Island Ranger and Wisconsin, with only nine cases of infection, and in an additional study of 500 exposures, states that only one case developed after the treatment. Previous to the introduction of prophylaxis the same command had admitted 35 cases of venereal disease to the sick list during the months of April, May and June, 1910. Following the introduction of prophylaxis, during the months of July, August and September of 1910, there were only two admissions. The medical officer of the S. S. Dolphin reports that not a case of venereal disease followed the use of prophylaxis.

#### PROPHYLAXIS IN THE BRITISH ARMY AND NAVY

Prophylaxis has not been used in the British Army vigorously or generally, but even as little as it has been employed, the treatment has shown very appreciable effect. The following table on page 37 is taken from an article by Brevet Colonel Harrison, who had charge of venereal disease in the British Expeditionary Forces.

So far as the British Navy is concerned, I was told, by one of its officers, that it has encouraged the use of prophylactic tubes for several years. He thought that the effect had been strikingly beneficial and stated that at present there were less than five in a thousand who had venereal disease.



Powers states that a British battleship which had been cruising for nine months without allowing any leaves at all went into Malta for a few days and gave two night leaves. In addition to its long confinement, the crew had been under considerable strain in the North Sea and the Dardanelles.

Before the sailors landed great emphasis was laid on prophylaxis, and among the 860 men only three contracted venereal disease as the result of this leave. He states that many other ships had similar experiences.

TABLE SHOWING THE RATIOS PER 1,000 PER ANNUM OF ADMISSION FOR VENEREAL DISEASE FROM (a) THE LONDON DISTRICT IN 1913, AND (b) BARRACKS, DURING SUCCESSIVE PERIODS FROM JANUARY, 1916, TO SEPTEMBER 30, 1918

Station and period	Ratio of admissions for venereal disease per 1,000 per annum	Remarks
London District, 1913.....	95.6	
Barracks:		
January to June, 1916.....	89.0	Energetic early treatment campaign begun in May
July to December, 1916.....	37.0	
January to June, 1917.....	52.0	
July to December, 1917.....	35.0	
January to June, 1918.....	44.0	Voluntary irrigation abandoned and reliance placed only on prophylactic tubes.
July to September 30, 1918..	42.0	

### CONCLUSIONS

The observations in the A. E. F., together with the studies which have been made in America, have proven that prophylaxis is of the utmost value and the fact has been established beyond doubt that when taken within one hour it is almost 100 per cent effective.

The fundamental principle in preventing disease is to prevent exposure to that disease; consequently all measures which would militate against illicit sex relation are to be used. But it is known that this relation can be limited and controlled up to a



certain point, after which no prohibitive measures of any kind, or forces of moral suasion, will be effective. It is for this group that prophylaxis should be urgently insisted upon.

With this aid, covering 30 or 40 per cent which cannot otherwise be reached, we are able to talk in terms of the abolition of venereal disease. It is no Utopian, impractical dream to look forward to the time when venereal disease will be rarely seen.

### INTRODUCTION OF PROPHYLAXIS TO THE PUBLIC

One looks back now with amazement, as at a dreadful affliction of the world's imagination, over the events that took place between that fatal July day in 1914 when Germany made the worst and most criminal blunder ever recorded in history, and that other summer four years later when even the blindest and most stupid of the Junker class saw that it might be well to try Nietzsche's theories concerning the transvaluation of values at home.

If the events between the declaration of war and the signing of the Armistice proved a succession of shocks that smote the civilized world to its very center; if those who stayed at home were held in a thrall of agony and suspense, how much more subtle, far-reaching and overwhelming were the reactions and revelations in the case of those who were thrown in ceaseless daily contact with the cataclysm!

The field of action was so vast, the climaxes, physical as well as emotional, were so tremendous, that it was not until considerable time after the fighting ceased, not until one had opportunity again to get something like one's customary bearings, that it became possible to form even tentative deductions as to the results of it all.

The war brought out, in undreamed of degree, the bravery and capacity for suffering of men whose training and environment throughout their previous lives had been in no way suitable for developing the characteristics of soldiers. This wonderful result was accomplished almost as if by some divine magic, but even so the "eternal balance" was inevitably struck.

For besides educing qualities of the highest and noblest manhood, the war also laid bare those weaknesses which are humanity's immemorial inheritance.



Those splendid fellows who fought their country's enemies so valiantly and successfully, failed utterly, in tremendous majority, when it came to fighting those other enemies that are constantly waiting to gain the mastery.

These are those natural enemies, the impulses that hide in the innermost reaches of the human soul, urging it to indulgence, with all sorts of hopes and promises of that fleeting thing, happiness, and binding it to the enduring consequences.

We, who have made the subject a study from the clinical standpoint, know that of all the intangible elements of the human mechanism, the erotic impulse is the most to be dreaded, the most to be suspected, just as it is the hardest to control and the most exacting in the terrible payment it almost invariably exacts, once it gets the upper hand.

Medical officers who were assigned to look after the physical welfare of the fighting man as influenced by his sex instinct perhaps had as difficult a task to perform as any of those who, during the Great War, acted in a supervisory or advisory capacity.

Perforce they left their rose-hued glasses at home, and their observation, if they were at all earnest or sincere, was necessarily with the eye of science, which always sees through a microscope.

What they saw was at first horrifying and gave cause for far greater concern and even consternation than anybody not familiar with the situation or its significance could dream of.

Immediately it became apparent that utmost resources would be required, and that unity of effort, and concentration of all preventive means, were absolutely essential. It was also perfectly plain that where willingness for cooperation was not forthcoming there was nothing to do but to adopt coercive methods.

It is the purpose of this book to show, with as much exactness and accuracy as possible, the results that were achieved. The facts surely speak for themselves. I have set down no hearsay whatsoever. The evidence it contains was all gathered in my capacity as Chief of the Section on Prevention and Treatment of Venereal Disease.

It is rather a distressing thing to realize that, with such a rich fund of information as to the sterling qualities of the men of the American Army, instead of joining my own humble praise to



the bravos they have won from the world, it is my duty to chronicle them from the viewpoint of their baser motives, to discuss only their weaknesses.

But after all is said and done the lesson learned is of such gigantic import to all humanity that one can scarcely bring oneself to regret the causes and circumstances from which it sprang.

There is no reason for sweeping condemnation or indictment concerning the sexual freedom taken by the soldiers. They were subjected to great stress of a kind entirely foreign to their experiences; the restrictions of their daily home life were removed and the effects of military discipline in influencing habits of thought were far slower in showing themselves than in influencing physical habit.

They were young, vigorous and in addition to everything else, were exposed to endless temptations so insistent that they could not be escaped.

If one were to attempt to offer an explanation or an apology for human nature, it would, to say the least, be a very snobbish thing to do. It can only be accepted upon its own terms and what more is there to be done than to make the best, or the worst, of them?

The American soldiers were nothing if not human, but there is this to be said for them—that as soon as the more intelligent types saw what was being done to save them from the scourge of venereal disease, they willingly abided by the requirements and did their part in cooperating.

The genito-urinary experience in the army was so illuminating, that it ought, without the least doubt, be familiarized to the whole world. For what this science accomplished in war, it can accomplish in peace, and will accomplish if given a fair trial.

At any rate, what was done to conquer the worst menace of society, venereal disease, in the army was not perfected by any vague theorizing. It was done through hard day-by-day "practice" and similar methods applied to civilian life would, I have not the faintest misgiving, be rewarded with equally remarkable success.

I am by no means of the opinion, though, that the introduction of medicinal prophylaxis to the public would be an "immoral" thing or that, by assuring exemption from suffering, it would tend to increase illicit cohabitation.



This, of course, is the pet argument of the "uplifters," amateur as well as professional.

They naturally have a right to their opinion, but I believe they would have a mighty hard time to give it a practical demonstration. There is no data, no statistical record upon which to base such an assumption, for it rests entirely upon inexact opinion and mere probabilities.

It cannot be denied that fear does retard the action of a few men when they are erotically inclined, but, on the whole, this is not a sufficiently strong or important factor of the complex to exert appreciable influence when totalities are in question.

Very few human beings, indeed, consider off hand any consequences before any act, much less the sexual act. There is inexhaustible evidence that hosts of men who are fully cognizant of the great dangers of venereal disease, nevertheless expose themselves with the utmost, and often debonair, disregard of caution, fear or conscience.

One particularly important fact that is apt to be overlooked by the superficial or badly informed observer is that much of the glamour and romance of illicit "love" will be lost if men can be impressed with the necessity of prophylactic measures after each exposure.

For by so doing, the association of the act with disease—gonorrhea, syphilis, chancroid is established and once an idea such as that is planted, it is apt to grow and keep the individual constantly face to face with the sordid danger of venereal infection and all of the degradation and suffering it may cause not only him but those who are dear to him.

Such a statement does not contradict the argument that fear is but a slight deterrent to the sexual act in the vast majority of cases. The thing is to evolve gradually another attitude. It is, of course, a very difficult thing radically to alter one's nature after a certain age, especially if it happen to be of the assertive, strongly sexed type. But, speaking comprehensively and with regard, notably, to the average man and not the exception, it is possible to build up powers of moral resistance, particularly in young men, just as it is possible to strengthen physical powers of resistance by proper attention to the rules of hygiene.

Accordingly, the assertion that prophylaxis does tend to



provide a sexual mentor, has, still in the broad general sense, a sound psychological basis.

It is almost certainly bound to make more robust the innate powers of inhibition and even, too, it may create them when they are, by nature, lacking. Such a mental state as this, is in the long run, one of the most assertive non-clinical means of prevention that can possibly be established.

The number of men it will save from risk far exceeds the sum total of those individuals who go ahead and expose themselves with the idea that, no matter if infection were certain, they would be rendered immune because of their prophylactic packages or some nearby station.

I do not believe that the introduction of prophylaxis is in the slightest degree antagonistic to public morals, for along with the campaign for prophylaxis, the other campaigns of general education proceed paripassu.

It must be understood that the first principle in the prevention of disease is to prevent exposure to infection, and measures to this end must be used to the very fullest extent, but under the peculiar conditions surrounding venereal infection, we are clearly and definitely limited in this direction.

We can go to a certain point but not beyond it, so, therefore, the plea is made to apply prophylaxis in every case where other measures fail. If this be done as an adjunct to these other measures, then we can speak in terms approaching 100 per cent of prevention of disease, and may look forward to the time when these maladies will be very rare.

**How the Introduction May Be Carried Out.**—First, as a ground work, we have already 4,000,000 young men who know something of the treatment and have faith in it. The attention of others who know nothing of it must be aroused by educational measures, advertising, lectures, pamphlets, etc.

Physicians should advise all of their patients of the value of prophylaxis, and all universities should instruct their students. In addition, public speakers who can consistently mention the subject, should do so.

In other words, there should be a cooperative campaign of the widest publicity.

In all large cities, public stations should be run by the State



Health Department. These should be easily accessible to the public, and their location should be generally advertised. They should not be called by any other name except their right name, "Prophylactic Stations," and distinctly they should not be a part of a hospital.

In addition to these the Health Department should adopt a standard prophylactic package, consisting of a tube of  $33\frac{1}{3}$  per cent calomel ointment with a base of one part vaseline, and nine parts lanolin; a tube of 10 per cent solution of argyrol in equal part of water and glycerine; a small piece of white soap; a tablet of  $7\frac{1}{2}$ -grain bichloride of mercury and about one yard of cotton bandage.

The directions with the package should be most clear and explicit and each step illustrated by diagram. These packages should be furnished by the Health Department at cost, and a certain number placed in drug stores with the definite understanding that they should not bring in more than two or three cents per package profit. By this means all individuals would have access to the prophylactic treatment.

Such a campaign as this is perfectly practicable, and can be carried out without much difficulty. The public, as a whole, is in favor of it.

To sum up, with notable exceptions, the opposition comes chiefly from those who are either ignorant of what the plan of procedure is, or who are guided by personal prejudice. When it is thoroughly explained, this attitude, wherever it may exist, generally vanishes.

No matter whether it does or not, there is no gainsaying the fact that we have at hand measures which will bridge the gap that neither education nor religion, unaided, can span. We have it within our power to stay the spread of the greatest and most devastating curse of mankind.

Is it not an appalling thing, making more absurd than ever the pretense that sane reasoning and logic rule society, that, having such a means within our reach for lessening this shocking burden, we fail to take the fullest and quickest advantage of it?



## CHAPTER III

### GENERAL EDUCATIONAL WORK

During the first year in France, lectures relating to venereal disease were given by the medical officers of the organizations and a few carefully selected Y. M. C. A. workers. Most of these men, however, had not been trained for this kind of work and it was not, therefore, properly handled. Every effort, nevertheless, was made to render it effective and a general outline of the points to be covered was given each lecturer. They were, for instance, advised to describe the genito-urinary organs, to discuss frankly sex relations, to emphasize the plain facts about venereal disease and to explain the general principles upon which morality is based.

In February, 1919, four trained lecturers were brought over from the United States by Colonel W. F. Snow. They proved to be of the greatest value and it was much regretted that their help had not been procured earlier. These men were furnished with animated cartoons and motion pictures which showed in a very impressive and graphic manner the way in which venereal diseases are contracted and how they spread among the different organs and tissues of the body. The film, "Fit to Fight," was featured at many camps and did a great deal of good by the importance it attached to prophylaxis.

The Y. M. C. A. exhibited the girl's story, "The End of the Road," but it was not suited to the work in France and was discontinued.

Colonel Snow distributed posters and different kinds of pamphlets in the camps. Some of the posters were especially effective and the pamphlets were read—when they were not too long. One of those issued by the Y. M. C. A., "The Nurse and the Knight," made a special hit and the demand became so great that many camps could not be supplied. Experience taught us that instructions should be given to the men by the officers immediately in charge; that is, their company commanders.



Whenever it was possible to get the captains and lieutenants thoroughly interested in their men and in the general principle of keeping them well it was found without exception that the venereal rate was always low.

The men immediately responded when the officer really showed he was genuinely interested in their welfare. This was just another proof that the importance of having the right sort of men as officers cannot be overestimated, for upon them rests the destiny of the whole army. Kipling says that the backbone of the army is the non-commissioned man. I should say that the backbone of the army is the captain and lieutenant.

Whenever the fundamental facts concerning sex relation and the danger of venereal disease are rationally and humanly explained to soldiers, and, in fact, I think, to all men, a great deal of good will be accomplished. No sensible person is going to fly in the face of a wholly unnecessary danger, and every one instinctively has a certain regard for his own body and welfare.

The chief trouble lies in the fact that most boys have been brought up to believe that sex relation is manly and necessary, and that venereal diseases are, on the whole, slight or of no material consequence.

When the idea sinks deep that this relation is in no way essential and that these diseases are the most serious that afflict mankind, they cannot avoid being impressed, and, once that is accomplished, the needed inhibitions will likely be established.

If a man cannot be reached with an appeal to his own interests, surely consideration of his future wife and children ought to exert a strong control over him.

I am optimistic enough to believe that these educational measures will eventually prove effective, except in cases of utter depravity which, fortunately, are rare.

The general attitude, to this subject among men of the world I know is cynical. They claim that warning talks and preventive measures are useless. But this is not borne out by the experience of the medical department of the army, and certainly it had sufficient opportunity to form conclusions.



## CHAPTER IV

### GENERAL PERSHING'S ATTITUDE

From the very first, General Pershing's attitude toward the prevention and control of venereal disease in the A. E. F. was most intelligent and enlightened, and there was never any question as to the firmness of his stand.

After considering the situation very thoroughly, taking account of all of the factors contributing to it and of the work of individual men, I unhesitatingly and emphatically state that to the Commander-in-Chief of our army is due the credit, more than to any one else, for the low venereal rate which finally obtained among the American Forces. Had he not given the Medical Department the backing which he did, and had he not by his energy and power forced the officers seriously to consider the subject of venereal disease, the rate would have been beyond computation.

It is also greatly to his credit that he did not limit his efforts strictly to the physical condition of the soldier, but that he extended it to the moral side as well. In every way possible, he strove to impress our men with the belief that it was "up to them to deport themselves like American soldiers and gentlemen."

The effort on the part of General Pershing to control the venereal situation, as it applied to the American soldiers in France, was in reality a continuation, on a vastly broader scale, of the work he had done in the same direction among the men of his army in Mexico.

He lost no time in getting the proper machinery under way for the enforcement of the regulations that eventually produced a record that may justly be held up with exalted pride for the admiration of the entire world.

As soon as possible after embarking, he called a meeting of his officers for the specific purpose of discussing the problem from all sides, and for the consideration of tentative measures for solving it.



This meeting was held on shipboard and the principal address was made by Colonel Hugh H. Young. When the transports docked in France, General Pershing gave orders to Colonel Young providing for a thorough investigation of the scope and nature of the methods for controlling venereal disease adopted by the British, French and Belgian armies.

When this report was finished, the Commander-in-Chief had an interview with Chief Surgeon Bradley and a general course of action was formulated. He also had several conferences on the subject with General Foch and Monsieur Clemenceau. The following copy of a letter from General Foch shows that General Pershing had enlisted his cooperation:

From: General Foch, Chief of General Staff of the Army.

To: General Pershing, Commander-in-Chief of the American Forces in France.

My Dear General:—

After our trip to St. Nazaire you called my attention by letter dated July 1st, to a certain number of facts, the nature of which appeared to you as compromising the discipline and the military value of your troops.

I agree with you that the first interest is to safeguard the health of your men and to keep them from all dangerous association.

Consequently, I immediately had the necessary measures taken to remedy the faulty state of things to which you called my attention.

These measures, the execution of which have just taken place, are as follows:

Firstly: The neighboring zone of the cities of Nantes and St. Nazaire will from now on be placed entirely under military control.

Secondly: A new police commissioner, very well posted and particularly qualified to exercise control over the port, has been named for St. Nazaire.

Thirdly: Ten new police inspectors have arrived to reinforce the local police.

Believe me, etc.

(Signed) FOCH.

Early reports concerning the situation at St. Nazaire, led General Pershing to send Colonel Young to make an investigation, and later he went, himself, to institute corrective measures.

During this visit, which was about the middle of October, 1917, he emphatically informed the commanding officers and the base surgeon that venereal disease must be controlled. He said measures could not be too drastic, that he was determined to do it if it took half the men in that section to keep the other



half straight. He gave the officers to understand that he would replace them unless the situation improved.

Active measures were accordingly immediately put in force. Houses of prostitution were put out-of-bounds, and existing orders were made more vigorous. An immediate drop in the venereal rate followed.

In a conference which I had with General Pershing and Chief Surgeon, General Bradley, on November 17, 1917, he stated that he would give all the help needed at St. Nazaire, and added, "I want to go further and say that if any officers are found unsympathetic I will remove them." He gave me the privilege of bringing such instances to his attention by personal letter.

He took decided action from the first on conditions in Paris. During a conversation with the Chief Surgeon, he expressed regret that he had been obliged to allow so many men to go there, but found it impracticable to put it out-of-bounds. When the high venereal rate of that place was brought to his notice he was quite impressed and said, "I believe I will just declare it out-of-bounds and have no more to do about it."

In January, 1918, his attention was brought by the Chief Surgeon, to the fact that a house of prostitution had been taken over in Blois for the use of American troops. He at once took action as is shown by the following letter:

From: C. in C.

To: C. G., S. O. S.

Subject: House of Prostitution in Blois.

1. Report has just reached these Headquarters as follows:

During the past two weeks, a house of prostitution in Blois is being run for Americans. The facts in this case are as follows:

About six weeks ago, an arrangement was made with the Madame of one of the houses of prostitution, to admit only American soldiers. A military police was stationed at the door to enforce this rule.

The house is open from 4:00 to 9:30 p.m. for enlisted men, and to 10:00 p.m. for officers.

There is a large assembly room for the reception of the enlisted men and two private parlors for officers.

Lieutenant ——— Base Hospital No. 34, inspects the women twice a week. No enlisted men are allowed to go into the house without a pass. One of the military police stated that five francs were charged for the room and five francs for the services of the girl. The soldiers on the street spoke about this as the American House.



It is said that Major —— of the Medical Corps, proposed this scheme.

A few nights ago some Frenchmen, who had been drinking, tried to go by the guard into the house. A fight occurred and one of the Frenchmen was shot in the leg by the American guard. The Frenchman was taken to the American Hospital.

2. Have the foregoing report investigated immediately, and if substantiated in part or in whole, have necessary measures instituted at once in the case of any personnel of these forces being in any way connected with this affair.

3. The Commander-in-Chief disapproves entirely of any arrangement whatsoever of this kind being made at any place whatsoever by the American Expeditionary Forces. If the report be substantiated in part or in whole, this fact would justify severe disciplinary measures with those concerned.

By order of the C. in C.:

(Signed) JAMES A. LOGAN, JR.

A. C. of S., G-1.

The investigation shows that this report was true. The house was immediately closed and the officers concerned were summarily dealt with, and were appropriately and continuously punished.

In July, 1918, a conference was held in London by the British Military authorities to consider the control of venereal disease in the armies. General Pershing sent as his representatives General Walter A. Bethel, Judge Advocate of the Forces, Colonel M. W. Ireland, Chief Surgeon, A. E. F., and Bishop Brent, Senior General Headquarters' Chaplain.

The conference lasted two days and resulted in some important changes relating to the control of venereal disease in the British army. General Pershing wrote the following letter to Lord Milner:

Rt. Hon. Lord Milner,  
Secretary of State for War,  
London, England.

Dear Lord Milner:

I am glad to respond to your call for the conference aimed at joint action by British and American authorities to handle the venereal situation, as it affects the allied troops in England, and in France, and to our closer cooperation in measures that it may be deemed wise to take in the future. I am sending to represent the American Expeditionary Forces, General Walter A. Bethel, Judge Advocate of the Forces, Colonel Ireland, my Chief Medical Officer, and Bishop Brent, Senior G. H. Q. Chaplain, who are able to speak with authority on the general situation in America and France, as



regards the stand and measures our government has taken to combat the venereal menace.

The allied military authorities have recognized the necessity of unity of purpose and coordination of effort in this fight in France. Three conferences on this matter have already been held between members of our medical corps, and the French authorities, with a very hopeful outlook for concerted measures. The conference which you have called holds out the same promise as regards the cooperation of military and civil authorities in England, without which nothing we can say or do will help.

I have heard also with great satisfaction of the recent decision of the British War Office that the licensed houses of prostitution are to be put out-of-bounds in the B. E. F. Many of us who have experimented with licensed prostitution, or kindred measures, hoping thereby to minimize the physical evils, have been forced to the conclusion that they are really ineffective. Abraham Flexner has argued the case so convincingly, that, on the scientific side, it seems to me there is no escape from the conclusion that what he terms "abolition," as distinguished from "regulation," is the only effective mode of combatting this age-long evil.

I have the greatest hopes that the results of the conference which you have called will be far reaching in their effects. This menace to the young manhood in the army forces, and to the health and future well-being of our peoples cannot be met by the efforts of each government working apart from the others. It is plain that every day it affects more and more, all of the allied nations now fighting on the Western Front in France. The question long since was an international one, and it is only by an internationalization of our aims and efforts that we can obtain the unity and coordination which will enable us to solve the problem. The gravest responsibility rests on those to whom the parents of our soldiers have entrusted their sons for the battle, and we fail if we neglect any effort to safe-guard them in every way.

We have the common ground of humanity; we have the well considered conclusions of the best scientific minds on our side, and from the fact that, in this war of nations-in-arms, the soldier is merely a citizen on war service, we have all the elements which will force cooperation between military and civil authorities. The army can do little unless the citizen at home plays his part in the big scheme. With our nations cooperating hand-in-hand, both in France and at home, we have the brightest prospects of winning the Victory.

I remain with high personal and official esteem,

Faithfully yours,

(Signed) JOHN J. PERSHING.

It will be seen from this letter that the Commander-in-Chief had completely changed his opinion and was firmly convinced that houses of prostitution should not be tolerated. It shows that he had given the matter careful thought when he states: "Many of us who have experimented with licensed prostitution,



or kindred measures, hoping thereby to minimize the physical evils, have been forced to the conclusion that they are really ineffective."

In a later conversation he emphasized the fact that these places were intolerable, and he would not allow them to be recognized.

In spite of the opinion of the British Medical Department, the result of this conference was an order to place all houses of prostitution out-of-bounds, so far as the B. E. F. was concerned. However, it seems this order was not carried out entirely, as there was a number of open houses in places which I afterwards visited.

**Objections Raised to Our Methods by the French.**—Some time after our arrival in France, Monsieur Clemenceau was urged by a number of French officials to call the attention of General Pershing to certain measures adopted by the American army, which the French considered prejudicial to their welfare, the chief objection being the closing of houses of prostitution to the American soldiers. The result was that committees were appointed to represent each side.

From the first, the American delegates made it clear to the French that the American army had the right to exclude its soldiers from any place in France which was thought to be detrimental to their welfare. The whole subject of the open houses of prostitution was exhaustively discussed. One of the main contentions by the French was that there is a definite sexual necessity on the part of men, so that if the open house of prostitution is not present, the American soldiers will prey on the French women. Evidence in the way of assault, rape, etc., in various places was brought forward.

At the end, it was made quite clear to the French officials that we could not recognize the house of prostitution in any way, nor allow our men to go into them.

In spite of this specific statement, on our part, they sent new regulations which they thought might be acceptable to the Chief Surgeon, and tried to get his indorsement of them.

The fact that the French really did not understand our attitude or meaning was demonstrated when Clemenceau, within two months, issued a statement to his officials, in which he promised



to establish houses of prostitution near American camps wherever necessary.

About one year later, owing to the excessively high venereal rate in Paris, and our inability to cope with it, General Pershing requested the Prime Minister to appoint some one to represent the French government and to confer with a representative of the American army.

After a number of discussions, Monsieur Ogier, who had been appointed to represent the French, became somewhat impatient and summed up the whole matter by saying that our viewpoints were entirely different, his being that if a man and woman wanted to sleep together it was no one's business and no one should interfere with them.

**Post-armistice Period.**—The Commander-in-Chief, soon after the Armistice, made a general inspection tour, and sent the following telegram:

Commanding General, S. O. S., Tours. The following telegram was sent to the Chief Surgeon. "The number of non-effectives due to venereal diseases seems gradually to be growing. I cannot understand the reasons for this and wish every possible effort be made to decrease the percentage instead of allowing it to increase. Line officers have been directed to make the most persistent endeavor to prevent these diseases. The immoral side of the question should be very strongly impressed upon our officers and men. A concerted campaign must be made by all concerned in order to maintain the high moral tone of our army up to the very last minute. Please call upon your experts and upon the entire Medical Corps to cooperate with their associates in the Chaplain Corps, and with Officers of the Line to keep a clean army."

Give the necessary directions to your command regarding the importance of this question. The moral support of all officers and enlisted men should be invoked to eliminate these loathsome diseases entirely. Let every possible effort be exerted to improve the record that the American Army has maintained in this regard, may the high example of devotion to ideals that has so strikingly characterized our forces not be nullified by these excesses. Let us send home our army of fighters clean physically and clean morally. Original of this telegram has been sent to the Commanding General of all Base Sections, Commanding General U. S. Troops, Paris, Commanding Officer of each leave area, Commanding Generals of Armies, Army Corps and Divisions. You will, however, give further instructions to take such additional steps as may be necessary to insure that the instructions reach your entire command down to company commanders."

(Signed) PERSHING.



In April, 1919, General Pershing made a special trip to the leave areas; his criticisms and suggestions are embodied in this telegram:

Chief Surgeon, A. E. F. Tours. During my inspections the following points have been brought to my attention, and should be remedied with all possible speed and vigor. All the following criticisms and directions apply with emphasis to leave areas everywhere.

Prophylactic stations are not often well organized or administered, and this fact alone would bring discredit on the treatment, rather than confidence in its use. The equipment should be on a par with that supplied for other functions of the Medical Department. Medicine should be prepared by the pharmacist and renewed at least every second day. Warm water for washing should always be on hand to prevent delay in the administration of the treatment.

Treatment should be under direction and supervision of thoroughly trained attendants, and given absolutely according to directions posted in the treatment rooms. Attendants must be carefully selected from the most intelligent and reliable men of detachments and especially trained in administration of these treatments. Their appearance, deportment and speech should always be such as to place prophylactic treatment on a par with other surgical procedures, and their number should be sufficient to allow necessary reliefs.

Cleanness of stations and efficiency in their administration should be insured by minute daily inspections by the surgeon in charge.

Separate rooms or small buildings should be provided where treatments can be administered in private with separate accommodations for officers, where possible.

The number and distribution of stations should be such as to make prompt and convenient treatments always possible. The number at most points is entirely insufficient.

Individual packets should be supplied to soldiers in convoy or other duties, which may carry them out of touch with prophylactic stations. This is not at present generally done.

The physical inspections are not being systematically and efficiently carried out. Cases of undiagnosed and untreated venereal diseases are among the troops arriving at certain stations.

The education of commands through lectures by Medical Officers on personal hygiene is neglected at many posts. Lectures illustrated by diagrams and drawings are one of the most effective means of urging continence.

Little or no attempt is made by surgeons to locate sources of infection. Every effort should be made in every case to trace and eliminate the source by cooperating with military police and civil authorities, and this is the surgeon's duty.

Little attention is being paid at rest points for leave and troops trains, and houses of prostitution are in many cases not put out-of-bounds, and no prophylactic facilities are provided.



Medical Officers fully provided with facilities for administering prophylaxis should accompany all troop and leave trains.

(Signed) PERSHING.

On April 12, 1919, he called a conference with General McCaw, Chief Surgeon, General Harbord, Commanding General, S. O. S., and myself. The Commander-in-Chief surprised us by his thorough familiarity with every detail of the subject. He said that he was not satisfied with conditions as he had found them and asked the Chief Surgeon to correct some which he specifically mentioned. He requested the preparation of a memorandum to form the basis of a new general order, and directed that it be made more drastic than any heretofore issued.

His attention was called to the fact that officers infected with venereal disease were not being court-martialed. He expressed great surprise at this, and said that he had taken it up several times verbally with the commanding generals, stating expressly that he wished them to be court-martialed, as they deserved it more than the enlisted men. Notwithstanding this assertion on the part of the General, the change was not made.

The memorandum incorporating the punishment of officers, and a number of other radical changes, was sent for his consideration. It is understood that he gave it careful attention and approval, but the general order was never issued.

He was especially desirous that no man with venereal disease should be allowed to embark for home, and ordered the detention and segregation of all cases found. This order was carried out, and the venereals were among the very last troops to return; even then they returned strictly as hospital cases and were not allowed any freedom in America until they had been cured.

As still further attesting to the active personal interest which General Pershing took in the matter, the following correspondence is submitted:

From: The Commander-in-Chief  
To: The Commanding General S. O. S.

PARAGRAPH 1. My inspections have revealed the fact that officers are not being court-martialed for contracting venereal disease. Do not understand why specific orders on this subject, often times repeated, are not being carried out. This is especially so at St. Aignan where it is said that the former commanding officer court-martialed no officers but



simply reprimanded them. Situation probably the same elsewhere. Please thoroughly investigate and take necessary disciplinary measures with regard to commanding Officers who have failed to carry out the orders on this subject.

The following answer to this paragraph was sent:

No officers have been court-martialed for contracting venereal disease, as existing orders, namely General Orders numbers 6 and 7, 1917, and General Order No. 32, c.s., prescribe that 'every officer contracting venereal disease shall be subjected to summary discipline by his immediate commander, who will at once report the case through proper channels to G. H. Q. These reports have been forwarded through my headquarters since the publication of the orders referred to. I have sent telegraphic instructions to my subordinate commanders to report any instances of failure to comply with orders with respect to venereals, and will take suitable disciplinary action in the cases of all commanding officers who have failed in this duty.

If it is your desire that officer venereals be court-martialed, it is believed necessary, in order to obtain conviction, that existing orders which prescribe a punishment other than court-martial be amended.

(Signed) HARBORD.

Paragraph 2, from General Pershing's despatch:

Please direct Colonel McCaw to submit to me by telegraph recommendations I requested in consultation with him and Colonel Walker, March 3rd.

Answer:

This has been complied with.

A copy of this telegram may be seen in Chapter V, page 72.

Paragraph 3 of General Pershing's despatch:

I understand that the commanding officers of Base Section No. 2 gave authority some time ago for the establishment of maisons tolerees at Bordeaux with more or less disastrous results. This was not reported to me either by him or by any one at your headquarters. Please investigate and let me know the facts.

Answer:

This matter was brought to my attention by the Chief Surgeon on February 18th. On the same date a letter was sent to the Commanding General at Bordeaux to which he replied by indorsement, and enclosing a report by his Provost Marshal. This correspondence is attached—enclosure No. 2. In view of the positive and specific denials of the alleged violations of orders by both General—and Colonel—, his provost Marshal, I did not consider it necessary to take any further action.

(A copy of the correspondence will be found under Base Section No. 2, Chapter XXII. It is hoped that this will be read, since it



throws light on the emphatic and positive denials of the Commanding General and Base Provost Marshal.)

Paragraph 4 of General Pershing's telegram:

Confirming statements made in conversation regarding venereals, your attention is invited especially to the very bad situation at Rennes, Vannes and in district occupied by 12th Engineers Forestry Troops.

Answer:

The Commanding Generals at Brest, St. Nazaire and Bordeaux, in whose Sections these areas are located, were communicated with by telegram, as per enclosure No. 3. The Chief Surgeon has also been directed to investigate the venereal situation at these places, and when his report is received suitable measures will be taken.

The enclosure No. 3, above referred to, is as follows:

Tours, France, March 3, 1919.

CG St. Nazaire  
CG Bordeaux  
CG London  
CG Le Havre  
CG Brest  
CG Marseilles  
CG La Pallice

CG Nevers  
CG Neufchateau  
CG Le Mans  
CG St. Aignan  
CG Paris  
Memo. to Hq. C. Tours.

CS-50. Recent inspections by the C. in C. revealed the fact that the orders relative to courts martialling for contracting venereal disease are not being carried out. Investigate and take necessary disciplinary measures with regard to commanding officers who have failed to carry out orders on this subject. Report result of investigation and action. Attention is invited to G. O. Thirty-Two, G. H. Q. nineteen nineteen and paragraph seven G. O. Thirty-four G. H. Q. nineteen seventeen the provisions of which will be strictly complied with in every case of officers and soldiers who contract venereal disease.

(Signed) HARBORD.

Paragraph 5 of General Pershing's telegram:

Directions were given to Colonel McCaw, which are now confirmed, to select competent Medical Officers for inspection of venereal situation throughout S. O. S., especially in isolated districts. These officers were to be given authority to make on the spot whatever corrections were necessary by your order. Please have this taken up vigorously and report action.

Answer of the Commanding General, S. O. S.:

Three Medical and ten Sanitary Officers have just arrived at Brest for the special purpose of taking up anti-venereal work. In addition, the Chief



Surgeon informs me that he has selected three experienced Medical Officers as Venereal Inspectors. A plan of operation is now being worked out by the Chief Surgeon, and when completed will be put into effect in conformity to your instructions, and you will be kept informed of the action taken and the results accomplished.



## CHAPTER V

### GENERAL ORDERS

The initial contingent of American troops landed in France on June 26, 1917, and the first general order concerning the control of venereal disease was issued July 2, 1917.

A study of the situation in the British and French armies had been rapidly made and considerable attention had been given it by the Commander-in-Chief. This resulted in the drafting of General Order No. 6, which read thus:

Headquarters American Expeditionary Forces  
Paris, France, July 2, 1917.

General Order  
No. 6

It is a vital necessity that each member of the American Expeditionary Forces maintain himself in the best physical condition.

A soldier who contracts a venereal disease not only suffers permanent injury, but renders himself inefficient as a soldier and becomes an incumbrance to the Army. He fails in his duty to his country and to his comrades.

The evil effects of venereal diseases and how to avoid them will be explained to the men by the medical officer of each command as early as practicable after landing in France and as frequently thereafter as may appear to be necessary. All soldiers of every organization will be present at the required bi-monthly inspection by a medical officer.

The advice of medical officers will be supplemented by that of company commanders who, by reason of their close relation to the men, can exercise the greatest personal influence over them.

To the end that venereal disease may be minimized, prophylactic stations will be established at convenient places to be determined by the commanding officer and the surgeon.

All members of the American Expeditionary Forces are directed to report for treatment at some official prophylactic station within three hours after every exposure to venereal infection.

All officers are enjoined to use every available means to protect the men of their commands from venereal disease.

As the authorities have provided every necessary means to protect the men from venereal disease, one who contracts the same is guilty of a serious offence under the 96th Article of War. He should be tried by court-martial



for contracting venereal disease through neglect, thereby unfitting himself for active military duty against the enemy, and should be severely punished.

In view of the arduous character of service required of all soldiers in France, a sentence of forfeiture of pay, by court-martial, is regarded as a more appropriate punishment for the offense than confinement.

A copy of this order will be posted in the office of each company and detachment and the commanding officer thereof will see that every man under his command understands it.

By command of Major General Pershing:

Official:	JAMES G. HARBORD,
Benj. Alvord,	Lieut. Col., General Staff,
Adjutant General.	Chief of Staff.

This indicated that serious attention would be devoted to venereal disease, and it, moreover, showed a decided deviation from all pre-existing orders in the United States, in that it penalized the presence of venereal disease.

The change was made by the Commander-in-Chief, himself, since he assumed that prophylaxis was practically 100 per cent efficient, when taken within the first three hours. The wisdom of this order was not admitted by the majority of medical officers, and even the Chief Surgeon and the Chief Urologist were very doubtful as to its effect, for the reason that it might lessen the use of prophylaxis.

This assumption was strengthened by an inquiry among the men, and a large number of those questioned stated that since they were punished whether they took prophylaxis or not, it would not be necessary to take the treatment.

Subsequent events proved, that, on the whole, prophylactic treatments did not diminish, but on the contrary increased, and it is believed that this order was of decided benefit.

On September 29, 1917, General Order No. 34, made the following provisions:

Headquarters American Expeditionary Forces  
France, September 9, 1917.

General Order,  
No. 34.

1. It shall be the constant endeavor of all Commanding Officers to develop among the members of this command those better qualities which are characteristic of high moral standards of living. With this in view it is incumbent upon all officers, soldiers and civilians attached to the A. E. F. to cooperate in every way possible in the efforts to insure temperance and



to prevent the ravages of venereal diseases with their disabling consequences.

2. In billets, barracks and camp, constant efforts will be made to provide amusement, interest and occupation for the soldiers and civilian employees of the command when off duty.

In connection with the instructions laid down in General Orders of the War Department, now in force, there will be provided amusements, reading rooms, entertainments, opportunity for athletic sports, etc., whenever it is at all practicable.

While the chief responsibility for supplying opportunities for social recreation, physical and mental occupation, and the giving of advice directed against intemperance and licentious living rests with company officers, frequent lectures will also be given by medical officers on sexual hygiene and venereal disease, in which continence shall be advised and illicit intercourse with women discouraged. The dangers of venereal diseases will be clearly presented and preventive measures discussed.

Physical inspections of all soldiers will be made twice a month as required by General Order No. 17, W. D., 1912.

3. All members of the A. E. F., including attached civilians on leave or on a duty status, upon arrival in Paris or other cities, will report at once to the A. P. M. for vise of papers as required by the regulations of the Provost Marshal Service. The A. P. M. will cause each man to be given advice and warned as to the prevalence and dangers of venereal disease.

In cities which men may visit from time to time on leave or on a duty status where official accommodations are not available, certain hotels will be designated by the Provost Marshal General where men will be required to reside when away from their commands.

4. Regimental infirmaries will be established at once with accommodations of ten or twelve beds. These infirmaries will be furnished with the equipment regularly listed for these units and, in addition thereto, apparatus and supplies necessary for prophylactic measures and for the active treatment of venereal diseases, in order to retain all soldiers having venereal infection with their commands. Whenever possible, soldiers affected with venereal disease will be retained on duty, but denied all indulgences; they will be under constant supervision and receive daily inspection and suitable treatment from the medical officer assigned for their care. The syphilitic register will be carefully kept and all cases followed up, as far as practicable, as they would be in times of peace.

5. The Quartermaster Department will provide suitable accommodations, and the Medical Department apparatus, medical supplies and equipment necessary to carry out treatment, which must be given early and followed persistently in order to effect a cure as soon as possible. Only cases presenting complications indicating the necessity of prolonged active hospital treatment will be transferred back from the regimental lines.

6. Special hospitals will be established from time to time, at places to be designated later, where these latter venereal cases will be received. If practicable, they will be in the vicinity of L. of C. shops or depots, where the services of those men able to perform manual labor may be utilized, even



during the time they are being subjected to hospital care. In the absence of shops or depots, these men will be employed on road building or other suitable occupation when pronounced by the medical officer physically fit to engage in the labor proposed.

7. The attention of all concerned is invited to General Order No. 6, C. S., these headquarters, and every man contracting venereal disease will be brought to trial by court martial in accordance with the provisions of that order. Every officer contracting venereal disease will be subjected to summary discipline by his immediate commander, who will at once report the case through proper channels to these headquarters.

8. Line and medical officers of the divisions and regiments will cooperate in every way possible with the municipal authorities in the area occupied by their commands, so as to protect their commands from venereal disease. In cases of venereal disease, the soldier will be interrogated as to the source of infection, and, if possible, the name of the woman harboring the disease will be ascertained. If facilities exist for municipal hospital treatment for these prostitutes, steps should be taken with the civilian authorities to cause infected women to be taken to the hospital, there to receive care and treatment until they are no longer a menace.

By Command of Major General Pershing:

Official:

Benj. Alvord,  
Adjutant General.

JAMES G. HARBORD  
Lieut. Col. General Staff,  
Chief of Staff.

This order was of special significance for it required venereal cases to be retained with their organizations and treated by them. By relieving the army of the burden of the establishment of large special hospitals, and also by making it possible to keep the services of the men, this order was of far-reaching importance.

Conditions that arose on the landing of the troops in St. Nazaire, were such that it became necessary to take immediate action regarding the French houses of prostitution. The American soldiers and sailors were visiting these places in great numbers and many of them were being infected. The method of examination of the inmates and other conditions demonstrated that these brothels were extremely insanitary and in every way dangerous.

General Order No. 77 was issued to meet the situation:



For Official Circulation Only

Headquarters American Expeditionary Forces

France, December 18, 1917.

General Order

No. 77

1. The following instructions, supplementary to General Order No. 34 and General Order No. 6, these headquarters, for the prevention of venereal diseases among the forces of this command are issued for the guidance and strict compliance of all concerned.

2. All Commanding Officers are directed to give personal attention to matters pertaining to the prevention of venereal disease. They will at all times support the medical officers charged with the management of prophylactic stations and assist in every way possible the prevention and eradication of venereal affections. No laxity or half-hearted efforts in this regard will be tolerated. It is expected that positive results will be obtained and that all supplementary means to aid in that attainment will be encouraged. The number of effectives in a command is an index of its efficiency and this depends upon the efficiency of the Commanding Officer.

### PORTS OF DEBARKATION

3. At ports of debarkation, by earnest cooperation with the French authorities and if necessary, by the use of a military secret service, every endeavor will be made to locate the habitations, rooms or apartments and sections of town occupied by women engaged in prostitution. All such places will be considered off limits; they will be described and conspicuously posted in each company or detachment, and the visiting or frequenting of these places by members of the A. E. F. will be prohibited. The provisions of this paragraph should be enforced by local commanders at all other towns and places where troops are stationed or billeted when existing local conditions indicate the advisability of such action.

4. At ports of debarkation, the Base Surgeon of a section is charged with duties pertaining to all regulations designated to prevent venereal disease. He will act in cooperation with the Urologist who may be designated from these headquarters to carry out the instructions of the Commander-in-Chief.

5. The Base Commander will require the Commanding Officer of arriving naval vessels or transports carrying troops to render a report of the physical condition of all those on board, listing those who have evidence of venereal disease. The troops and members of the crew will not be permitted ashore until this report is submitted. The physical examination necessary to ascertain this information will be made by the transport surgeon or senior medical naval officer as the case may be, or in the absence of either of those officers on any ship carrying troops, by a medical officer designated by the Base Commander. As soon as these lists are furnished, troops may be landed. All men reported as having venereal disease will be placed under restriction in camps and there will be detained, but no members of ships'



crews with venereal disease will be permitted ashore. During times of detention Commanding Officers will not issue passes or permission to enlisted men to leave transports for purposes of recreation. Men discovered as having venereal disease will be given intensive treatment and if complications exist will be sent to a hospital. Non-complicated cases will accompany their organizations for treatment as contemplated by General Order No. 34.

6. While on transports, in port, or in camp, passes will be given transient troops only in very exceptional cases, and only in most unusual instances for more than three or four hours at a time. Should it seem advisable to authorize absences for a longer period the Commanding Officers will assure themselves that men are warned of the dangers of venereal infections.

7. Commanding Officers of all troops will insist that men of their command, whenever exposed to venereal disease, will report to prophylactic stations as soon as possible after exposure and always within a period of three hours. Venereal prophylactic stations will be established by local commanders at convenient and inconspicuous places in each battalion and at or near various entrances to the camp; these stations will be placed under the charge of a competent non-commissioned officer of the Medical Department and a well-instructed private will always be kept on duty to administer prophylaxis. There will be posted at all prophylactic stations copies of General Orders Nos. 6, 34, this order and other literature narrating the prevalence of venereal disease and describing the proper methods of prophylactic treatment. Particular attention must be given to these stations which should contain a waiting place protected against the weather, a clean sanitary treatment room with privacy, proper equipment, and technique to inspire confidence in the men, who should have impressed upon them the importance of early prophylactic treatment. The Commanding Officer of each camp will prescribe an entrance through which all men returning to camp from pass or leave, must enter, providing at this entrance a sufficient guard. Men returning to camp will be questioned by the guard and if exposure to venereal infection is acknowledged, the men will be directed by the guard to a prophylactic station. Officers are informed and men will be told that there is a vital necessity for instituting early treatment if venereal disease develops and these diseases must be reported to medical officers as soon as they are discovered or suspected.

8. Should men return to camp in an intoxicated condition they will be seized by the guard and taken to a prophylactic station where treatment will be administered by the non-commissioned officer in charge of the station. Cases of drunkenness should be subjected to prompt disciplinary measures.

9. An accurate list of all men suffering from venereal disease will be kept in each organization. Regimental commanders and commanding officers of independent units will direct their medical officers to make daily reports to the surgeon of the proper Base Section, giving in each the number of new venereal cases reported during the preceding twenty-four hours. All men so reported will be confined to the limits of the camp except when employed on military duty, and intensive treatment followed out.

10. Upon the departure of regiments or other organizations from ports



of debarkation, the senior medical officer of the Base Section will report by telegraph to the Surgeon, Lines of Communication, and to the Chief Surgeon, A. E. F., the designation and strength of the organization, name of the commander, and the number of cases of venereal disease discovered or contracted by its personnel during the stay of the organization at the port of debarkation. These reports will be filed at these Headquarters with the personal records of organization commanders, and will be used as a basis in determining the commander's efficiency and the suitability of his continuing in command.

### INTEMPERANCE

11. Commanding Officers at all places where our troops may be located will confer with the local French authorities and use every endeavor to limit to the lowest possible number the places where intoxicants are sold. It is desired that these authorities be assisted in locating non-licensed resorts which should be reported immediately to the proper authority for the necessary action.

12. Soldiers are forbidden either to buy or accept as gifts from inhabitants, whiskey, brandy, champagne, liquors or other alcoholic beverages, other than light wines or beer. The gift or retail sale of these by inhabitants in the Zone of the Army is forbidden by French law. Commanding Officers will see that all drinking places where alcoholic liquors named above are sold, are designated as "off limits" and the necessary means adopted to prevent soldiers visiting them.

13. It will be the duty of local commanders, field officers and medical officers to cooperate with the Provost Marshal's office and put forth every exertion to insure a high percentage of effectives in their various commands.

14. Commanding Officers at ports, either in person or through some responsible representative, will deliver to each organization commander and to every casual passenger in the service of the U. S. upon arrival at port of debarkation, a sufficient number of copies of this order, General Order No. 6 and General Order No. 34, and other approved literature on this subject, so that all may have ample information and that there may be no excuse for non-compliance with existing regulations.

15. Though this order is intended particularly for ports of debarkation, it should be interpreted in general as applying to all stations where troops are stationed.

Camp, regimental, battalion, and company commanders will be held to a strict accountability for the fullest compliances with the requirements of this order.

By command of General Pershing:

JAMES H. HARBORD,  
Brigadier General,  
Chief of Staff.

Official:

Robert C. Davis,  
Adjutant General.



This was the first official disapproval of the open house of prostitution expressed by any of the armies in France. The British, French and Belgians had not only tolerated, but had encouraged them.

No other order more important than this concerning the subject was issued, and it formed the basis of the control of venereal disease, not only in the ports, but in France as a whole.

The restricting of the transient troops to the camps, by refusing them passes to visit St. Nazaire, the only port open at that time, had the most salutary effect. Previous to this order they had been given passes to remain in town for six to eight hours. This gave them an abundant opportunity to consume large quantities of alcohol and to visit disorderly places. Several organizations which had been detained at this port under these conditions for twelve days had an incidence of 3 per cent venereal infection after leaving. The troops which came through and who were allowed no passes had no new cases.

Paragraph 5 proved its worth, because it was found that from 20 to 30 per cent of the ships' crews were suffering from venereal disease in a communicable state.

*For the first time, then, the commanding officer was made directly responsible for the venereal rate of his command. This aroused the interest of the officers as nothing else could have done, and was a weapon of great value to the medical officer. Subsequent experience proved this order to be most practicable and of incalculable importance.*

One of the principal defects of the order was that it did not actually put houses of prostitution out-of-bounds, except in ports. It will be remembered that it specifically stated, that while the order was intended particularly for ports of debarkation, its interpretation should be general and apply to all stations where troops were located. Such an interpretation, however, was not applied, for commanding officers were allowed to exercise their discretion in the matter.

Paragraph 12, relating to the buying or giving of alcoholic liquors, was largely a dead letter. Every saloon, cafe, grocery store and small restaurant sold all kinds of liquors, including brandy, whiskey and rum, so that the restriction of the soldiers to light wines and beer was not possible.

During the whole period in France, no means of controlling



this situation was found; soldiers could buy any kind of liquor, in any quantity, they desired. They did not like the cheaper wines and could not afford the finer, so their favorite drinks were beer, rum and hot water, under the name of "Rhum Chaude," and cognac.

Efforts were made, from time to time, to have all houses of prostitution "closed" to American soldiers, but it was not until the summer of 1918 that this end was accomplished. *Bulletin* No. 54 proved effective. It contained, as will be seen, in the copy, information concerning the prevalence of venereal disease, and urged both officers and men to practice continence. This was undoubtedly the most outspoken order of the kind ever given out by any army.

G. H. Q. American Expeditionary Forces

Bulletin

No. 54.

France, Aug. 7, 1918.

1. The disturbance of normal social conditions caused by war tends to a breakdown of moral standards and an increase of immorality and venereal disease. Verified statistics of actual experience in the present war show that a great danger of venereal infection confronts both the civil population and the army.

2. To combat this danger, full dissemination of the facts about venereal disease and rigid enforcement of regulations are essential.

3. Attention of all members of the A. E. F. is directed to the information and regulations governing the prevention of venereal disease contained in G. O. Nos. 6, 34 and 77, 1917, and in this order. All officers will see that these regulations are completely understood and carried out throughout their commands. Failure in this will be serious evidence of inefficiency.

(A) **Facts About Venereal Disease.**—The greatest source of venereal infection is the regulated and inspected house of prostitution. The methods of inspection are grossly ineffective. The women in these resorts are not free from infection. They frequently stay daily with a score or more men, each thus passing the infection from one man to those following him. There are numerous cases of soldiers contracting both syphilis and gonorrhea at these houses. The placing of regulated houses of prostitution off limits at one seaport reduced venereal infection to one-eighth the previous rate.

Venereal infection is highly prevalent among unregistered clandestine prostitutes, and exists to-day to an increasing degree in social classes hitherto little suspected. The practice of illicit indulgence in sexual intercourse will almost inevitably lead to venereal infection sooner or later.

In the majority of cases, drunkenness precedes and leads to exposure to venereal infection.

Failure to submit to prompt prophylaxis increases the percentage of



incapacitating infection. The effectiveness of prophylaxis depends upon the promptness with which it is employed. Within the first hour the failures are only one-tenth of 1 per cent, second hour one-half of 1 per cent, and after three hours from  $1\frac{1}{2}$  to 7 per cent. The average rate of failure for the A. E. F. of 2 per cent indicates that in many organizations the prompt submission to prophylaxis is not enforced.

The methods of regulation adapted under the general orders referred to above have steadily reduced the venereal rate from 84 new cases per thousand per year in 1916 to 35 in the A. E. F. to-day.

The contraction of venereal disease incapacitates for service and often produces permanent impairment of health. It is a breach of duty to the country, Army and fellow soldier.

**(B) Continence.**—Sexual continence is the plain duty of members of the A. E. F., both for the vigorous conduct of the war, and for the clean health of the American people after the war. Sexual intercourse is not necessary for good health, and complete continence is wholly possible. Careful studies show that only a relatively small proportion of members of the A. E. F. habitually indulge in sexual intercourse.

Commanding officers will urge continence on all men of their commands as their duty as soldiers and the best training for the enforced sexual abstinence at the front. Instruction, work, drill, athletics and amusements will be used to the fullest extent in furthering the practice of continence.

**(C) Leaves.**—All-night and week-end leaves are a fertile source of infection, multiplying contacts and delaying prophylaxis. Such leaves will be denied as much as possible.

**(D) Drunkenness.**—The provisions of existing orders relating to the sale of intoxicants to members of the A. E. F. will be uniformly and strictly enforced. Cases of drunkenness will be dealt with by prompt disciplinary action.

**(E) Prophylaxis.**—All means will be adopted to enforce the uniform and early use of prophylaxis.

**(F) Courts-martial.**—Courts-martial will be sufficiently severe in dealing with cases of venereal infection to deter men from wilful exposure. The records of all sentences imposed will be carefully examined and compared and lax courts and officers held strictly accountable.

**(G) Treatment.**—The importance of early treatment is so great that officers will urge their men to report for examination on any suspicion of disease.

**(H) Houses of Prostitution.**—Throughout the A. E. F. all houses of prostitution, as well as saloons indulging in the improper sale of intoxicants to members of the A. E. F. will be designated as off limits. Commanding officers will adopt the necessary means and disciplinary measures to prevent soldiers from visiting them.

**(I) Apprehension of Clandestine Prostitutes.**—By cooperation with the French police, military and civil authorities, every effort will be made to repress clandestine prostitution and street walkers and employ every available means under the French law to have all such women sent away.



(J) **Reports.**—Reports of conditions in contravention of the purposes of this order will be made by military police and all officers concerned.

4. The C. in C. enjoins upon all members of the A. E. F. the strictest observance of sexual continence. His position on this question is stated as follows in a letter appointing representatives to a British-American Conference on the subject:

"I have heard with great satisfaction of the recent decision of the British War Office that the licensed houses of prostitution are to be put out of bounds in the B. E. F. Many of us who have experimented with licensed prostitution or kindred measures, hoping thereby to minimize the physical evils, have been forced to the conclusion that . . . abolition as distinguished from regulation is the only effective mode of combatting this age-long evil. I have the greatest hope that the results of the conference which you have called will be far-reaching in their effect. This menace to the young manhood in the army forces and to the health and future well-being of our peoples cannot be met by the efforts of each Government working apart from the others . . . The gravest responsibility rests on those to whom the parents of our soldiers have intrusted their sons to the battle, and we fail if we neglect any effort to safeguard them in every way.

"We have the common ground of humanity; we have the well considered conclusions of the best scientific minds on our side, and from the fact that, in this war of nations-in-arms the soldier is merely a citizen on war service, we have all the elements which will force cooperation between military and civilian authorities. With our nations cooperating hand-in-hand, . . . we have the brightest prospects of winning the victory."

By command of General Pershing:

Official:

Robert C. Davis,  
Adjutant General.

JAMES W. McANDREW,  
Chief of Staff.

The next thing that came conspicuously forward was the association of Americans with women of the streets, cafés and other public places.

It was not attempted to deal with this subject by a general order, because of the difficulty in formulating one that would be practical.

At Brest, a very drastic order was issued forbidding any American soldier being seen on the street with a French woman. This was done after consultation with the French authorities. They sanctioned it in general on the ground of continental propriety that no decent girl would go out alone with a man.

This succeeded for a while, and probably would have been



of lasting value had it not been for the crudeness and lack of experience of the military police.

They did not have enough judgment to make distinctions, and on several occasions accosted a man and told him, in the hearing of his female companion, that he was not allowed to be seen in public with a prostitute. This happened several times when the woman's respectability was beyond question. The order was, for reasons such as this, finally allowed to die.

The same order was put in force in Bordeaux, but for similar reasons it eventually failed and was rescinded. Immediately after it was revoked there was a great increase in street association, and this continued until the end. It demonstrated in a striking way, that, while defective, the order had had a very decided influence.

Finally an order was evolved at La Rochelle that proved practicable. It required the military police to accost any officer or enlisted man whom they saw in public with a French woman, call him aside and ask his name and organization.

The next day the man in question was required to state whether or not the girl was a prostitute. If she were he was court-martialed for disobedience to orders. This order had no really objectionable features, and immediately public association greatly diminished. The experience led one to believe that this regulation would solve the problem, provided it could be cooperatively carried out.

**Passes.**—General orders prohibiting all-night passes were issued and were found to be of the greatest value. It was discovered, by repeated experience, that extended liberty was followed by a high venereal rate of infection, due to all-night exposure. This point was definitely settled, and it is urged that armies restrict these leaves whenever possible.

Another thing that demanded close study, was the late pass, usually known as the "theatre pass," even when there was no play house, or amusement place, within 20 miles. These passes allowed liberty until midnight and sometimes until 1 a.m. and it was found quite impossible to regulate them.

The men came in tired, perhaps half-intoxicated, and the attendant at the prophylactic station was sleepy and inattentive. Consequently prophylactic treatments were not usually taken,



but when they were it was after an exposure of over three hours.

#### RELATING TO COURTS-MARTIAL RECORDS

General Order No. 13, Lines of Communication, dated November 15, 1917, says:

The Chief Surgeon, Lines of Communication, will send monthly to the Judge Advocate, Lines of Communication, a list of all new venereal cases accruing in this command for the month. The cases so reported will be checked by the latter against the record of summary and special courts-martial trials received, and, if it shall appear that trial and punishment has not been had in any case, the matter will be brought to the attention of the Commanding General.

By command of Brigadier General Patrick.

The Chief Surgeon, Lines of Communication, sent the following instructions to the men under his command:

The surgeons of all organizations or detachments will render to this office, on the first of each month, hereafter, a statement of names, with organizations and diagnoses, of all new cases of venereal disease, appearing in the command during the preceding month. Commanding Officers of Base Hospitals will report upon the numbers of their units only.

As far as I know, the order was never put into force. It was an excellent one, and its provisions would have been a great advantage. From time to time, an endeavor was made to resuscitate it but there were always so many objections that the efforts were hopeless. That this was the case, was unfortunate for it would have served as a check on courts-martial cases; it would have made a very much more uniform punishment, and would have prevented slack officers from neglecting to try their cases.

The reporting of venereal cases by name and organization to the Chief Surgeon's office must always be regarded as most valuable. Against this it might be said that it would require a great deal of technical machinery, but from practical experience I know that it would require the services of only two competent men.

If such information were tabulated at the Central office, a check, as far as treatment is concerned, could be kept on the various medical officers and great improvement would thereby be made in the care of venereal cases. This is fundamental and should by all means be instituted.

General Order No. 32 makes the failure to take prophylaxis



punishable. This was necessary to complement G. O. No. 6, which penalized the existence of venereal disease. (See Chapter II.)

**Restriction.**—An order prescribing limitation of passes and restriction of privileges of organizations that have venereal rates above a certain standard, was put in force in one of the base sections. It had a pronounced effect in that it drew the attention, of the officers and men in a very striking manner, to the venereal rate of their organization, and at the same time exacted punishment for it.

Immediately, officers, as well as privates, took measures to lower the rate with the object of having their privileges reinstated.

It also had the result of making the venereals unpopular individuals. This order was adopted throughout the Base Sections and worked most admirably. In fact, this regulation was the most effective single measure that had been introduced. When it was unfortunately brought to the attention of General Headquarters, it was ruled that the restriction was not legal, since it was not lawful to punish a whole organization for the misconduct of a few individuals.

The local orders, then, became null, and the venereal rate, in most of the places where it had been in force, rose. Nevertheless such an order is strictly right, no matter what the contention, for in times of war, men must be judged by groups and units, rather than by individuals.

**Compulsory Prophylaxis.**—An order requiring all colored soldiers to take prophylaxis upon returning from liberty had the effect of reducing the venereal rate among them to about one-tenth of its former incidence.

The same complaint was urged against this, that it punished not only the guilty but innocent men as well. Fortunately, the results obtained had been so overwhelmingly good that it was sanctioned by the Commander-in-Chief himself, and was allowed to remain in force. This was commenced in December, 1917, in Base Section No. 1, and spread over all base sections.

**Intoxicants.**—Orders restricting the sale of alcoholic liquors to light wines and beer were not enforced, as I have already mentioned, except in a few places. Putting various cafes out-of-bounds had the effect of bringing the proprietors of the larger cafes



to terms, and they, as a business proposition, observed the law in some cases quite strictly. But there were so many smaller stores and shops which sold strong intoxicants that it was impossible to control the traffic.

The French authorities were not willing to have a sign in the window declaring certain places out-of-bounds, and this militated against the enforcement of the order.

**A Proposed Order.**—General Order No. 34 provided that summary discipline, by the Commanding Officer, be applied to officers who contracted venereal disease, but this was almost entirely neglected and even reprimands were not given.

This matter was called to the attention of the Commander-in-Chief, who was quite outspoken in his opinion of the unfairness of such a procedure, and urged that a general order be formed which would rectify this inequality.

Covering the punishment of officers and a number of other phases of the situation, the following outline was suggested to the Commander-in-Chief:

*First.*—A uniform rate of punishment throughout the A. E. F., for all enlisted men contracting venereal disease, and also a uniform rate for failure to take prophylaxis.

*Second.*—A uniform or proportionate rate of punishment for officers contracting venereal disease, and for failure to take prophylaxis.

*Third.*—Officers concealing venereal disease in themselves, or in others, will be court-martialed.

*Fourth.*—Medical Officers failing to report venereal disease found by themselves will be court-martialed.

*Fifth.*—Officers, up to and including field rank, will report for venereal inspection twice monthly; medical officers above field rank to certify as to their own condition as to venereal disease, their juniors to be inspected under their direction.

*Sixth.*—Organizations having a venereal rate of 100 or more per one thousand per annum will be restricted to quarters for at least one month, or longer, or until their rate falls below 100; this restriction will apply to both officers and enlisted men; organizations having a venereal rate of 50 per thousand shall not be allowed any privilege passes, or passes of any kind for a longer period than three hours; this restriction to obtain for one month or longer, and until the rate falls below 50; it will apply to officers as well as enlisted men; all organizations which have had more than 20 per cent failures to take prophylaxis, on the part of the men contracting venereal disease, in the preceding month, shall not be allowed any privilege passes, or any passes for a longer period than three hours, this to cover a period of one month.



*Seventh.*—Company Commanders and Medical Officers in each of the organizations which have had a venereal rate for two months of 20 per thousand per annum above the average rate of the section in which they are located, will have an entry against their efficiency rating made on their efficiency records. High officers, in charge of troops, will, in the same manner, have the venereal rate taken into question in the marking of their classification cards, under the heading of "leadership;" officers attached to organizations showing a venereal rate of 10 per thousand per annum below the average rate of the section in which they are located, will have an entry made to their credit, on their efficiency records.

*Eighth.*—Every man contracting venereal disease must be questioned as to source of infection, and efforts made to get rid of that source.

*Ninth.*—Paris to be closed as a leave area.

*Tenth.*—Every means should be taken to prevent delay of leave trains, and to prevent men from remaining over night in large cities enroute to and from these areas.

*Eleventh.*—A record of all trials by court-martial, for venereal disease, will be sent to the Judge Advocate General's Office, in Tours, for comparison with the records of the Chief Surgeon's Office.

*Twelfth.*—Authorization of motor transportation for venereal inspectors to outlying districts.

*Thirteenth.*—Authorization for inspectors of venereal disease to order immediate correction to faults involving violations of orders, or improper methods of enforcement of orders relating to venereal disease.

(Signed) McCaw.

This outline was sent to General Headquarters, to act as a guide in preparing a general order. It was indorsed by the Commander-in-Chief, and by the Chief of Staff, but for some unexplained reason it was never finally approved or issued. The outline, as quoted, was very carefully considered, after a large amount of experience with the subject, and it is thought that such an order would have been extremely effective in the control of venereal disease.

**Disregard of Orders.**—It was the opinion of a large number of both line and medical officers that the regulated house of prostitution afforded the best solution of the venereal problem. They were honest in this opinion and were opposed to these places being put out-of-bounds.

In spite of their opinion it may be said, to their credit, that, as a general rule, these orders were observed. There were, however, striking exceptions in some of the ports where such houses were allowed to remain open. Another instance was in Blois, where



a house was actually taken over by American officers and allowed to run for American troops.

**Inspection of Embarking Troops.**—General Order No. 215 required all embarking troops, officers as well as men, to be examined for venereal disease. This was not done by any other army. (See Chapter XV.)

**Conclusions.**—In conclusion, these points should be emphasized:

No all-night passes should be allowed.

Passes later than 9:30 or 10:00 o'clock should be restricted to the minimum. No evening passes should be given on holidays and Sundays.

Since a summary court can not deal with officers some means should be devised for court-martialing those who have venereal disease.

Privilege passes should be restricted in organizations which have a venereal rate above a certain point.

Compulsory prophylaxis should be given to organizations which have a persistently high venereal rate.

Making a record against the efficiency of officers for a high venereal rate of their organization was found to be a most effective measure.

Orders concerning men on leave and leave areas were not properly enforced. The difficulty lay in the indisposition to put any restrictions on men on leave.



## CHAPTER VI

### PASSES

The duration of the soldier's pass and the time of the day in which it was given had a momentous bearing upon the control of venereal disease.

This matter is so important that it demands separate consideration, for without taking full account of it, it would be very difficult to reach an accurate conclusion regarding the incidence of venereal disease in the A. E. F.

It was noticed that the shorter the pass and the less frequently it was given, the fewer the number of infections. It was impossible to curtail these liberties beyond a certain point, for then the soldier felt that he was being deprived of his personal rights and became dissatisfied. Consequently, his morale fell so low that he took no interest in his work.

A special study of the situation accordingly was undertaken in order to determine the relationship between the different kinds of passes and the incidence of venereal disease.

The greatest number of sex contacts occurred from 9:00 to 12:00 p.m. After 9:00 p.m. the number rapidly increased and reached its maximum about 11:00 p.m. It, therefore, became apparent that liberty should end about 9:30 p.m.

A careful inquiry concerning all night passes made at various posts demonstrated that a large proportion of the men who had these passes had sex relation and the rate of infection among them was alarmingly high. In one instance, among 16 men with all-night passes, 15 contracted disease.

This sex contact was especially bad for the reason that the exposures were repeated several times and if prophylaxis was taken at all it was too late to be effective.

The so-called theatre pass, which extended up to 12:00 or 1:00 o'clock, was found difficult to manage. The men having these passes did not usually go to shows or theatres but to other places about town. An observation was made at St. Nazaire on several



evenings and it was found that only 10 per cent of the men who had them went to a show of any kind.

This was brought to the consideration of the commanding officer and it was decided to grant theatre passes only for men in groups under the charge of a sergeant. In this way we hoped the men would go to the theatre and return to the camp directly afterwards. This, however, did not happen, for the groups were dispersed at the edge of town and each man went his own way. Later in the evening they assembled at a given point and returned to the camp together.

At Base Section No. 1, an order was issued curtailing all passes to four hours. This was satisfactory on week days but on holidays and Sundays it caused so much complaint and discontent that the plan had to be abandoned.

Passes on Sundays and holidays were always longer, and this certainly accounts for the fact that the prophylactic stations show the greatest number of treatments on these days (see Chart 1). Obviously some curtailment became necessary.

Repeated observation conclusively demonstrated that soldiers at port awaiting transportation should be confined to camp and given no passes except those necessary for military duty. The danger of these indiscriminate passes was strikingly shown when the first troops landed at St. Nazaire. They were given extensive liberty, and as a consequence developed about 3 per cent of new infections.

The following conclusions were reached after careful study of the subject:

*First.*—Passes should never end later than 9:30 p.m. except under some unusual circumstances.

*Second.*—All-night passes should not be given. They are not necessary for the contentment of the men and have proven to be most dangerous.

*Third.*—Passes on Sundays and holidays should end at 8:00 P.M. This will very materially hinder the large number of contacts which occur on these days.

*Fourth.*—Late or "theatre" passes should be given only in exceptional cases.

*Fifth.*—The camps should be enclosed so that the hour of return of the men will always be known.



## CHAPTER VII

### DEBARKING TROOPS IN FRANCE

Troops embarking from the United States were given venereal inspection just before going to the ship. The care and thoroughness of these examinations depended upon the medical officers. Some of them did their work with great exactness and others with shocking carelessness.

During the first months of the war, troops in New York awaiting transportation were not allowed any liberty and were kept strictly in camp, but later, owing to pressure from various sources, this rule was relaxed and the men could obtain leave over night, or even for week-ends, without difficulty.

The effect of this was immediately seen, and in some organizations it resulted in a large number of cases of venereal diseases developing on the ship, or immediately after landing in France.

Regulations requiring venereal inspection during ocean transit varied with each ship. On a few of them several inspections were given, but on the majority only one, and that at the end of the trip just before landing.

At the port of St. Nazaire, the Base Commander required an inspection of all incoming troops by medical officers representing the base surgeon of the port.

These examinations were thoroughly done and served to disclose a number of cases which the organization surgeon had not discovered. For several months the average rate at the port of St. Nazaire for incoming troops was 12 per thousand. Many of the organizations were found without any new cases while others had a very high rate.

For instance, the 151st Field Artillery, comprising 1,281 men, had 25.7 new cases per thousand. A detachment of casualties of 148 had 74.3 per thousand, and the second engineers train showed 27.7 per thousand. During the month of November, 1917, 185 cases were discovered among 15,217 incoming troops, or 12.2 per thousand.



Inspections were also made of all the armed guards on the transports. Many of these organizations had no medical supervision whatever and had not had any venereal inspections before leaving the United States. Some of them showed the enormously high rate of 250 per thousand.

The remainder of the crew, comprising the engineers, firemen and sailors occasionally showed 330 per thousand.

All cases among the armed guard, crew, etc., were confined strictly to the ship and allowed no liberty. This was for the dual reason of protecting the French population and enabling the men to have better care and treatment.

Much difficulty was experienced in having these orders carried out and it was found on each ship where an investigation was made, that some of the men had been allowed liberty.

In this connection, it may be said that no class of men are less cared for in a medical way than is the average sailor, and nothing would be so productive of beneficial results in the general control of venereal disease as the institution of a campaign to educate these men and teach them the value of prophylactic treatment. They were found to be very receptive and responded most satisfactorily whenever an effort in their behalf was made.

At the port of Brest, Base Section No. 5, the base surgeon did not attempt to have inspections made by men representing his office, for the reason that the soldiers were arriving in such large numbers that it would have been impracticable to retain them for this purpose. Reports were required from the medical officers of each organization and these were tabulated and the results telegraphed to the Chief Surgeon's office at Tours.

In July, 1918, it was discovered by the base urologist at Brest, that a very large number of venereals were coming over. For instance, one company of negroes had 42 cases in a strength of 245.

A tabulation was made of the white and colored troops respectively. The result is strikingly shown by the attached chart which discloses that the rate of colored troops was four or five times as high as the whites (see Chart 8).

These facts were cabled to the United States, and an inquiry was made among the troops and among the medical officers as to the reason.







All claimed that the inspections had been carried out with the usual degree of thoroughness; many of them believed that the new infections were the result of permissions for extensive leave just before sailing dates.

It must be remembered that even these high figures were based on the reports of the company's medical officers, and were not the result of the examinations of the port medical officers. It is probable that, had the inspections been personally conducted by the latter, the rate would have mounted considerably, since it was found that at St. Nazaire the inspections made by the port medical officers disclosed from three to five times as many diseases as had been reported by the company officers. In one instance, 10 infections were reported and 60 were found.

It will be seen by a glance at the chart, that syphilis was surprisingly low, while chancroid was very high among the negroes. Many of these so-called cases of chancroid were probably syphilis.

The non-complicated cases were allowed to proceed with the organization, only the acute ones with contagious lesions being detained.

An attempt was made to separate the new cases from those due to infection after arrival in France, but this was found impossible, at least, with any degree of accuracy. Most of those brought over from America were, therefore, accredited to the records in France.

Very little attention was paid to the venereals debarking in Liverpool. The reports of the medical officers were tabulated only in part and no accurate record was kept. Those that were complicated, or severe, were reported and detained.

The records obtained showed, for the month of August, 1918, that 125,517 troops had landed, and that there was a total of 126 venereal cases. In September, there were 110,576 arrivals, with 113 venereals; in October, 81,615, with 102; this rate was about 1 per thousand, in contrast to 12 per thousand at St. Nazaire where a careful inspection was made.

At Havre no record of venereals was kept.

Much more care should have been exercised at Brest, and Liverpool than was expended. No inspections were made of the



gun or ship's crew, nor was any effort put forth to segregate those who were known to be diseased.

All of this might have been done without much trouble and it should have been carried out in every instance. One very striking defect was the entire lack of medical care of the gun crews. They were young sailors and as they had charge of the guns, it was highly desirable that they be kept in the best physical condition.



## CHAPTER VIII

### MILITARY POLICE

I am not criticising the military police as a whole, for many of their officers and enlisted men were the equal of any in the army, but I am calling attention to certain defects in the system so as to show the danger of putting immature individuals in direct association with corrupting conditions. This is a lesson which we learned by experience and which I trust will not be repeated should our soldiers go again to a foreign country.

During the first three months of the American Expeditionary Forces in France the military police were made up of an exceptionally high class of men who did most efficient service, being well trained, well disciplined and capable of exacting obedience from others.

When these men were relieved and sent to the training area, the police duties were taken up by men who were not suited to this kind of work. In far too many instances they were not only very young men but they were also crude and undisciplined. Many of them had been mustered into service just before leaving the United States and, therefore, had had no opportunity for preliminary training.

In addition, a special regiment was formed in the United States for police duty in France, the only requirement being a knowledge of French. Later other organizations which were not suitable for service at the front were added.

Many of the military police, while mere boys, were given tasks that demanded stern self-control, mature judgment and decisive action, such as guard duty in disorderly districts and at houses of prostitution. They soon became intimate with the occupants of these brothels and were subjected to the most degrading influences.

The mayor of a French city remarked cynically but with some element of truth, "Your police run the other boys away from the girls and then take them for themselves."



In a certain town, it was reported to me that the military police were letting men go into a house of prostitution for five francs apiece and were accepting graft from another house.

A major, acting as provost marshal, was relieved of duty for reprehensible behavior and the commanding general said that the court of inquiry should have dismissed him from the service altogether.

This failure in duty was not limited entirely to enlisted men and junior officers, but in several cases it concerned the higher officials as well. I was told that one commanding officer had given orders to a junior officer to instruct the sentinels who were placed on guard, "To wear goggles and not see the men go in," and that another high ranking officer had instructed the provost marshal not to be too strict in enforcing the law.

The venereal rate of the military police (see Chart No. 6), as a whole was the highest in France, and in some smaller groups of this organization in certain cities it was about ten times higher than that of organizations immediately adjacent.

A study of this question will show that the police system of the American Expeditionary Forces was notably defective, and in numerous instances really demoralizing.

The authorities being informed concerning these faulty conditions directed a most competent high ranking officer to reorganize the whole department.

In the future a carefully selected group of older and more reliable men, between the ages of thirty and forty years, should be selected for this duty. This is a subject that demands the most careful consideration.



## CHAPTER IX

### HOUSES OF PROSTITUTION

Serious questions as to our toleration of the French houses of prostitution presented themselves very early for our decision. During the first four months these places were not put out-of-bounds, and the American soldiers and sailors were allowed unhampered access to them. In some towns they were patronized to a great extent by Americans almost to the exclusion of the French.

The number of sex contacts was almost unbelievable. An authentic record proved that in one house one girl served 43 men in twenty-four hours; another 45, and another 57.

During a period of ten days at St. Nazaire, an official French report stated that 60 women in four houses of prostitution served 15,000 Americans, or 25 men per day per woman.

I was present at a number of medical inspections in Bordeaux, Brest, Cherbourg, Nantes, Paris and other places. At Bordeaux I saw 59 women examined in sixty minutes. That the method was expeditious, to say the least, will appear when I state that at Cherbourg I saw 15 examined in thirteen minutes, while at Paris 40 were "passed" in fifty minutes. No microscopic examination was made, and the inspections were so hurried and superficial that only gross lesions could be discovered. Even some of these, such as profuse discharges, etc., were passed over as not offering evidence of infectious processes.

At Bordeaux the same speculum was used on each woman, without being cleansed; in other words, it was taken out of the vagina of one woman and immediately introduced into that of another. Disease was surely transmitted in that way.

It was truly a doleful spectacle to see these women in line, waiting to mount an examination table for a farcical inspection. It made one fairly shudder to know that representatives of the French government were giving bills of physical soundness to



women who were fairly eaten up with disease—permeated through and through with gonorrhea and syphilis—and who not only inevitably broadcasted infection among the French soldiers but among all who were carnally intimate with them.

It was especially amazing to note the utter disregard of the dangerous menace surrounding these women as carriers transmitting the scourge from one man to another, even if they had themselves by some rare chance happened to escape.

As actual proof of the infectivity of these inmates, we traced 15 cases to one house; 10 to another; 20 to another; and 54 to another.

Practically all of the prostitutes were perverts, and they encouraged the men to use of unnatural methods. According to the statements of a number of these women, the American soldiers were very unwilling to engage in these practices at first, but later they were inveigled into them. This subject is dealt with specifically in Chapter XXX.

When the four houses were placed out-of-bounds at St. Nazaire, the contact rate, as shown by the number of prophylactic treatments, decreased greatly. For the three months prior to their closure, these treatments were as follows:

During August, 1918, among 5,501 troops there were 2,092 treatments. In September, in 9,981 troops, there were 3,392 treatments. In October, in 3,969 troops, 2,074 were given.

After the houses were closed; during November, among 3,733 soldiers, there were 713 treatments; in December, among 4,281 troops, there were 539; in January, among 3,777 soldiers, there were 523; in February, among 4,330, there were 775.

At Bordeaux, a station on the edge of the restricted district gave during the last month of the open houses 2,121 treatments, and during the first month of the closed houses 826.

If, as I most decidedly believe, the prophylactic rate is an index to the exposure rate, it must be concluded that the number of contacts was very greatly reduced by closing the houses. These places had a well-organized machinery, and rarely let a man escape after he got into them. Many who merely went there for curiosity, or to be with the crowd, became entangled and had sex relation.

After these facts were collected General Order No. 77, putting



houses of prostitution out-of-bounds in the port towns, was issued (see page 62).

There was a great deal of opposition to this order on the part of medical officers and line officers, based on their opinion that venereal disease could be better controlled with regulated prostitution. Arrayed, also, on this side were the French authorities and medical officers, for it must be remembered that official recognition is given to houses of prostitution by the French municipalities.

Prior to the study of conditions in France, I had an opportunity of making an exhaustive investigation of this subject in one of the large American cities, and the following conclusions concerning the open house of prostitution in the United States were reached:

If incontinence is essential to the mental and physical health of an individual, the municipality should allow, or even arrange for, some means of gratifying the sex impulse. If it is not such a necessity and if in addition it can be proved that gratification under certain conditions tends to produce social derangement, then the municipality has a right to restrict the sex relation.

The research of the most advanced physiologists and biologists, together with the testimony of leading physicians, is, that sexual intercourse is not necessary to the mental or physical health of normal men or women. Furthermore, no intelligent, right-thinking person will contradict the statement that the relation outside of wedlock does tend to produce very material social derangement.

The objection, which one often hears raised to the closing of the houses of prostitution, is that it scatters the inmates throughout the residential section, and in that way brings them in undesirable contact with the better classes.

An investigation, very carefully made in one city, where all of these women were watched for a very long period of time, showed that they chose residences very near what was once the red-light district, in adjacent low-grade rooming houses and hotels, and that they went into the better part of the city only in very rare instances. Respectable apartment houses, and the best residential sections got practically none of them.



It was furthermore ascertained, by watching the women who did take private rooms and become street-walkers, that the largest number of men they could serve a day was from 5 to 7, whereas these same women had been accustomed to entertaining from 20 to 35 on Saturday and on Sunday while in the houses. It is, then, a fact that by forcing these women out of the houses set aside for them, the number of men that can reach them is being all the time appreciably diminished, and that the danger of spreading disease is proportionately lessened.

Another argument offered by many in favor of segregation, is that prostitutes are a "necessary evil" and have been since the very beginning of civilization. The idea that some such "outlet" or means for gratifying the sex impulse has been handed around so long that it has become shop-worn and no longer has any qualities whatsoever that make it claim or hold attention.

It cannot be denied that the sex relation is fundamental and that, in the final analysis, it perhaps is the most assertive of all the innate influences affecting life. But only the hedonist or the entirely unbalanced individual would dare claim that, in any decent form of society, proper restraints should be removed. Let me reiterate, not by any means as an "uplifter," but as a scientist, that sexual gratification is by no means a physical necessity. And even granted that it were, no convincing reason in the world can be advanced for endorsing or supplying means for stimulating and commercializing it, such as that supplied by the brothel.

The opinion is frequently expressed that these nurseries of vice and disease safeguard respectable, honorable women by furnishing a "safety valve" for the excess sexual energy of the community.

This, however, has yet to be proved. At any rate what benignant power has given anybody the right to save one woman at the expense of another?

Why must the unfortunate girl, devoid of the material power to defend her self-respect, cursed perhaps by inherited stigmata of which lack of will is only one manifestation—why must this miserable wretch be sacrificed so that another, in every way better off than she, may be protected?



Why should she be sold into the worst form of servitude, the servitude of the soul, to assure the comfort, happiness and honor of some one else?

Why should one set of women be branded for a life of shame and degradation in order that another set may remain pure and unsullied?

What an astounding thing is the conscience of civilized man! How awe-inspiring are his methods of reasoning, his estimates of justice!

It has been said, in favor of the existence of bawdy houses, that the inmates have an opportunity to keep themselves clean, and, therefore, are much less dangerous than the street-walker. Investigation showed that these inmates do not use any effective means of cleansing themselves, after having sex relation.

They use a douche, according to testimony of over 400, before they begin trading in the afternoon, and continue until late at night without repeating it. A woman will frequently cohabit with 30 men without using a douche at all. The repugnant filthiness of this, to say nothing of the increased danger, is manifest.

It is estimated that 24 per cent of the girls in these houses are mental defectives; that is, they have not intelligence enough to appreciate what they are doing. They are absolutely non-resistant and are in every way a prey to men without conscience and to women who make them cater to the most degraded appetites.

As the demand for new inmates is constant, the "madames" induce, in every way at their command, the youngest and most attractive girls they can find to enter the life.

This greed, on the part of many of these women, allows them to receive and hold even children, and frequently girls of fourteen and sixteen were found.

The following record of venereal disease was tabulated as the result of a careful survey made by the Maryland Vice Commission in 1913:

Sixty-seven per cent of the women had syphilis; 92 per cent had, or had had, gonorrhea; 47 per cent had both syphilis and gonorrhea; 81 per cent showed gonococci in the discharges of the generative organs.



Altogether, 96.61 per cent of these women had, or had had either gonorrhea or syphilis. These facts were ascertained by a group of physicians actuated by no other motive than the desire to discover the truth.

These things, taken in conjunction with the rapacious and the cunning shrewdness of the "madame," stamp the traffic in every way as a nefarious trade that should not be countenanced for a moment by any man or woman who has the welfare of the race at heart.



## CHAPTER X

### REGULATION AND CONTROL OF PROSTITUTION IN FRANCE

In France, officially recognized prostitutes are of two classes: Those who live in houses of prostitution; and those who live in private domiciles.

These women are registered by the Chief of Police and are required to have a medical examination once a week by a regularly appointed physician. If they are found to be free of disease, they are allowed to continue their traffic. Otherwise, they are sent to a hospital and treated until they are non-infectious. Each woman has a health book which she carries with her, and in it is recorded the date of her last examination, and her physical condition.

The law recognizes the trade of prostitution as a legitimate means of livelihood, and accords to prostitutes certain rights and privileges.

The women who become inmates agree to conform to the regulations of the houses. They are not allowed to leave except under certain restrictions. Even then they are required to go in parties and under the jurisdiction of some representative of the house. The Madame makes her profit by charging for the use of the room, generally from five to twenty francs. The girl gets as much as she can.

The girls are procured usually from two agencies, one in Paris and the other in Bordeaux. They may be ordered by letter or telegram, but a man, who owned a house, casually remarked that when he wanted "young ones" he had to go to Paris for them himself. Most of these houses are owned by men who employ women not only to manage them, but to act as their agents. In some instances the men live in the houses and run them.

The registered girls who live in private domiciles are under no restriction at all except that they must appear once a week for medical examination. They divide themselves into different



groups, the purpose of some being to walk the streets and solicit; others sit in cafes, while another group devotes its attention to hotels, leaving, however, the best cafes, such as Cafe de Paris, Ciro's, Maxims, etc., in Paris, to the grandes dames of the demi-monde, who frequent no other places.

The law prescribes certain districts and certain cafes as being lairs, so to speak, for the prostitutes, but these regulations are seldom observed.

Clandestine prostitution is very prevalent and the problem it creates is of increasing importance. The girls who engage in it comprise by far the majority, the number perhaps being about five times that of the registered type. In fact, only those lower in the scale are forced to register. The attractive, young and intelligent ones know how to get around it. Very few of them wish to be registered for they dread the possibility of being sent to a hospital. The police system sets aside a certain number of men to make continuous investigations among these women, to arrest those who solicit without being registered, and those who are not having regular medical examination. In Bordeaux an average of 20, and in Paris 50 or so women, are arrested on these charges daily. They represented, with few exceptions, the poorest class of prostitutes; most of them were dejected, shabbily dressed, half intoxicated and altogether presented a spectacle to awaken one's deepest sympathy.

I heard several of them say that they were "brought in" because they did not have enough money to give to the police. After arrest, the custom is to require a medical examination, and if disease be found they are sent to the hospital. If not, they are merely released. On second arrest they are imprisoned for three or four days, and the third arrest results in registering them as prostitutes.

The houses of prostitution everywhere are becoming less and less popular, and each year notes a decline in the number, and a falling off of the inmates. In Paris there are now only 43 houses, with 377 inmates. About 5,000 living in private rooms are registered as professional prostitutes, but fully 25,000 are estimated as being engaged in clandestine prostitution.

Maisons de Rendezvous are increasing in number and popularity. The police know of about 400 in Paris although they



are not officially recognized. Their existence probably depends on some kind of illegal payment. These houses are of various kinds. Some simply serve as meeting places by appointment; in others, girls may be found there only in the evening, and in still others the Madame acts as a procuress.

**Hotels.**—Practically none of the hotels object to unmarried couples occupying rooms. With the better class, it is true it must be done somewhat secretly, but such a thing as making the couple leave is almost unheard of. Many of them allowed American officers and French girls to walk up to the desk, register and take a room together.

The women who frequented streets and cafes usually tried to take their men to a hotel, since they got a commission from the hotel. Others took them to their rooms, and in the summer many used parks, open fields, etc. They were never interfered with by the police.

**Solicitation.**—Solicitation during the time our soldiers were in France was conspicuous and bold. The women did not wait for the least encouragement on the part of the man, but would come up to him, take him by the arm, pull him along and make it difficult for him to get away. This was much more noticeable in Paris, Bordeaux and Marseilles, than in other places.

**Examination of Registered Women.**—About one-half of those who registered in Bordeaux appeared weekly for examination and in Paris only about one-quarter. The police tried to correct this by requiring the women to show their cards and arresting those who had not been recently examined.

This really affected only a small proportion, for most of them were able to keep out of the way or pay the police for protection. When the woman knew she was diseased she did not appear for examination, but observed greater secrecy and continued to solicit.

**Number of Men Served.**—The women in the houses served a great many more men than those on the outside. From 30 to 50 were not unusual numbers on Saturdays and Sundays, whereas the women who plied their trade on the street did not serve more than 7.

**Medical Examination.**—The medical examination of these women was very superficial and revealed only large open lesions.







Chief of Police  
Dispensary of Public Welfare  
Medical Service  
Statistical

Number of Girls Registered and  
Unregistered who have been visited  
during the years 1888 to 1919.

Years	REGISTERED GIRLS											UNREGISTERED GIRLS			
	Girls in houses				Girls with cards										
	Num- ber	Visits made	Disease		Num- ber	Free			Arrested			Num- ber	Arrested		
			Syphilis	Non- syph.		Visits made	Disease		Visits made	Disease			Visits made	Disease	
							Syphilis	Non- syph.		Syphilis	Non- syph.			Syphilis	Non- syph.
1888	772	30,311	110	86	3,819	47,371	2	49	14,574	193	117	1,932	.....	262	418
1889	691	38,250	60	52	4,260	43,980	93	78	17,444	241	148	2,511	.....	401	526
1890	663	36,044	65	40	4,107	46,780	94	91	19,320	177	130	2,542	.....	281	533
1891	682	34,083	54	33	4,333	48,031	113	115	19,249	200	79	2,408	.....	277	605
1892	596	32,302	31	23	4,408	47,346	48	99	14,248	182	77	1,611	.....	202	456
1893	540	30,577	35	18	4,253	43,940	118	77	19,346	155	74	3,208	.....	448	702
1894	580	29,304	33	27	4,574	41,478	70	56	26,486	264	152	3,023	.....	370	610
1895	536	28,432	30	14	5,214	40,980	95	61	28,118	227	101	3,288	.....	380	688
1896	485	28,319	23	16	5,215	50,378	72	63	30,360	165	147	2,565	.....	267	487
1897	496	27,628	15	12	4,737	48,918	40	46	35,625	139	82	2,968	.....	295	578
1898	479	26,465	16	11	5,539	50,535	55	52	32,122	153	109	2,740	.....	303	452
1899	490	26,194	14	10	5,690	52,804	44	28	29,317	218	107	2,456	.....	290	368
1900	504	29,718	23	6	5,718	56,236	59	37	39,245	155	116	2,940	.....	319	318
1901	429	24,431	8	9	5,925	61,275	82	85	52,210	218	151	3,608	.....	353	352
1902	382	25,927	1	4	6,257	58,368	72	115	65,781	178	119	3,577	.....	262	500
1903	387	24,719	11	8	6,031	59,307	58	134	55,641	147	161	2,821	.....	192	448
1904	360	24,320	2	3	5,797	53,184	51	79	56,291	148	155	2,161	3,579	349	521
1905	420	20,905	2	2	5,776	51,032	64	71	54,983	178	178	2,199	4,179	416	473
1906	390	18,479	2	5	5,696	50,216	68	64	56,211	170	178	1,886	3,338	424	455
1907	425	18,428	3	1	5,946	48,967	53	63	59,423	172	129	2,222	3,314	336	538
1908	410	17,904	2	3	5,900	47,353	52	42	61,018	124	161	2,109	2,861	242	483
1909	374	16,809	2	4	5,474	45,886	44	33	48,923	105	155	2,054	2,883	252	402
1910	370	16,181	1	1	5,339	39,184	33	53	28,797	80	149	1,909	3,006	171	598
1911	440	15,783	1	1	5,105	41,576	38	55	46,216	135	177	3,201	4,439	220	741
1912	290	16,472	1	3	5,293	50,848	46	46	47,496	195	294	3,606	5,041	243	752
1913	380	15,571	2	2	5,189	48,992	35	82	45,379	166	325	2,908	3,865	162	656
1914	185	11,535	2	2	5,036	40,258	32	54	46,755	185	587	2,957	3,873	208	827
1915	290	9,493	1	2	3,532	26,190	18	47	46,687	190	647	2,695	3,537	139	804
1916	270	10,679	1	1	4,150	26,051	22	49	44,203	183	517	3,144	4,367	178	980
1917	350	12,080	2	3	5,786	29,680	35	61	43,625	263	479	4,842	7,106	385	1,258
1918	370	11,734	1	1	6,957	34,921	38	52	38,024	310	590	.....	6,906	318	1,015
1919															
Jan.....	...	1,183	0	0	.....	3,036	1	2	2,885	24	63	.....	589	29	111
Feb.....	...	1,118	0	0	.....	2,843	1	3	2,845	24	66	.....	397	18	58
Mar.....	...	1,140	0	0	.....	2,898	0	5	3,295	22	28	.....	524	22	119
Apr.....	...	1,117	0	0	.....	2,802	0	1	3,490	18	50	.....	734	35	112
May.....	...	1,359	1	0	.....	3,175	4	2	3,129	17	64	.....	579	26	100
June.....															
July.....															
Aug.....															
Sept.....															
Oct.....															
Nov.....															
Dec.....															

Official Record of Disease among Registered and Unregistered Girls in Paris.

(Facing Page 93.)



No microscopic examination was made, and the whole inspection was done with such rapidity that it was of very little value. It consisted of an inspection of the external genitalia, of the introduction of a speculum, and of a survey of the mouth and throat. Many of those who had profuse gonorrheal discharges were marked healthy and dismissed. Syphilitic women were rarely discovered. In Nantes there were 127 registered prostitutes, and among these only one case of syphilis had been found during the last year.

In Paris, among 377 women in houses of prostitution, only five cases of syphilis had been noted in six years. The explanation of this is probably that most of the women who had remained over one year in houses of prostitution had acquired syphilis, and consequently did not have any open lesions. This has been proven by Wassermann tests on large groups.

**Disease among the Clandestine.**—I was told by various medical officers that 80 per cent of clandestine women were infected, but this was not borne out by the records of the Commissioner's Office in Bordeaux. I was allowed to go over these books, and found that only 14 per cent were recorded as being diseased.

The accompanying table shows the results of the examinations of the registered and clandestine prostitutes of Paris over a number of years. The column marked "Not syphilitic" means other venereal disease.

#### HOUSES OF PROSTITUTION IN RELATION TO THE AMERICAN ARMY

Soon after the American army landed in France, houses of prostitution, in the port towns, were put out-of-bounds. This was objected to by the French and a meeting was called in Paris for a general consideration of the subject.

The French officials brought forward a plan by which they proposed to improve the houses of prostitution. It was quite an elaborate document, setting forth in detail the duties of the Madame, protection of the inmates, sanitary requirements, improvement of the medical examination, and the employment of compulsory prophylaxis immediately after copulation.



These circulars and letters were dignified by being sent out under the direction of the Prime Minister, and the Minister of War, Clemenceau. One of these circulars also stated that the government would establish houses of prostitution wherever necessary. Two of these documents are so important and interesting, from some standpoints, that copies of the first page are given herewith:

Paris, le 17 Fevrier, 1918.

Le President du Conseil  
Ministre de la Guerre  
a Monsieur Le General Chef de la Mission  
Francaise aupres des Armees Americaines.

La presence sur le territoire francais et notamment dans certains grands centres, de rassemblements de troupes americaines, souleve des problemes d'hygiene social qu'il importe de resoudre au mieux des interets de la sante des troupes allies, ainsi que des populations civiles.

En ce qui concerne plus particulierement la propagation des maladies veneriennes, les methodes suivies jusqu'a present par le commandement americain, ne paraissent pas avoir donne de bons resultats. En effet la prohibition de toute prostitution reglementee aproximite des rassemblements de troupes americaines, a eu pour effet, malgre les mesures de prophylaxie et de discipline prises par l'autorite americaine, de multiplier la propagation des maladies veneriennes parmi les populations civiles voisines.

Je vous serais tres oblige, en consequence, de vouloir bien intervenir aupres du haut commandement americain, pour qu'il examine a nouveau cette grave question.

A cet egard, il est certain que la prostitution clandestine offre a l'homme des tentations plus nombreuses et surtout plus dangereuses que la prostitution reglementee. Celle-ci, sous sa forme la plus stricte, c'est-a-dire la maison de tolerance, exclut, sinon completement, du moins attenuetres sensiblement les dangers de la prostitution libre. Grace au controle administratif et sanitaire des pouvoirs publics, elle offre en effet le maximum de securite, en reduisant le risque de contagion au minimum.

Si l'haut commandement americain acceptait cette maniere de voir, je mettrais volontiere mes services a sa disposition pour provoquer, le cas echeant, d'accord avec le Ministere de l'interieur, la creation de maisons speciales de ce genre.

Je vous prie de vouloir bien me faire connaitre le plus tot possible la response du commandement Americain.

(Signed) G. CLEMENCEAU.



## Translation.

Minister of War  
4th Bureau.

Paris, February 17, 1918.

No. 1168 C.

From: The President du Conseil, Minister of War.

To: General Chief of the French Mission, A. E. F.

Subject: Prostitution and Venereal Diseases.

The presence on French territory, especially in certain important centers, of American Troops, brings up questions of social hygiene which it is of great importance to solve to the best interests of the health of the allied troops and of the civilian population.

Regarding more especially the propagation of venereal diseases, the methods followed so far by the American Commandment do not seem to have given good results. In fact, total prohibition of all regulated prostitution in the vicinity of American troops has had for result, in spite of the measures of prophylaxis and discipline taken by the American authorities, the increase of propagation of venereal diseases among the civilian population of the neighborhood.

Consequently, I would be very much obliged to you for calling again the attention of the American High Command to this serious question.

In this respect, it is certain that clandestine prostitution offers to men more numerous and above all more dangerous temptations than regulated prostitution. The latter, under its strictest form, that is the house of prostitution, excludes, if not completely, at least reduces very sensibly, the dangers of unrestrained prostitution. Owing to the administrative and sanitary control by the public authorities it offers the maximum of security, reducing the risk of contagion to the minimum.

Should the American High Command see this question in the same light, I would put my services to its disposal for provoking if necessary in concert with the Minister of the Interior, the creation of special houses of this kind.

I beg of you to let me know as soon as possible the reply of the American Commandment.

(Signed) G. CLEMENCEAU.



War Department  
Office of Secretary of State  
4th Bureau

French Republic  
Paris, 1st of June, 1918.

Military Works.  
No. 4575 C.

From: Prime Minister, Minister of War  
To: Generals Commanding Regions

In consequence of my circular letter No. 1925 C. of March 13, 1918, I beg to let you know that as a result of an agreement between the Home and War Departments and by derogation from the arrangements of the circular letter dated September 1st, 1915, from the Minister of the Home Department, the Military Authority takes over again, according to the law of August 5th, 1914, putting the whole territory in a state of siege, the police powers held by the civil authority regarding the regulations for prostitution in every place where concentration of many troops will have shown the necessity of this measure.

I will let you know later on, of the places where, from these new arrangements, must result the establishment of houses of tolerance (houses of prostitution and assignation) for troops, and will forward you at the same time, as soon as they will be applied for, the offers from tenants to be accepted.

Herewith you will find two copies of the regulations I have issued concerning the organization and the working of these establishments.

For Prime Minister, Minister of War,

By order: The Chief of Cabinet.  
(Signed) GENERAL MORDACQ.

The American army never considered for a moment allowing the French government to establish houses of prostitution for American soldiers. The French, however, did build the foundation for some of these houses, but owing to the active interference of the American authorities it was stopped.



## CHAPTER XI

### THE REPORTING OF VENEREAL CASES

The following forms of weekly reports are suggested after a careful study of the faults which were found in those officially used by the A. E. F.

These suggested forms have several advantages:

*First*, they give the number of venereals under treatment in organizations, thus enabling the department to compute the total number of cases in the whole army at a given time.

*Second*, they show the entire number of prophylactic treatments given, and in this way make it possible to obtain an approximate idea of the exposure rate.

*Third*, they record the names of all men who have syphilis and chancroid, thus allowing the Chief Surgeon's office to keep a complete file, by name, of all such cases, and later to exact proper diagnosis and treatment. This need was strikingly developed by the experience of all the armies.

P. O. Station \_\_\_\_\_

Date \_\_\_\_\_

Venereal and Prophylactic Report for the Week Ending \_\_\_\_\_ 1918.

Organiza- tion	Strength of com- mand	No. of prophy- lactic treat- ments	Total cases under treat- ment	Total new cases for the month	New gonor- rhea	New chancroid	New syphilitis	Cases following failure to take prophy- laxis

(Names and serial numbers of new cases of syphilis and chancroid.)



By analyzing this report, four important conclusions may be reached: First, an indication of the general efficiency of the command; second, an indication of how much the command is being exposed to venereal disease; third, an idea as to how discipline is being carried out; and fourth, a knowledge of whether the prophylactic station is giving efficient or faulty treatments:

## METHODS OF ANALYSIS OF WEEKLY REPORTS

New cases per 1,000	No. of prophylaxes per 1,000 men	Per cent of cases following failure to take prophylaxis	Per cent of failures after taking prophylaxis
(Indicative of general efficiency)	(Indicative of how much of command is being exposed)	(Indicative of faulty discipline)	(Indicative of faulty or late prophylaxis)

## METHOD OF CALCULATION

(Multiply No. of cases by 1,000 and divide by No. of men)	(Multiply No. of prophylaxes by 1,000 and divide by No. of men)	(Multiply No. of failures by 100 and divide by No. of diseases)	(Subtract No. of failures from total No. of diseases; multiply remainder by 100 and divide by total No. of prophylaxes)
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In addition to the weekly forms, a monthly report is also needed to furnish the required information concerning prophylaxis and courts-martial.

This data will help in suggesting corrective measures and aid the headquarters section in instituting a uniform system of courts-martial and a uniform rate of punishment. Existing records made this hitherto impossible.



P. O. Station\_\_\_\_\_

Date\_\_\_\_\_

Prophylactic and Court-martial Report for the Month Ending\_\_\_\_\_1918

Organization	Reasons for not having taken prophylaxis	Probable reasons why prophylaxis failed to prevent disease	Court-martial sentence in each case, with name of individual; and reasons for not court-martialing others



## CHAPTER XII

### VENEREAL RATE OF THE AMERICAN EXPEDITIONARY FORCES

Efforts were made to control the venereal rate of the American Expeditionary Forces along the following lines:

*First.*—By employing educational measures as extensively and intensively as possible (see Chapter III).

*Second.*—By putting off limits all known places which served as rendezvous.

*Third.*—By tracing down and removing the sources of infection.

*Fourth.*—By occupying the soldiers' leisure time with amusements and recreational facilities.

*Fifth.*—By lessening the opportunity for the association of the American soldiers with the French population, notably by preventing, as far as possible, the soldiers from "picking up" French women on streets and in cafes, and by limiting the opportunity of frequenting disorderly districts.

*Sixth.*—By restricting the use of alcohol.

With a few exceptions, the placing of houses of prostitution off limits was conscientiously carried out. In some towns, on account of the attitude of the American officers, it was found difficult to enforce this regulation.

The association of our men with "loose" French women on the street and in cafes was hard to control, and caused numerous orders to be issued, most of which had little effect. One of these, requiring the man to report on the following day and show that the girl whom he was with was not a prostitute, seemed feasible, but it came too late to offer a real test.

The tracing down of sources of infection is believed to have been a most valuable aid. Incidentally it proved beneficial among the British forces, whose officers took great pains to find the women who were spreading disease.



Our officers, unluckily, could not be prevailed upon to take the same interest, and the American soldiers were reluctant to expose the name of their paramours.

In trying to carry out the above plans we were greatly handicapped by the viewpoint of the French, so we were finally forced to conclude that while continuing to use every available means our chief reliance must be placed in medicinal prophylaxis.

A study of the prophylactic records, combined with the result of a questionnaire, showed that about 71 per cent of all American soldiers in France had sex relation during their stay in that country. Our endeavor, therefore, was to meet this situation by inducing, or requiring, all men, who had exposed themselves to venereal infection, to take a prophylactic treatment within the first three hours (see Chapter II).

This campaign was more and more successful as the men became educated to the real value of the treatment, and to its absolute harmlessness.

The result of the combined efforts show that during the last year of the war the venereal rate per year was 35 per thousand; that is, for every 1,000 men who remained in France for one year, there were 35 men who contracted venereal infection. Considering that 71 per cent exposed themselves with highly infectious women, the result is extremely gratifying.

The first troops that landed in St. Nazaire were met by a very large number of French prostitutes, and the contact rate was enormously high. When it became possible to get an accurate rate of venereal infection, it was found to be 240 per thousand per year among the whites and 625 per thousand per year among the colored.

The houses were put out of bounds, prophylaxis was urgently insisted upon, and very stringent measures were enforced. An immediate reaction was noted; the rate fell in three months to 26 per thousand among the whites and to 110 per thousand per year among the negroes. The negro rate continued to fall and finally reached 30 per thousand per year. The white rate varied from 27 to 40 until the month of May, when it rose, owing to the reopening of the houses. It dropped again after they were once more closed (see Chart 15).

During our first months in France the weekly reports of



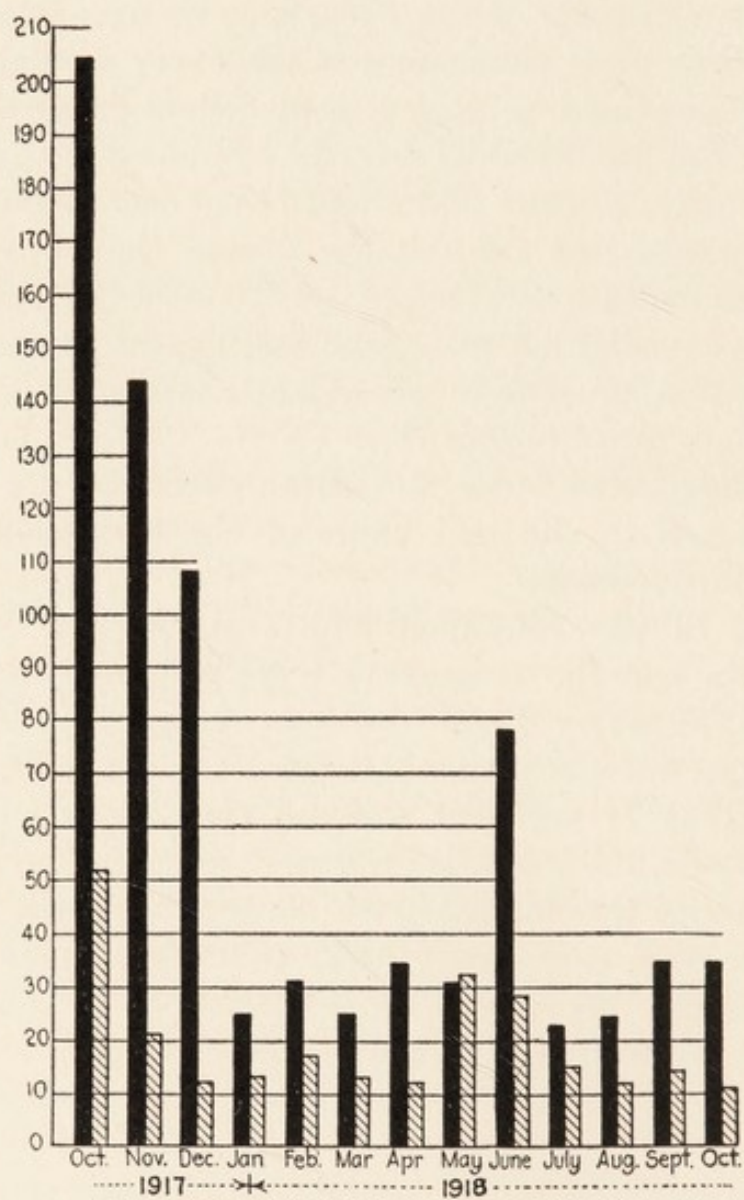


CHART 15.—Venereal rate, Base Section No. 1. Light columns show prophylactic treatments.



new cases were incomplete. Some organizations sent regular reports, others irregular, and still others none at all. A great deal of careful work was put on this, but it was not until a rather late date that the reports were complete enough to tabulate.

The first comprehensive survey was made in July, 1918. When the annual rate was 48.3. On September 4, 1918, the first official report was sent out from the Chief Surgeon's office. It was 40 per thousand.

On October 30, it took a sharp rise and remained up for four weeks, the highest point being on November 6th, when it reached 57. There can be no doubt that the general unrest of this Armistice period (around November 11th) was responsible.

In a short time it began to fall and touched a very low point on December 25th, after which it varied from 35 to 40 until March 5th when it registered the minimum of 31.

On May 21st it shot up rapidly, due to the increasing activity caused by the breaking up of the camps, and to the impossibility of enforcing discipline. It continued to rise during the remaining days in France, thus indicating eloquently the effect which military control had had (see Chart 10).

It is desired to call particular attention to this rate, because other charts have been published which show that the rate had been as low as 20 at one time. This was not the incidence rate; in other words, not the occurrence of new cases weekly, but the admission rate, meaning those cases admitted to hospitals. There was no complete record of new cases before July, 1918, and no official record was sent out by the Chief Surgeon's office until September 4th, 1919.

**Rate When Restrictions Were Not in Force.**—It is not possible to say what the rate would have been if prophylaxis and general restrictions had been removed, but we have examples which indicate that it would have been excessively high.

Before orders were enforced, the white rate was 240, and among the colored soldiers it was as high as 625 per thousand per year.

The Composite Regiment of 3,200 selected for special duty in Paris, Brest and London, had  $13\frac{1}{2}$  per cent new infections in three months; that is,  $13\frac{1}{2}$  per cent of all the men became infected during that period.

The Military Police, who were really a law unto themselves,



## VENEREAL DISEASES IN THE A. E. F.

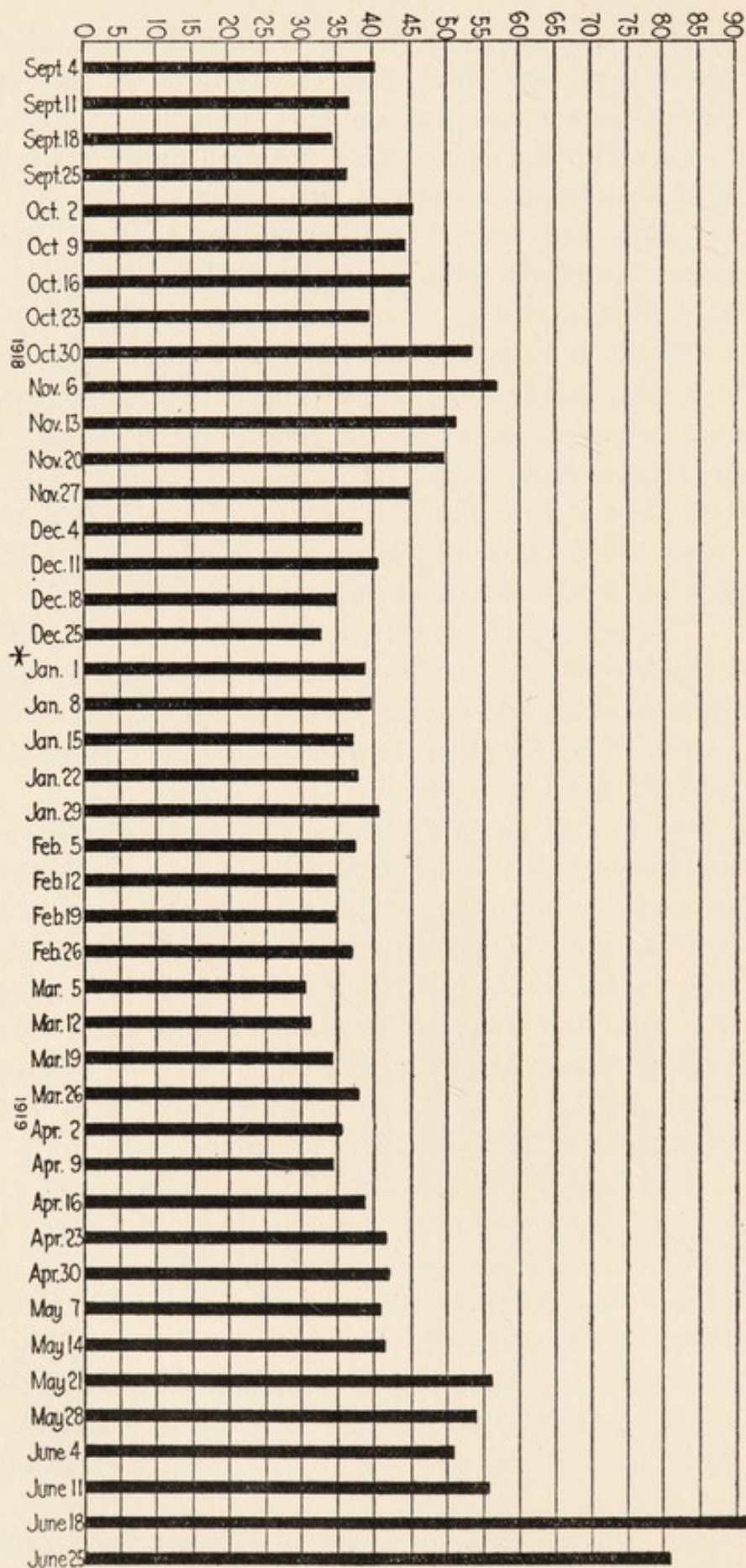


CHART 10.—Weekly venereal rate of A. E. F. as a whole. Terminal rise due to breaking up of sections.



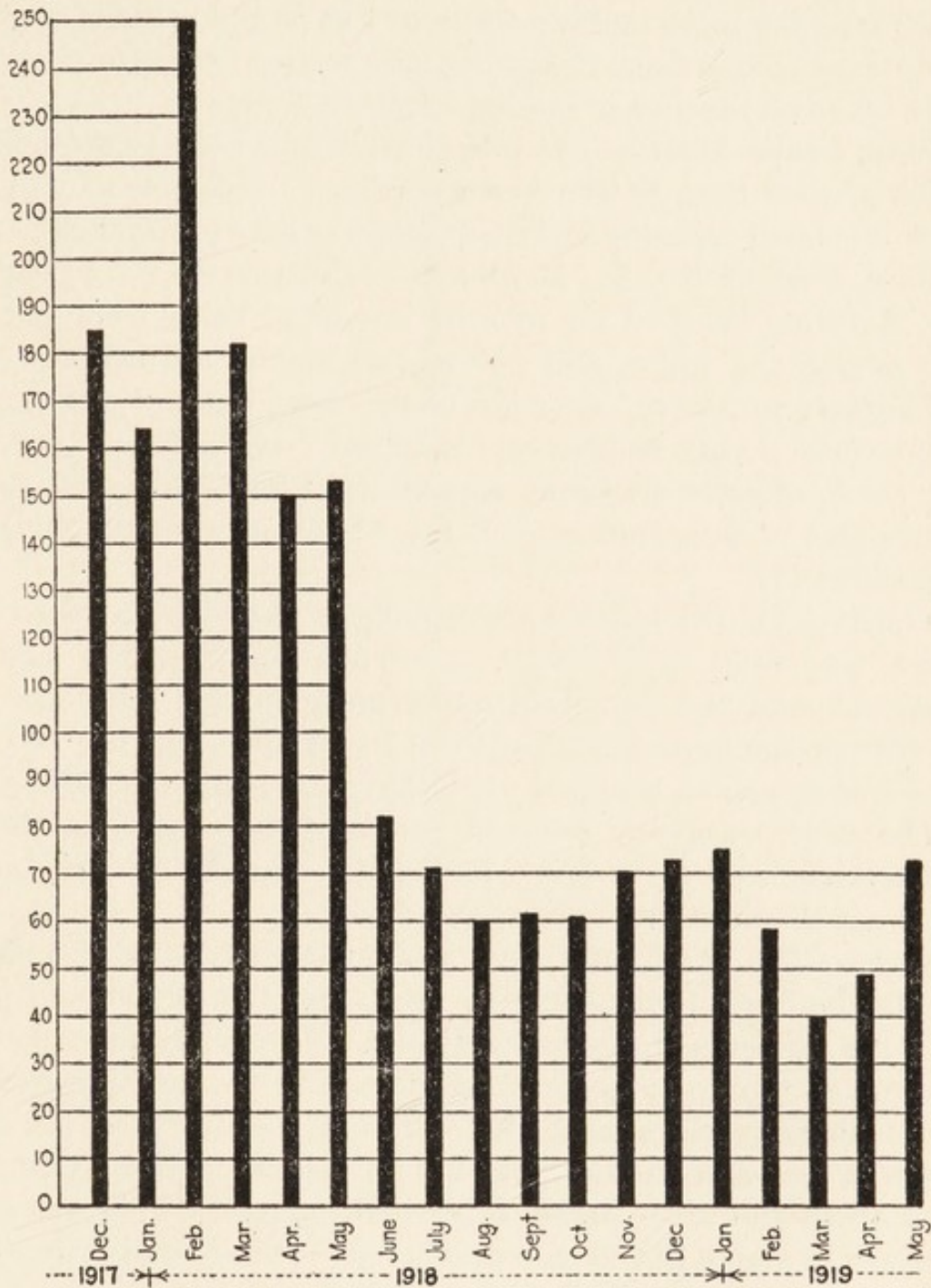


CHART 11.—Venereal rate, Base Section No. 2 (Bordeaux).



and no law at all (see Chapter VIII), was another example of a very high rate.

Perhaps the most striking testimony as to the value of regulations was the enormous rise at the base sections when restrictions were taken off the men preparing to return home.

**Rate, Leave Areas.**—The infections of men in leave areas were much greater than at the home stations. This was caused by their increased exposure and their failure to take prophylaxis.

**Base Section No. 2, Bordeaux.**—The rate of Base Section No. 2 during the first six months was high, being from 180 to 200 among the white, and 250 to 300 among the negroes. It fell slightly in March, after the houses were put out-of-bounds, but it took a very sudden and material drop in June, 1918, as the result of more stringent regulations, greater surveillance of the houses of prostitution, and more insistence on prophylaxis (see Chart 11).

The rate for the following five months varied from 40 to 60, which was most satisfactory, when one considers the size of Bordeaux and the unlimited opportunity for sex relation. In November the houses were allowed to be open and the rate at once rose but again dropped when they were really put off limits.

The negro rate was reduced and kept down by compulsory prophylaxis, and for a given period the remarkably low figure of 20 per thousand per annum was attained.

**Paris.**—The troops stationed around Paris for the first eight months had an enormously high rate, from 150 to 250, and just after the Armistice it rose to nearly 300. Finally, by arousing the interest of the company commanders, and by devising means by which prophylaxis could be more universally taken, the rate began to drop and finally reached as low a point as 40. It ranged from 40 to 75 over a period of several months. This was in a strength of about 12,000 men and is indeed considered a triumph.

**Base Section No. 3, England.**—The reported rate for Base Section No. 3 was not high, but a study of conditions by an inspector who was sent to London, showed that the venereal examinations and the method of reporting to the central office in London was exceedingly faulty.

Inspections were not always made by the roster and in but few instances were the full organizations examined bi-monthly.



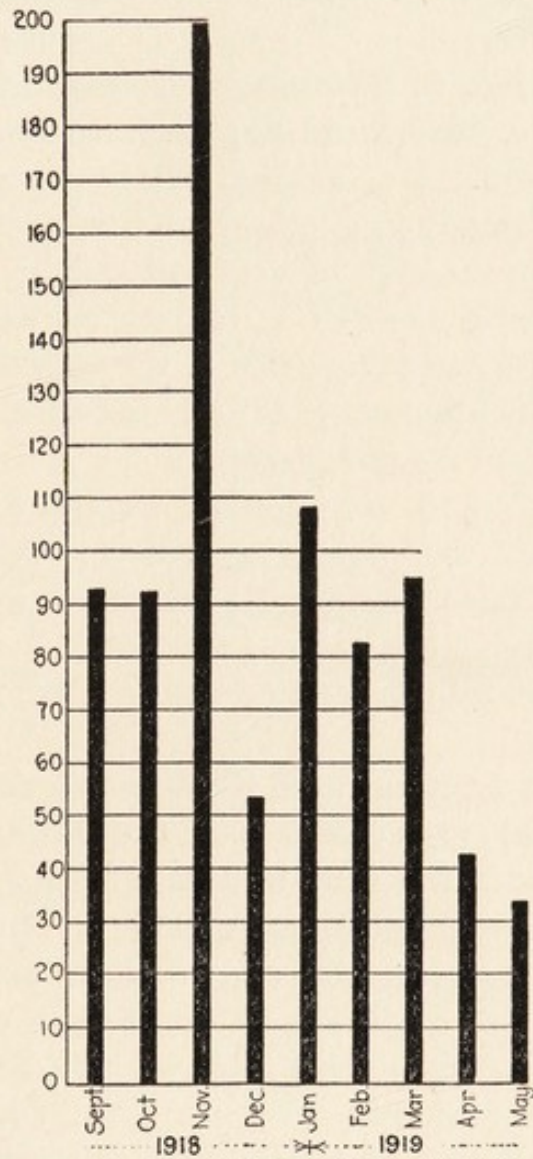


CHART 12.—Venereal rate, Base Section No. 3 (England). Note rise after Armistice.



The headquarters organization in London was not able to cover more than 20 per cent at each inspection. The result of the study showed that the true rate was certainly much higher than the reported rate. (See Chart 12, and note sudden rise after the Armistice.)

**Base Section No. 4, Havre.**—Although having only a small number of troops, Havre did not show as low a rate as might have been expected. During the last four months of its existence the new commanding officer of this section took a great interest in the suppression of venereal disease and succeeded in reducing the rate by one-half. He used the competitive system and tried to arouse company pride in the various organizations in being clean. This is a most practical suggestion, and it should be kept in mind for future application.

**Base Section No. 5, Brest.**—During the first year; that is, from July of 1917 to July of 1918, Base Section No. 5 had a higher rate than Base Sections Nos. 1 and 2, but after this time, owing to the activity of the local officers, it was greatly reduced and gradually became lower and lower until it had the lowest average of all.

This district, in contrast with the other sections, did not have a terminal rise. All of the others when they began to break up, had marked advances in the rate, but Base Section No. 5 continued steadily low. The general regulations at Brest and at Camp Pontanezan were among the very best in France and were in every way highly creditable to the officers in charge.

**Divisions.**—Two divisions which were in France for thirteen months had a remarkably low rate; the Seventy-seventh with 9.4 and the Ninetieth with 9.7. Fourteen divisions, namely; the First, Third, Fourth, Seventh, Twenty-sixth, Twenty-eighth, Thirty-third, Thirty-fifth, Thirty-seventh, Eightieth, Eighty-first, Eighty-second, Eighty-eighth and Eighty-ninth, had an annual rate of less than 20.

The peak was reached in the Thirty-second with 58; the Forty-second with 38, and the Fifth with 36 (see Chart 13).

**Third Army.**—The rate of the Third Army, after it went into occupied territory remained for twelve weeks at 9 per thousand per year. This is the lowest rate over so long a time, which was ever obtained by a body of men of this size.



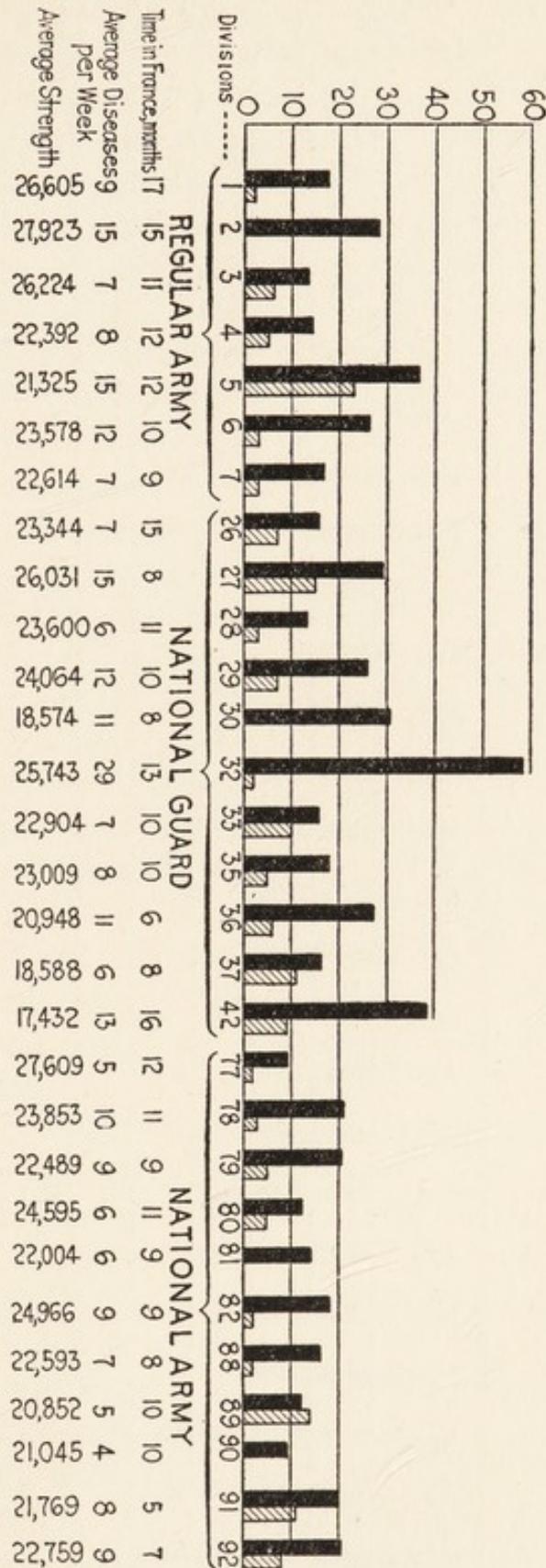


CHART 13.—Dark lines represent venereal rate and light lines, prophylaxis.



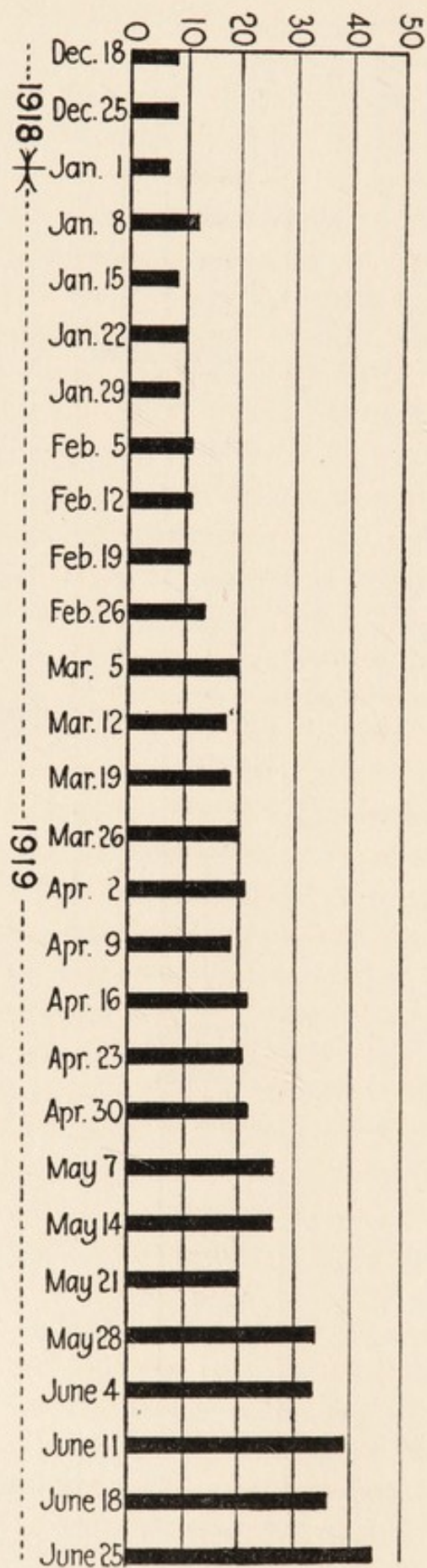


CHART 14.—Venereal rate, 3rd Army.



It is accounted for mainly by the fact that the men were forbidden to associate with any German women. This prevented any intimacy on the streets, in cafes, or at other places. It solved the problem and made possible the above rate. After twelve weeks, leaves were granted and the rate began to advance. Later these leaves were increased and the rate was correspondingly augmented and finally attained 57 (see Chart 14).

After the Third Army was relieved it was replaced by 13,000 permanent troops. These troops were largely made up of young and undisciplined men who had volunteered in the United States. The annual rate among these finally reached 150 per thousand.

The commanding general was, to some extent, responsible for this high rate, for it was said that he was not a good disciplinarian and did not believe in strict measures.

**Second Army.**—The rate of the Second Army, as a whole, remained fairly low and ranged around 30. The rate of the divisions, however, varied greatly and depended on their nearness to large towns. The Fifth Division had a satisfactory incidence until it was sent to Luxemburg, when it rose and finally attained 60.

**Comparative Rates of Different Branches of Service.**—The military police, Chart 6, showed the highest rate, and the infantry the lowest. In some places the police rate was entirely without bounds; for instance, 155 men at Rennes had 27 new venereal cases in three months; and 80 at Rochefort had an average of 6 cases per month for some time; the Fifth Marines on military police duty at St. Nazaire during several months had 5 per cent new infections per month.

The Sixth Cavalry at Vendome, recorded an excessively high rate, reaching some weeks 150. It would seem, at first glance, that men whose duty it was to keep others in order would pay some attention to their own "household," but it must be remembered that these men occupied exposed positions, and were subjected to continuous temptations.

Many of the prostitutes, in order to get protection, made overtures to them, and the questionable places frequently offered them money and girls in payment for favors.

Casuals ranked next in rate. They had no regular commanding officer, lacked group protective force, and were without



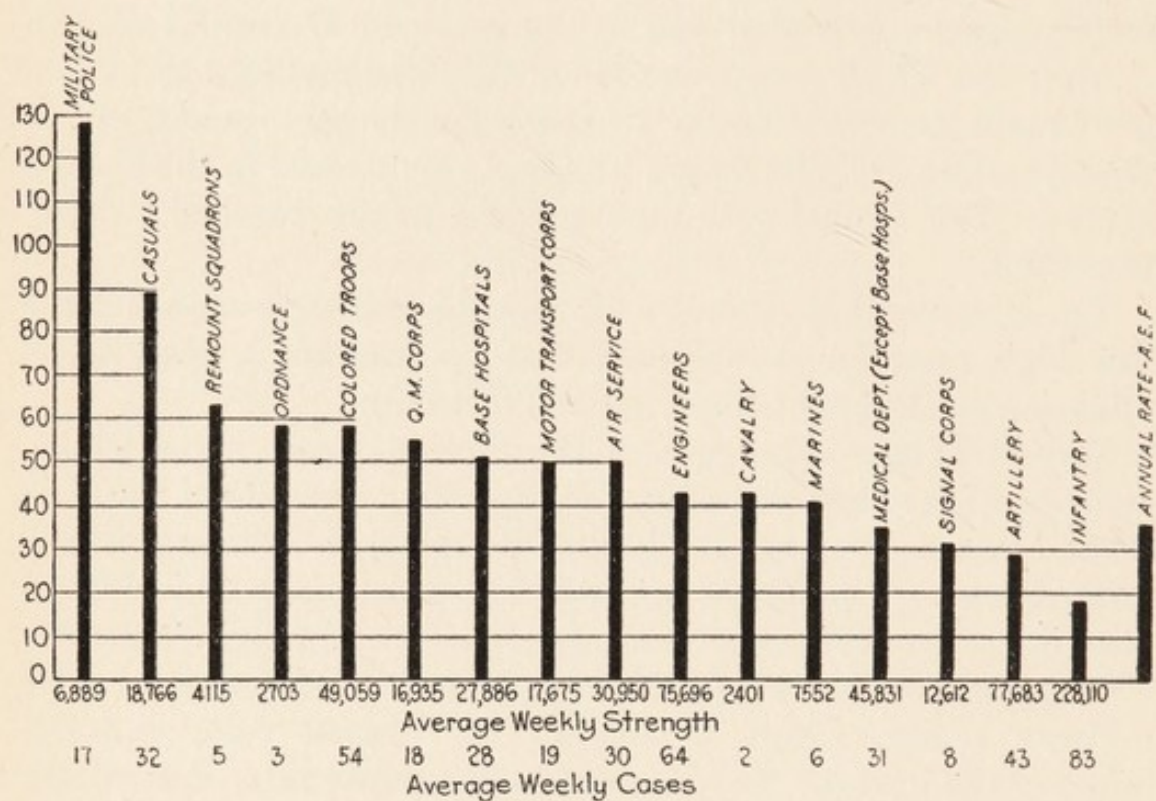


CHART 6.—Comparative venereal rate in different branches of service covering period of one year.



company spirit. They traveled from place to place at very irregular hours, and were permitted to go in small squads to cities. These, therefore, were subjected to a high exposure which is the most important factor in the contact rate. As soon as these organizations were put on the same footing as a permanent organization their rate dropped.

**Air Service.**—It was generally supposed that the Air Service had a high venereal rate, but a study of the situation, as a whole, showed that it stood about midway, and made comparatively speaking, a creditable showing.

**Base Hospitals.**—The venereal rate of the personnel of base hospitals was much higher than it should have been. These men were selected with care and represented a group above the average in education and intelligence. In spite of this knowledge, they did not measure up to the standards expected of them, but individual hospital staffs did extremely well. One stayed eight months in France without a single infection.

**Colored Troops.**—The rate among the colored troops differed widely. In places where care was taken, and regulations were enforced, it was better than the whites; in other places where discipline was lax it was very high. The average annual rate was 76 per thousand.

**Measures Used at Headquarters to Control the Rates.**—The Chief Surgeon's office wrote each week to all organizations which had an annual rate above fifty per thousand and requested an explanation. When this answer was received suggestions and help were given.

A list of all organizations, whose annual rate was above 100, was sent by the Chief Surgeon's office to the Adjutant General's office, with the request that he bring it to the attention of the commanding officers concerned. This was extremely helpful. Where results were not obtained by these measures, a list was sent to the General Headquarters which in turn sent out letters.

The Adjutant General's office and the Commanding General of the S. O. S. were always interested and willing to lend any aid possible. Colonel Elliott, at General Headquarters of the A. E. F., who had been designated by General Pershing to represent this work, took a very active interest in it. Copies of



the weekly rate, shown in a graphic chart (see Chart 10) were sent weekly to the Medical and Military Commanding Officers of all sections and armies. This was very valuable since it showed the various sections by comparison, and introduced a spirit of rivalry.

In addition, this chart was sent to Y. M. C. A. officers, and to Chaplains, in connection with letters asking that they give their special attention to certain sections which had high rates. Later this was done also with the recreational officers who had been appointed by the army. The Chief Surgeon's office also made a special point to increase educational measures, such as lectures, literature, moving pictures, etc. at the high stations.

The special orders which seemed to be most effective in influencing the rate may be found by reference to the chapter dealing with them (see Chapter V).



## CHAPTER XIII

### TREATMENT OF VENEREAL DISEASE

Owing to the great loss of time in the British and French armies, because of their system of treating venereal disease in base hospitals, it was decided at the very beginning of our army's career in France to adopt a plan similar to that which applies in civilian life.

That is, it was concluded to retain the venereal cases with their organizations, allow them to remain on duty status, and treat them in the organization infirmary. Those with simple, non-complicated cases would do their usual work while those with milder complications would be sent, for a short time, to the regimental infirmary. Only those with severe complications, who probably needed operative interference would be sent to a base or special hospital.

This plan worked exceedingly well, and the cases progressed fully as satisfactorily as is seen in regular hospitals. In fact, it was noted in some places, particularly in Base Section No. 1, that gonorrhea responded better to treatment under this regime than under hospital care. The loss of time was cut down to a fraction of 1 per cent.

A serious objection, however, was raised against this plan when the first division went into line, for it was found impossible to keep the men together, and to give anything like systematic care. So the arrangement was made to form a working venereal camp (see Chapter XXVI). The patients did the ordinary work of the section, such as wood-chopping, road-building and general police work. They were not taken out of the section, and were expected to carry on their duties in about the same district as the troops in action, so as not to put a premium on the contraction of venereal diseases. That is to say, their employment carried them into just as exposed positions as the men in line. This plan succeeded and was followed by the other divisions as they went into action.



In July, 1918, a large venereal camp was put in operation at St. Aignan, so as to accommodate the venereals found among the casualties and replacements. These men had no organization and consequently they could have no regular treatment.

After the Armistice was signed, venereal camps were established at the ports and at one or two places in the Intermediate Section for the venereal cases which would be discovered upon inspection of troops preparing for embarkation. It was the explicit command of General Pershing that all venereals be detained.

**Treatment of Gonorrhea.**—Acute gonorrhea was treated by one of the following methods:

1. Twice daily injection of a 1 per cent solution of protargol.
2. Twice daily injection of a 10 per cent solution of argyrol.
3. Twice daily irrigation of a 1 to 3,000 potassium permanganate solution.

The large camps and hospitals favored the irrigation with permanganate. Other than giving large quantities of water there was no internal medication. No regulation about diet could be observed and unless the patients were in bed they were given the ordinary food.

Acriflaven was used extensively in some camps. A solution of 1 to 1,000 was injected twice daily with a small syringe. The immediate effect of these injections was to reduce greatly the discharge and to cause the gonococci to disappear from the secretion.

At the camp at St. Aignan, the medical officer in charge at first thought the remedy was of the greatest value, but later observations showed that the gonococci reappeared and that the disease was not cured any more promptly than by other methods. In fact, the end results did not seem to be so good.

The result at St. Nazaire was much more favorable and the Commanding Officer's report showed that this treatment shortened the length of stay in the camp by eleven days.

At Brest, they were quite enthusiastic about acriflaven and reserved it for the use of officers since there was but a limited supply of the preparation. This agent merits further trial, for it is believed that it is a very distinct addition to the treatment of gonorrhea.



Chronic forms of the disease were treated with nitrate of silver, dilatations with sounds, massaging the prostate and stripping the vesicles.

The average stay in the camp at St. Nazaire was thirty-one days, Brest forty days and Bordeaux forty-three days.

**Treatment of Chancroid.**—The diagnosis and treatment of chancroid was not satisfactory. At first it was impossible to procure dark fields, and many of the medical officers were insufficiently experienced in staining spirochaeta, so that we had to depend upon clinical signs. This meant that many cases of chancre were diagnosed as chancroid and escaped treatment. Later, when better facilities were at hand, particularly in the medical centers, it was found that many of these so-called cases of chancroid were really mixed infections.

During the first ten days or two weeks, no spirochaeta were apparent but after that time many of them showed plainly, and some of the sores, which were typically chancroid, had spirochaetae from the very first. These facts led to the issuing of a memorandum that no diagnosis of chancroid, made on clinical evidence alone, would be accepted by the Chief Surgeon's office.

An order was given that every sore be subjected twice weekly to dark field examination, and later, provided the previous examinations had been negative, Wassermann reactions were to be made. It was impossible to carry this out in every instance, but an honest endeavor was made to do so, and the patient was told about his condition, and asked to cooperate.

Treatment by cauterization, either with the actual cautery or chemicals, was forbidden. The general plan was to keep the sore clean by frequent washing and insure good drainage. Salt solution, as a wash, gave most excellent results, and in the majority of instances, did better than any other agent. In several camps, iodoform powder was used extensively, in others hydrogen peroxide, followed by copper sulphate was highly praised. The following facts should be noted:

Fifteen per cent of the cases gave rise to suppurating buboes.

Dorsal incision, or circumcision, was resorted to only in extreme cases.

About 42 per cent of all sores proved to be syphilitic.



The average time in the camp was about six weeks.

**Treatment of Syphilis.**—A standard course of treatment of syphilis, similar to the one used by the French, was adopted. It may be summarized according to the following table:

*Drugs Used.*—Novarsenobenzol (Billon). Cyanide of mercury 1 per cent solution in ampoules of 1 c.c. (dose 0.01). Grey oil 40 per cent.

#### DAYS

1	Novars. intrav.....	0.30	Two and one-half months' rest.
2	Cyanide of mercury.....	0.01	End of six months, Wassermann on blood and spinal fluid.
3	Cyanide of mercury.....	0.01	
4	Cyanide of mercury.....	0.01	
5	Novars. intrav.....	0.45	Third Course: Seventh month, same as Course No. 2, regardless of Wassermann.
6	Cyanide of mercury.....	0.01	
7	Cyanide of mercury.....	0.01	
8	Cyanide of mercury.....	0.01	Three months' rest. Wassermann (end of eleventh month).
9	Novars. intrav.....	0.60	
10	Cyanide of mercury.....	0.01	Fourth Course: Same as Course No. 2 (end of eleventh month).
11	Cyanide of mercury.....	0.01	
12	Cyanide of mercury.....	0.01	
13	Cyanide of mercury.....	0.01	
14	Novars. intrav.....	0.75	Four months' rest. Wassermann. If negative, no treatment; if positive, begin treatment with Course No. 2.
15	Cyanide of mercury.....	0.01	
16	Cyanide of mercury.....	0.01	Four months later. Wassermann. If negative, no treatment; if positive, begin treatment with Course No. 2.
17	Cyanide of mercury.....	0.01	
18	Cyanide of mercury.....	0.01	
19	Cyanide of mercury.....	0.01	
20	Novars. intrav.....	0.90	
20	Grey oil....	0.10	
27	Novars. intrav.....	0.90	Five months later (end of second year). Wassermann. If negative, no treatment; if positive, begin with Course No. 2.
27	Grey oil....	0.10	
34	Novars. intrav.....	0.90	
35	Grey oil....	0.10	
41	Novars. intrav.....	0.90	
42	Grey oil....	0.10	

#### 30 DAYS REST

1	Novars. intrav.....	0.45
	Grey oil intramus....	0.10
8	Novars. intrav.....	0.60
	Grey oil intramus....	0.10
15	Novars. intrav.....	0.75
	Grey oil intramus....	0.10
22	Novars. intrav.....	0.90
	Grey oil intramus....	0.10
29	Novars. intrav.....	0.90
	Grey oil intramus....	0.10



This treatment was varied, from time to time, in the different camps. Several changes of practical importance were demonstrated:

First, that all primary lesions should have a large dose of 0.9 at first, and not the small dose of 0.3.

Second, that the use of mercury cyanide is troublesome and tends to be neglected by the medical officer. This should be discontinued, and the grey oil, once a week, substituted. Patients treated in this manner did, in every way, as well, or even better, than those who were given the cyanide.

It was planned to follow up each case of syphilis, and see that the treatment was carried out. This was done with those who remained with the organization, but many were transferred and so the treatment could not be completed.

The treatment of syphilis was frightfully defective, in that many cases, after having had their initial course, never received any further medication. This was caused in part by the loss of syphilitic registers, by lack of proper diagnosis and by inattention and carelessness on the part of the medical officers. Consequently many men who had the first course of treatment, still are syphilitic, though they consider themselves well.

The same defect was found in the British and French armies. This matter should be given very careful attention by the medical department, and special means devised in the future to correct it.

To this end, let me suggest that all syphilitics be reported to the Chief Surgeon's office by name, military rank and organizations and that reports be required, from time to time, concerning their treatment.

It should be the duty of the headquarters section to have a complete record of every syphilitic in the army. Immediately the objection will be raised that this is an impractical measure. This contention, however, cannot be supported, for it could easily be done, and not more than four additional clerks in the Chief Surgeon's office would be required to take care of it properly.

An attempt was made to offset the evils of insufficient treatment in France by educating the men as to the need of a prolonged continuance of the medication, and by placing in their hands the following order:



American Expeditionary Forces  
Headquarters Service of Supply  
April 30, 1919.

Memorandum to Troops returning to the United States:  
To all soldiers about to be discharged.

As you are about to leave the Army, it is of the greatest importance that your attention be called to the need of getting entirely cured of any venereal disease you may have contracted, even though you think you have been cured already, as the chances of mistake in regard to this are very great.

It is important to you personally, as possibly affecting your future life and usefulness, and important to your family, present and future, as affecting their strength, health and happiness.

Chancroid, in about 40 per cent of the cases is syphilitic. If you have had a chancroid in France, have an examination made for syphilis, and have it include a Wassermann test of the blood. If syphilis be found, seek treatment.

Syphilis usually requires prolonged treatment, and it is difficult to know when it is cured. Blood tests and prolonged freedom from symptoms are the best indications.

It is important: (1) That you do not marry until you know you are free from venereal disease. (2) That you seek reliable and good doctors to inform you of this. (3) That you do not assume that you are free from disease, because a sore which you had healed promptly. (4) That you avoid advertising doctors, as they are usually both dishonest and ignorant, and that you do not try to treat yourself with patent medicine.

By command of Major General Harbord:

L. H. BASH,  
Adjutant General.

The conditions for discharge from the camp were these:  
That all open lesions of syphilis should be healed.

That the chancroid should be healed.

That all cases which had been treated for gonorrhea should have clear urine, no discharge, and three negative smears from material which might be expressed from the urethra. In case there was a persistent muco-purulent discharge, it should be free of gonococci for three examinations.

It was also directed that the medical officer explain to each man, on his return to civil life, his true condition, and to give directions as to future observation and treatment.

All men were told that they might have recurrence. At the camp at Brest each patient was given a record showing the



disease he had, and the treatment he had received, as well as suggestions for further treatment.

This was a definite part of the procedure of the medical department of the A. E. F. in its honest endeavor to see that every man had a square deal, not only in his own personal interests but to protect his family, present or future, from the results of venereal infection acquired while he was serving his country in France.



## CHAPTER XIV

### VENEREAL DISEASE AMONG THE COLORED TROOPS OF THE A. E. F.

The primary physical examination of the negroes "roped in," as they said, by the draft showed a very high rate of venereal infection, especially among those from the South. The record of the South Carolina, Georgia and Florida negroes indicated that 31 per cent were diseased. Had this been based upon Wassermann reactions and microscopic examinations, it doubtless would have reached 50 per cent.

The first thing done for these men after they were admitted to service was to send them to hospitals, where they remained until they were cured or rendered non-infectious.

When these troops were ordered to France, a rigid inspection was made and those found with symptoms of infection were detained. Regardless of this elimination process, examination after they had embarked disclosed about 2.5 per cent of infections, most of them chronic.

Within a short time after landing, new cases appeared in enormous numbers, owing to the ease with which the colored soldiers could associate with the lower type of French women. In St. Nazaire, it reached the appalling annual rate of 625 per thousand. Chancroid was predominant, comprising about 50 per cent of the total.

As a rule, the negro soldiers objected strenuously to prophylaxis for they regarded it with horrified suspicion. No amount of argument nor explanation could convince them otherwise. Consequently only a small proportion of those who had exposed themselves, reported voluntarily for treatment.

Investigation at St. Nazaire showed that large numbers were slipping away every chance they got from their work on the docks to spend the night in the city. A watch disclosed that 185 left without permission and did not return all that night. It was also found that many, under cover of darkness, got away



and had intercourse with white women in adjacent fields and houses. It became evident, therefore, that drastic measures would have to be employed, so it was decided to put all of them on compulsory prophylaxis. As a result, every man who went out on pass was required to take the treatment when he returned, regardless of whether he had been exposed or not.

The effect of this was magical and gave results which were not dreamed possible.

The records show that the rate fell from 625 per thousand to 110 per thousand! One organization of 1,800 men recorded only 2 cases in one month; whereas their former rate had been about 50.

In Brest, the rate dropped from 480 to 48, and remained between 40 and 50.

In Bordeaux, where it had been about 300, it was reduced to 60, and for seven weeks was even as low as 20 per thousand per year.

Such brilliant success was due almost solely to compulsory prophylaxis, for the men were allowed to go out from 5:30 to 9:30 and do whatever they pleased.

In other places, and in organizations where it was not possible to enforce compulsory prophylaxis, the rate was very high, except where the troops were stationed in the country districts away from towns, and where the opportunity for sexual contact was limited.

We had a chance to observe the effect of the removal of compulsory prophylaxis when company commanders were changed; the rate in every case immediately rose.

Experience also showed us that it was possible, wherever we could get proper cooperation, to reduce the rate almost to zero. This was actually accomplished in Brest, where a group of 700 colored soldiers had no case for two months.



## CHAPTER XV

### VENEREAL DISEASE AMONG RETURNING TROOPS

When a division of the A. E. F. in France received orders to prepare for embarkation for home ports, the men were given very careful inspections by the company surgeons. It is probable that these were more rigid than usual, for the reason that the surgeons did not want to be embarrassed by a number of undiscovered venereals at the embarkation center or at the ports.

At the Le Mans area, an inspection was made by the officers of that district, and again all of the venereals were culled out and placed in the segregation camps. Upon arrival at Brest, or other ports, another inspection was made, and again all those discovered were separated from their organizations.

If the troops remained more than a week before embarking, another inspection was given. In this way a most thorough and careful search was made for the venereals, and it is believed that very few were overlooked.

As evidence of the effectiveness of these examinations, it may be said that the number found among these troops when they debarked in America was 1 in 1,500.

Covering these inspections General Order No. 215, dated November 25, 1918, was issued, Section I of which is quoted:

1. Officers and enlisted men returning to the United States will be subjected to a physical examination previous to embarkation, and all those found to be affected with venereal disease in a communicable stage will be detained and placed in segregation camps.

The only statistics of these examinations available are from those which were made at the ports. They represent previously undiscovered cases and are as follows:

Base Section No. 1 (St. Nazaire) reported for the months of December, 1918, January, February and March of 1919, a total of 104,693 embarking troops, among whom were found 368 cases of venereal disease: 258 had gonorrhea, 101 chancroid and 9 syphilis.



In addition, there were 746 cases of body lice, 536 cases of crab lice and 909 cases designated as vermin. This report does not differentiate between officers and men.

At Base Section No. 2 (Bordeaux) in a total of 77,257 embarking troops, 1,064 cases of venereal disease were found. Among 1,829 officers only one case was reported.

At Base Section No. 5 (Brest) among 1,006,849 men there were 2,583 cases of venereal disease. One hundred and five officers out of 42,417 were venereals.

At Base Section No. 6 (Marseilles) among 10,411 men 27 cases were discovered.

At the American Embarkation Center 475,426 men were examined and 2,093 cases were found. Among 14,145 officers only one venereal was reported. Comparison of the number found at the sections is shown as follows:

Base Section No. 1.....	3.5	per thousand
Base Section No. 2.....	13.7	per thousand
Base Section No. 5.....	2.5	per thousand
Base Section No. 6.....	2.6	per thousand
American Embarkation Center.....	4.4	per thousand

For officers:

Base Section No. 5.....	2.4	per thousand
Base Section No. 2.....	0.5	per thousand
American Embarkation Center.....	0.07	per thousand

The above does not by any means account for all the officers found diseased, for at one time there were more than 300 in the various segregation camps. The discrepancy in these figures is accounted for by the fact that many officers voluntarily reported themselves to the medical officers of their companies, and in this way avoided public inspections.

Still there was too great a difference at the various centers to pass without explanation. For instance, at Base Section No. 5 there were 2.4 in every thousand officers, while at the American Embarkation Center there was but 0.07 per thousand. It was noted that very few officers were being found at this center, and the attention of the medical officer was repeatedly called to it, but he always insisted that the figures were correct, and that the examinations were thoroughly made.



At Brest a particularly rigorous inspection of 1,400 officers of field rank and above was made, and a total of 8 venereal infections found. This was done personally by a very exact and competent man, and probably represents the approximate number of cases showing open lesions or discharges, but falls short of the true number, since it does not include microscopic examinations or Wassermann reactions.

A summary of the examinations showed that in a total of 1,569,924 men (from Nov., 1918 to Sept., 1919) 5,767 cases of venereal disease were found, or 3.67 per thousand, and among the officers 107 in 58,874, or 1.81 per thousand.

The infected officers ranked from Brigadier General down. Truth makes it necessary to add that several chaplains and a number of Red Cross and welfare workers were also included in the list.

The ideal which we strived to attain was that no American woman would be infected with venereal disease by soldiers returning from France. This ideal, it must be said, was not entirely realized, but it is believed that we did not fall very far short of its fulfillment.



## CHAPTER XVI

### FACTS GATHERED FROM A STUDY OF 3,069 CASES OF VENEREAL DISEASE

In order that every possible phase of the situation regulating the rate of venereal infection in the A. E. F. might be ascertained, the most careful study was given to all contributory facts and influences.

To the casual observer, it might seem that a great deal of this work was unnecessary; that it was needlessly complicated by so much attention to minute detail and that the deductions, accordingly were frequently far-fetched and not germane to the real subject.

Men versed not only in the physical facts that touched so closely the lives of our soldiers overseas, but also in the mental influences that swayed them first in one direction, then in another, know that in a task such as the Urological Section of the A. E. F. had undertaken, no shred of evidence, no matter how trifling it might appear, was to be disregarded.

With the object of securing the greatest mass of data possible, patients at venereal camps were put through an exhaustive course of questioning.

The answers enabled us to know just why they "fell," where the temptation occurred, how far romantic notions were involved and how far mere inflamed passion was to blame.

The mercenary standards of the women were also revealed, together with the frequency of contact, length of the period that elapsed before a return from leave to duty, the cities that offered the greatest menace, and a number of other illuminating facts, all of which was necessary in weaving together means not only for the present but the future protection of the troops.

This complete information was gained through the combined work of a group of carefully selected medical officers.

The results of interviews with 3,069 venereals are demonstrated in the ensuing table:



Disease	NO. OF CASES	PER- CENTAGE
Gonorrhea.....	1,707	53.66
Chancroid.....	1,108	34.80
Syphilis.....	366	11.51
Total diseases.....	3,181	100.00
When more than 1 disease was contracted per man.....	112	
No. men who contracted disease.....	3,069	
<hr/>		
Had been drinking liquor when exposed.....	.....	1,275
Intoxicated when exposed.....	.....	653
Kinds of liquor:		
More than one kind.....	482	
Beer.....	304	
Wine.....	177	
Cognac.....	176	
Rhum.....	86	
Champagne.....	18	
Whiskey.....	17	
Benedictine.....	15	1,275
<hr/>		
Where girl was met:		
On street.....	1,403	
In cafe.....	898	
In house of prostitution.....	484	
In private house.....	220	
In theatre.....	64	3,069
<hr/>		
Where girl was taken:		
Girl's room.....	1,767	
Hotel.....	583	
Out of doors.....	402	
Furnished room.....	317	3,069
<hr/>		
Girl suggested unnatural intercourse.....	.....	206
Man was with girl all night.....	.....	608
Time of day (2,844 of the 3,069 cases):		
Evening.....	1,440	
Afternoon.....	595	
Night.....	584	
Morning.....	207	
Noon.....	18	2,844
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No. of times had intercourse (2,844 men):

1.....	1,689	
2.....	509	
3.....	390	
4.....	134	
5.....	72	
6.....	21	
7.....	14	
8.....	11	
9.....	1	
10.....	3	2,844

Length of time with girl (2,658 men):

5 minutes.....	57
10 minutes.....	135
15 minutes.....	224
20 minutes.....	237
25 minutes.....	37
30 minutes.....	639
35 minutes.....	8
40 minutes.....	17
45 minutes.....	74
50 minutes.....	2
1 hour.....	420
1½ hours.....	131
2 hours.....	151
2½ hours.....	22
3 hours.....	82
3½ hours.....	7
4 hours.....	51
4½ hours.....	4
5 hours.....	35
5½ hours.....	2
6 hours.....	35
6½ hours.....	3
7 hours.....	36
7½ hours.....	6
8 hours.....	60
8½ hours.....	10
9 hours.....	33
9½ hours.....	1
10 hours.....	60
11 hours.....	14
12 hours.....	41
13 hours.....	3
14 hours.....	10
15 hours.....	2



17	hours.....	1	
23	hours.....	1	
24	hours.....	4	
36	hours.....	3	2,658
		<hr/>	
Girl was paid nothing.....		.....	827
Amount paid girl:			AMOUNT
5	frances.....	247	1,235
10	frances.....	982	9,820
15	frances.....	328	4,920
20	frances.....	420	8,400
25	frances.....	88	2,200
30	frances.....	77	2,310
35	frances.....	13	455
40	frances.....	34	1,360
45	frances.....	2	90
50	frances.....	26	1,300
60	frances.....	2	120
70	frances.....	5	350
80	frances.....	3	240
100	frances.....	2	200
125	frances.....	1	125
150	frances.....	1	150
10	marks.....	3	
15	marks.....	2	
20	marks.....	1	
30	marks.....	1	
4	lires.....	1	
5	lires.....	1	
10	lires.....	1	
30	lires.....	1	
		<hr/>	
Total times girl was paid.....		2,242	
Total of frances paid.....			33,275
Highest amount paid.....			150
Lowest amount paid, when paid.....			5
Average amount paid, when paid.....			14.84
No. times girl tried to get more.....			389

## PLACES WHERE FIVE OR MORE OF THE 3,069 MEN CONTRACTED DISEASE

NAME OF TOWN	NUMBER	NAME OF TOWN	NUMBER
Paris.....	264	Nice.....	115
Le Mans.....	215	Dijon.....	113
Bordeaux.....	197	Nantes.....	96
St. Nazaire.....	145	Lyon.....	69



NAME OF TOWN	NUMBER	NAME OF TOWN	NUMBER
Grenoble.....	66	St. Sulpice.....	10
Nevers.....	66	La Rochelle.....	9
Chambery.....	52	Lormont.....	9
Tours.....	59	Rennes.....	9
Nancy.....	31	Cannes.....	8
Angers.....	27	Gievres.....	8
Clermont Ferrand.....	27	Ligny.....	8
Marseilles.....	27	Rochefort.....	8
Toul.....	27	St. Aignan.....	8
Menton.....	26	Trier, Ger.....	8
Troyes.....	23	Biarritz.....	7
Monte Carlo.....	22	Angouleme.....	7
Bourges.....	19	Economy.....	7
Orleans.....	19	Is-sur-Tille.....	7
Beaune.....	17	La Pallice.....	7
Chaumont.....	17	La Val.....	7
Langres.....	16	Metz.....	7
Alencon.....	15	Perigueux.....	7
Limoges.....	15	Romarantan.....	7
Sable.....	15	St. Florentine.....	7
St. Malo.....	15	Tounere.....	7
Bar-le-Duc.....	14	Beaumont.....	6
Monaco.....	14	Chatereaux.....	6
Chatillon-sur-Seine.....	13	Gondrecourt.....	6
Clamency.....	13	Joinville.....	6
Samur.....	13	London, Eng.....	6
Vannes.....	13	Neufchateau.....	6
Vendome.....	13	Nimes.....	6
Mesves.....	12	Toulouse.....	6
Vierzon.....	12	Bascarole.....	5
Bassens.....	11	Bourbon-les-Bains.....	5
Besancon.....	11	Chalons-sur-Marne.....	5
Montoir.....	11	Esch, Lux.....	5
Autun.....	10	La Baule.....	5
Blois.....	10	Luxemberg, Lux.....	5
Bonne Table.....	10	Montrichard.....	5
La Havre.....	10	St. Amand.....	5
Savenay.....	10	Rimaucourt.....	5

It will be seen from this record that the men, at the time of their exposure, had been drinking in 1,275 instances, or 41.54 per cent, and that 653, or 21.27 per cent, were intoxicated. This is additional evidence emphasizing the familiar belief that alcohol is one of the most important single factors contributing to illicit sex relation. It has also a very significant bearing upon



the failure to take prophylaxis, or the failure to take it effectively.

The three great meeting places, the war experience proved, were, in the order of their frequency, the street, the cafe, and the house of prostitution. Thus it appears that, in spite of stringent regulations and earnest endeavor on the part of the authorities to put the houses of prostitution out-of-bounds, they stand third on the list.

If the American army ever be called upon again to go to a foreign country it is apparent that the most important and careful consideration must be given to street and café conditions. One whose knowledge is limited to American customs cannot realize how wide open these places are abroad, how much encouragement is given this class of women by the foreign authorities, and how little their traffic is interfered with. A man, in many instances, has to be on his guard to avoid being "picked up," in spite of himself.

As a rendezvous, the girl's room was the most popular place. The hotel stands next, and in summer time "plain air" liaisons in the parks and other outdoor places were in great favor. It should be especially noted that 608, or about 20 per cent. of the men who contracted venereal disease stayed all night with the girl.

Concerning the number of times that the men had intercourse, 1,689, or 59.30 per cent, had sexual relation once at the time they were infected, and 40.61 per cent had it more than once. A few of these claimed to have stayed with the girl for a considerable length of time and had repeated relations.

A study of the length of time occupied with the girl shows that thirty minutes was the average.

It was quite surprising to find the number 827 in 2,242 who claimed to have paid nothing for the sex relation. This did not correspond to what was observed among the French girls, for most of them seemed to be quite intent on getting as much money as they could. It is probable that the statements of some of the men in regard to having paid nothing is incorrect, for there is always an amusing disposition on the man's part to give the impression that his general attractiveness is sufficient cause for conquest without the payment of money.

Two hundred and six suggested perversion. This is a smaller



number than might have been supposed, since other investigations had led us to believe it was much more extensive (see Chapter XXX).

The towns and cities where incontinence was greatest show just about what would be expected. These places were contiguous to localities where large bodies of troops were stationed; and especially attractive centers, such as Paris, produced the largest number of infections.



## CHAPTER XVII

### VENEREAL DISEASE IN THE FRENCH ARMY

Cases of syphilis and complicated cases of gonorrhea and chancroid occurring in the French army were sent to base hospitals where they remained until cured or rendered non-infectious. All simple gonorrhea and chancroid were kept with their organizations and treated by the medical officer.

Several attempts were made to learn the precise venereal rate of the French army but apparently no complete statistics were ever compiled. Those recorded at the Central Bureau in Paris represented only cases of syphilis and complicated gonorrhea and chancroid. No record was kept of the others.

The rate of syphilis was more nearly correct, but since no venereal inspections were made, many were not discovered.

From statistics which I obtained at a number of base hospitals, taken together with those from the bureau at Paris, it was estimated that there were annually about 100,000 cases of syphilis in the French army, or about 420,000 during the period of the war. This figure has been corroborated by several estimates made by French physicians.

If we are allowed to say that there were about four times as many cases of gonorrhea and chancroid as there were of syphilis we may obtain an approximate idea of the total number—1,600,000 during the war.

The French put their chief reliance in the prevention of venereal disease in regulation of prostitution. They admitted that their method of examination was faulty but claimed that in spite of this it was very effective in the prevention of infection. When asked about the control of clandestine prostitution they had no suggestion as to practical measures.

Educational methods were attempted but they were not at all universal and must have had little effect. A few lectures were given and pamphlets issued advising continence, but the



French medical officers were not in sympathy with such advice. Most of them believed that sex relation was beneficial if not essential to health.

A great deal of interest was shown in the prophylactic method of the American army, but it was never adopted. Toward the end of the war, a few stations were established but they were not used to any extent by the French soldiers. Both the medical and line officers of the French army marvelled at our ability to force our men to take prophylaxis. They claimed that they would not dare to do such a thing in their army.

**Treatment of Venereal Disease.**—Gonorrhea was treated with permanganate irrigations or injections of the silver salts. Considerable latitude was allowed the officers in charge.

Syphilis, on the other hand, was treated very systematically. All cases received a course covering a period of forty-two days. It consisted of neosalvarsan every fifth day and mercury cyanide every day. The patient was expected to return to the hospital in one month for another course, but since this was often impossible, most of them received only one. This was the fault of conditions rather than of the medical department and was exactly the same in all the other armies.

The following is an authorized report of the venereal disease in the French army for a period covering the latter part of 1918 and the first part of 1919. It does not represent the true number of cases for the reasons before stated.



VENEREAL STATISTICS—FRENCH  
Based on reports for 10-day periods

Date	Strength	Total cases	Syph- lis	Gonor- rhea	Chan- croid	Annual rate per 1,000
1918						
Sept. 20-30.....	2,700,000	981	298	504	179	13.0
Oct. 1-10.....	2,650,000	706	179	420	107	9.7
Oct. 10-20.....	2,500,000	349	88	210	51	5.1
Oct. 20-31.....	2,480,000	523	98	335	100	7.8
Nov. 1-10.....						
Nov. 10-20.....	2,500,000	700	265	352	83	10.2
Nov. 20-30.....	2,500,000	512	161	288	63	7.5
Dec. 1-10.....	2,500,000	837	165	537	135	12.2
Dec. 10-20.....	2,200,000	562	129	312	121	9.3
Dec. 20-31.....	2,180,000	472	105	262	105	7.9
Jan. 1-10.....	1,910,000	510	104	264	142	9.7
Jan. 10-20.....	1,760,000	449	98	295	56	9.3
Jan. 20-31.....	900,000	390	90	237	63	15.7
Feb. 1-10.....	700,000	545	128	341	76	28.4
Feb. 10-20.....	650,000	336	79	222	35	18.8
Feb. 21-28.....	650,000	346	80	216	50	19.1
Mar. 1-10.....	600,000	422	80	244	98	25.3
Mar. 11-29.....	600,000	465	161	230	74	27.9
Mar. 21-31.....	600,000	298	109	141	48	17.8
Apr. 1-10.....	550,000	290	87	161	42	18.9
Apr. 10-20.....	550,000	235	68	121	46	11.7
Apr. 21-30.....						
May 1-10.....						
May 10-20.....	400,000	232	67	138	27	20.8
May 20-31.....	400,000	230	38	159	33	20.7



## CHAPTER XVIII

### VENEREAL DISEASE IN THE BRITISH ARMY

The English army had no venereal inspections, and venereal diseases were brought to light only by the voluntary complaint of those affected. Immediately upon discovery, these cases were removed from their organizations and sent to base hospitals, where they remained until cured, or rendered non-infectious.

Gonorrhea and chancroid were treated until cured, and syphilis until the external manifestations or contagious lesions subsided. On leaving the hospital, the men were sent to a rest, or convalescent camp for a period of two weeks, at the end of which they returned to their commands. The average length of time away from duty was 66 days.

The three largest hospitals were located at Havre, Rouen and Etaples, and accommodated about 3,000 patients each. The men were entered strictly as hospital cases and were not required to do any work. The more severe cases, and those with complications necessitating an indefinite stay in the hospitals, were sent to England. Their pay, during the first half of the war, was entirely discontinued, but later the regulation was changed, and only a portion of the money was withheld.

In British hospitals in France 11,000 beds were set aside for venereal invalids, and in England, 4,000, or a total of 15,000 beds. These were constantly occupied, and sometimes there was a waiting list, which had to be provided for elsewhere. It may be conservatively said, that there were always 15,000 men of the British army invalided by venereal diseases. This number in the course of a year, would amount to 115,000, and, if computed in days lost, would reach the enormous figure of 7,590,000.

Very little systematic effort was made by the army officers to prevent venereal infection among their men; that is, no concerted endeavor was made towards the introduction of educational methods, nor was prophylaxis employed to any extent, except in the Australian and Canadian armies.



The English army had prophylactic stations, but the men were not urged to make use of them, and were not penalized for failing to take the treatment. Licensed houses of prostitution were not put out-of-bounds until late in the war, and even then at many places they were permitted to remain open.

In tracing down the source of infection, the British did most excellent work. Every soldier was required to state any information he had concerning the woman by whom he had been infected, and the medical department took considerable pains to locate her and have proper treatment instituted.

I was told by several British officers that they were successful in identifying from 70 to 80 per cent of the accused women.

In order to get more accurate data, I examined the books kept by a sergeant in Cherbourg, and found that they actually succeeded in identifying about 40 per cent of the prostitutes, and only one half of these were said to be infected when examined by French medical officers.

The disadvantage of such a method was that the accused women had to submit to examination by the French physicians, and in many instances, owing to faulty procedure, disease was not recognized even when present.

The order that put houses of prostitution out-of-bounds for the British Expeditionary Forces was not always complied with. Taking Cherbourg again as an instance, the commanding officer there told me that all of the houses were off limits, and that none of the British soldiers got into them.

Upon inspection, however, six men were found in one house. The provost marshal said that although these houses were officially out-of-bounds, he allowed the men to enter, because he considered it the better plan. When reminded of the order forbidding this, he simply shrugged his shoulders.

At Rouen the same condition existed, while at Havre the houses were fairly well picketed and closed to British soldiers. Still, some managed to gain entrance. The medical and commanding officers at Havre did not approve of a strict regime, thinking it to be the cause of the rise in the venereal rate.

I decidedly did not share this opinion, and was convinced that the change in provost marshal and military police had brought about a laxity of discipline in the town, and supplied the real reason for the increase.



At a previous visit to Havre, when Captain Fitzgerald was in charge, I had never seen a better organized scheme of work, nor a more efficiently executed system of taking care of men. He had twelve trained investigators, some in plain and others in military clothes, who kept in constant touch with conditions in the town.

Every saloon had been investigated and, it might be said, was under constant surveillance, for he required a report on each place at least twice a month.

In order to control the saloons and cafes which would not obey the law, he had placed in the window of each a sign declaring the place to be out-of-bounds.

This practice was objected to so vigorously by the French that it had to be discontinued. Captain Fitzgerald then devised a clever scheme for achieving his aim. He conceived the idea of putting a sign in the window of each well-regulated cafe, stating that the place was within bounds to British soldiers. The placard read as follows:

NOTICE

This establishment is open to British soldiers from 12 mid-day to 2 p.m. and from 6 p.m. to 8 p.m. The same time regulation prevails on Sundays.

AVIS

L'accès de cet établissement est autorisé aux troupes britanniques de Midi à 14 h. et de 18 h. à 20 h Les heures sont les memes le dimanche.

No saloons which violated the law, or which could not be controlled, were allowed to use this sign, and the soldiers were forbidden to enter any place in which it was not displayed.

He kept a close oversight on all rooming houses, and promptly put the disreputable ones out-of-bounds. He forbade the soldiers and officers to associate publicly with prostitutes, and enforced the order by requiring the men to prove that the girls with whom they were found at least were not known to be disreputable.

We did not agree when it came to the question of open or closed houses of prostitution. He was ardently in favor of the open houses and believed that disease was thereby lessened, while I was just as convinced that they should be closed.

His work was very beneficial in two ways. In the first place, he was most active and successful in having diseased women located and removed. In the second place, by obtaining the confidence of the French authorities, he was able to tighten



French regulations and thus improve municipal medical inspections.

The program of amusement and social entertainment provided by the British in Havre was elaborate and well-arranged. The following is typical of one week's bill given at the Lyric Theatre by the Y. M. C. A.

### ENTERTAINMENT IN HAVRE

PROGRAM OF WEEK'S EVENTS AT THE LYRIC THEATRE  
19, RUE JOINVILLE

GRAND CINEMA NIGHTLY AT 5:15 P.M.  
25TH TO 31ST MARCH

#### *Monday*

Folk Dancing Class, 6:30 p.m.

Special Class for Beginners

All are invited to join this class and learn these charming old English dances.

Qualified English Instructors

Officers' Class at 8:30 p.m.

#### *Tuesday*

Allied Concert Party, 6:30 p.m.

(Open also to French and Belgian troops)

#### *Wednesday*

Havre Repertory Company, 6:30 p.m.

The Point of View

by

Eben Philpot

and

The Playgoers,

by

Sir A. W. Pinero

assisted by the A. O. C. Orchestra

#### *Thursday*

Mr. W. H. Drummond, 6:30 p. m.

Florence Nightingale and Her Work for the Sick and Wounded

#### *Friday*

Special Good Friday services will be held on this day

A very real welcome is extended to all

6:30 p.m.

#### *Saturday*

Havre Repertory Company, 3:00 p.m.

The Point of View,

by

Eben Philpot

and

The Playgoers,

by

Sir A. W. Pinero

The Crucifixion, by Sir John Stainer, 6:45 p.m.

Oratorio, by an augmented choir



*Sunday*

Special Sunday Concert, 5:30 to 6:30 p.m.

After this, go to the "Y. M." Song Service and Talk, at the Crystal Palace,  
6:30 p.m.

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NOTICE

It is proposed to form an orchestra from among base officers and men.

If you are keen, kindly notify the Secretary.

Admission to the Theatre is free at all times to soldiers in uniform.

SOMETHING ON EVERY NIGHT

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CONDITIONS IN ENGLAND

Large numbers of soldiers were constantly on leave in England, and they demanded and received more privileges than those on duty. All who desired were allowed to go to London, and it appeared that they were under virtually no restrictions. There was some attempt to regulate leaves in Paris, or at least rudimentary surveillance was adopted, but in London conditions were flagrantly vicious.

The hotels and rooming houses took couples without asking questions, and allowed them to have rooms either for a short time or for all night. The smaller towns were much better supervised, the camps in them were most orderly, and strict discipline was observed by their men.

Prophylaxis was not used at all during the first part of the war; later stations were established in some of the camps, but under such conditions that few took advantage of the opportunity, and even if they did the treatment was evidently far from efficacious.

The prophylactic material consisted of several bottles of potassium permanganate and a few tubes of calomel ointment. There was no attendant; the soldiers applied the prophylaxis themselves, and as no record was kept, no one knew how many took the treatment. Further, no adequate instruction was given as to the proper method of administering the prophylaxis; hence, as practiced it had little value.

There was no penalty for contracting venereal disease, except discontinuance of a portion of the invalid's pay. Punishment



for the presence of venereal disease, or for failure to take prophylaxis was unknown.

The venereal rate of the British Expeditionary Forces in France, according to data furnished to the American Chief Surgeon's office, appears in the following table.

VENEREAL STATISTICS—BRITISH EXPEDITIONARY FORCES  
Based on weekly reports

Date	Strength	Total cases	Syphilis	Gonorrhea	Chancroid	Annual rate per 1,000
1918						
Oct. 19.....	1,860,000	1,296	229	807	260	36.2
Oct. 26.....	1,890,572	1,157	191	747	219	31.8
Nov. 2.....	1,880,529	1,116	158	728	230	30.9
Nov. 9.....	1,880,529	1,189	156	782	251	32.9
Nov. 16.....	1,734,573	1,158	174	725	259	34.7
Nov. 23.....	1,734,573	1,163	160	739	264	34.9
Nov. 30.....	1,853,776	1,198	163	765	270	33.6
Dec. 7.....	1,833,766	1,466	204	927	315	41.5
Dec. 14.....	1,838,300	1,760	256	1,063	441	49.8
Dec. 21.....	1,844,600	1,444	180	960	304	40.6
Dec. 28.....	1,844,600	1,111	142	699	270	31.3
1919						
Jan. 4.....	1,844,600	1,315	175	761	379	37.7
Jan. 11.....	1,844,600	1,713	209	1,064	440	48.2
Jan. 18.....	1,844,600	1,439	186	959	294	40.5
Jan. 25.....	1,781,500	1,708	258	1,012	438	49.8
Feb. 1.....	1,628,900	1,355	134	847	374	43.2
Feb. 8.....	1,521,200	1,516	145	1,006	365	51.8
Feb. 15.....	1,314,000	1,290	215	846	229	51.8
Feb. 22.....						
Mar. 1.....	1,314,000	1,157	261	751	145	45.7
Mar. 8.....	1,423,400	1,341	224	914	203	49.0
Mar. 15.....	1,423,400	1,324	272	809	243	48.3
Mar. 22.....	1,145,700	1,345	244	865	236	61.0
Mar. 29.....	907,000	1,194	284	751	159	68.4
Apr. 5.....						
Apr. 12.....	851,400	1,107	239	686	182	67.6
Apr. 19.....	703,106	1,047	194	706	147	77.4
Apr. 26.....	668,679	1,134	298	669	167	88.2
May 3.....						
May 10.....	612,323	1,000	160	718	122	84.9
May 17.....	585,664	642	106	472	64	57.0



It must not be forgotten, in studying this tabulation, that the figures represent only those who voluntarily reported the presence of disease. Exception, however, must be made of some commands of the Australian and Canadian forces, which held regular inspections. The record of the troops, though, for the greater part, depended on voluntary reporting.

An investigation among the British forces disclosed the fact that they disliked to go back to venereal hospitals, and never reported a case unless it was severe.

**Treatment.**—Gonorrhea was treated chiefly with hot permanganate irrigations, 1 to 3,000, twice daily. After the first three days the strength of the irrigation was reduced to 1 to 6,000, and it was allowed to flow back into the bladder.

This permanganate solution was held in a large reservoir, with a number of rubber siphon tubes leading off. Each man got a sterile nozzle and irrigated himself, so that by this system 400 or so could be treated hourly.

The treatment of syphilis in Hospital No. 39, Havre, under Major White, was especially good. His first course, comprising 50 days, was as follows:

DATE	TREATMENT	
3-11-16	Injection "606" Billon.....	0.3 gramme
	(Intravenously)	
6-11-16	Injection "606" Billon.....	0.3 gramme
10-11-16	Injection "606" Billon.....	0.3 gramme
13-11-16	Injection grey oil.....	1.0 c.c.
	(Into buttocks)	
	(Equivalent "Hydrarg Gr. 1")	
20-11-16	Injection grey oil.....	1.0 c.c.
24-11-16	Injection "606" Billon.....	0.4 gramme
27-11-16	Injection grey oil.....	1.0 c.c.
1-12-16	Injection "606" Billon.....	0.5 gramme
4-12-16	Injection grey oil.....	1.0 c.c.
11-12-16	Injection grey oil.....	1.0 c.c.
15-12-16	Injection "606" Billon.....	0.5 gramme
18-12-16	Injection grey oil.....	1.0 c.c.
22-12-16	Injection "606" Billon.....	0.5 gramme
	Total amount of "606".....	2.8 grammes
	Total amount of Hydrarg.....	6.0 grains
	Duration of treatment.....	50 days



A rest of 30 days was allowed, and the following treatment was then given:

DATE	TREATMENT
1-1-17	Injection "606" Billon..... 0.3 gramme (Intravenously)
5-1-17	Injection "606" Billon..... 0.3 gramme (Intravenously)
9-1-17	Injection "606" Billon..... 0.3 gramme (Intravenously)
16-1-17	Injection grey oil..... 1.0 c.c. (Equivalent "Hydrarg Gr. 1")
23-1-17	Injection "Nova 606"..... 0.6 gramme (Deep into buttocks)
23-1-17	Injection grey oil..... 1.0 c.c.
30-1-17	Injection "Nova 606"..... 0.6 gramme (Deep into buttocks)
30-1-17	Injection "Nova 606"..... 0.6 gramme (Deep into buttocks)
6-1-17	Injection grey oil..... 1.0 c.c.
13-1-17	Injection "Nova 606"..... 0.6 gramme (Deep into buttocks)
13-1-17	Injection grey oil..... 1.0 c.c.
20-2-17	Injection grey oil..... 1.0 c.c. Intravenous and deep subcutaneous course com- bined.
	Total amount of "606" (0.9 gramme intravenous, 2.4 grammes deep buttocks)..... 3.0 grammes
	Total amount of mercury..... 6.0 grains
	Duration of treatment..... 51 days

The nova salvarsan was dissolved in 2 c.c. of water and introduced into the buttocks, an attempt being made to inject it on the fascia plane between the fat and the muscle. These injections were painful and caused much swelling, which persisted for some time. Occasionally sloughs occurred. The grey oil was given into the buttocks at the same time, but on the other side.

At Hospital No. 9 in Rouen, they had only one course of treatment, which differed from that at Havre, in that the nova salvarsan was given intravenously.



DATE	TREATMENT	
1-3-18	Injection "606" (Arseno Benzol).....	0.3 gramme
1-3-18	Injection grey oil..... (Equivalent "Hydrarg Gr. 1")	1.0 c.c.
5-3-18	Injection "606" (Arseno Benzol).....	0.3 gramme
	Injection grey oil.....	1.0 c.c.
9-3-18	Injection "606" (Arseno Benzol).....	0.3 gramme
9-3-18	Injection grey oil.....	1.0 c.c.
16-3-18	Injection "606" (Arseno Benzol).....	0.3 gramme
16-3-18	Injection grey oil.....	1.0 c.c.
23-3-18	Injection "914" (N. B.).....	0.6 gramme
23-3-18	Injection grey oil.....	1.0 c.c.
30-3-18	Injection "914" (N. B.).....	0.6 gramme
30-3-18	Injection grey oil.....	1.0 c.c.
6-4-18	Injection "914" (N. B.).....	0.6 gramme
13-4-18	Injection "914" (N. B.).....	0.6 gramme

Major White declared that 52 cases had been cured by Course No. 1, and cited as proof that they had been reinfected. He laid down the following conditions proving a reinfection:

1. In the first attack, spirochaeta pallida being found from the chancre or syphilitic lesions (condyloma, mucous patch, or rash) or blood giving a positive Wassermann reaction (here we must exclude the positive Wassermann of cases of hereditary syphilis).

2. In the second attack, spirochaeta pallida being found from the new chancre which appeared at a different site from the first chancre, and the blood at the same time giving a negative Wassermann reaction. (This, of course, implied that the patient must have been reinfected very recently, or at least before the blood had had time to become positive.)

If we can produce cases to fulfill the above conditions we have very strong confirmatory evidence, apart from our clinical observation and opinion, that reinfection has actually taken place.

#### CONTROL OF VENEREAL DISEASE IN THE AUSTRALIAN ARMY

The Australians used prophylaxis extensively and their stations in London and in Havre were among the best I saw. Their method differed slightly from the American.

At Havre they used potassium permanganate irrigations, 1 to 3,000, instead of protargol or argyrol. And an average of 80



treatments a day was given. A separate room for officers was maintained.

In London, the station averaged 400 treatments daily. The only defect in this method was that the men were told that the treatment was effective for twelve hours and consequently the majority came in the forenoon, after having been exposed the previous night. Had they insisted on a two-hour limit, their stations and treatment would have been faultless.

The method was as follows:

1. Thorough washing with warm water and soap, and douching with bichloride, 1 to 1,000.
2. Introduction of a cotton pledget soaked in 10 per cent argyrol solution and allowing it remain for five minutes.
3. Injection of one dram of a 10 per cent solution of argyrol into the urethra and retaining it for five minutes.
4. Application of  $33\frac{1}{3}$  per cent calomel ointment.

The rate of infection among the Australian forces was about 150 per thousand per year.

At the Australian Headquarters in London many abortive treatments for gonorrhea were given. Their men were urged to report for treatment as soon as they felt the least irritation. The method consisted of a twice daily introduction of a wick, saturated with a 10 per cent argyrol solution, about one and one-half inches into the urethra, where it remained for four hours. It was claimed that 60 per cent of cures was effected in those which had been positive for gonococcus. The treatment usually lasted five days.

At Havre they applied the abortive treatment in a slightly different manner. About one dram of a 10 per cent solution of argyrol was injected into the urethra and held in four hours by sealing the meatus with collodion.

**Prophylactic Tubes.**—In addition to the prophylactic station, prophylactic packages, known as "blue packets," were accessible to all soldiers who wished them, and in some instances the packets were issued with the passes. Condoms were also furnished at cost and their use encouraged.



### CANADIAN EXPEDITIONARY FORCES

The Canadian Expeditionary Forces, urged and afforded facilities for prophylactic treatment, but it was not made compulsory, and was left largely to the disposition of the men. The station in London was large, very well kept, and administered about 60 treatments a day.

The Canadians did not have regular venereal inspection. A few organizations required it, but the practice was not general.

The venereal rate, as far as I could compute from various sources of information, was 110 per thousand per year.

A considerable effort was made to discover the venereals before demobilization occurred, and a plan was formulated whereby these men would continue to take treatment after they landed in Canada.

No pre-embarkation inspections, however, were made, and consequently many of the men were not found. Their syphilitics, like those of the other armies, were not thoroughly treated; that is, they were treated only until the manifestations disappeared, but not until a cure was effected.

This is a very weak point in the treatment, and should be very carefully studied and corrected by the medical departments of all armies.

### NEW ZEALAND EXPEDITIONARY FORCES

The New Zealand Expeditionary Forces handled their venereals in the same way as the English. The former, however, had some public prophylactic stations, and the one at their headquarters in London was well-equipped and efficiently managed, but it was left entirely to the discretion of the men whether or not they should come for treatment.

Their venereal rate, as computed from statistics at the New Zealand Headquarters in London, showed about 120 per thousand per year.

### AFRICAN AND INDIAN FORCES

The African and Indian Forces were more strictly under the British officers than were the Canadian, Australian and New Zealand armies, and did not, therefore, deviate from the English



system. Many of the colored troops were treated in their camps, and were not sent to the base hospitals.

#### PORTUGUESE ARMY

About 50,000 Portuguese soldiers were associated with the British army in France, but it was impossible to ascertain their venereal rate.

The British claimed that this rate was very high, but could give no definite figures to prove the assertion. I visited one of the Portuguese camps, but was not able to meet the medical officer in charge, and the others did not seem to be familiar with the subject.

They had no prophylactic station, nor did they have venereal inspections. It was the opinion of the British soldiers in the neighborhood of the Portuguese camp, that the exposure rate of the latter was very high.



## CHAPTER XIX

### COMPARATIVE PERCENTAGES OF VENEREAL DISEASE IN THE AMERICAN, BRITISH AND FRENCH ARMIES

The total recorded number of venereal infections in the A. E. F., from August 29, 1918, to October 8, 1919, was 41,470, distributed as follows:

Gonorrhea.....	24,575 (59 per cent)
Chancroid.....	12,727 (31 per cent)
Syphilis.....	4,168 (10 per cent)

The first complete tabulation was made in July, 1918. This showed the following results: Gonorrhea 67 per cent, chancroid 22 per cent and syphilis 11 per cent. Nearly one year later, May, 1919, the proportion had changed, gonorrhea being 52 per cent, chancroid 40 per cent and syphilis 8 per cent.

It will be seen from Chart 9 that from September, 1918, to May, 1919, there was a steady rise in the incidence of chancroid and a decrease in that of gonorrhea, while syphilis remained fairly constant.

Chancroid among the negro troops of the A. E. F. was always higher than among the white troops; in some organizations it was about 50 per cent of the total venereal disease recorded.

During the first eight months in France, dark field microscopes were not available, and laboratory facilities were not adequate to make differential diagnoses in cases of chancroid, so that the nature of venereal sores had to be determined on clinical evidence alone.

When more exact means came to hand it was found that many of these cases of clinical chancroid were really mixed infections, and showed both *spirochaeta pallida* and *Ducrey bacillus*.

In the British army there was an increase in the rate of chancroid from October, 1918, to February, 1919, after which date it fell progressively. The French army recorded a constantly low



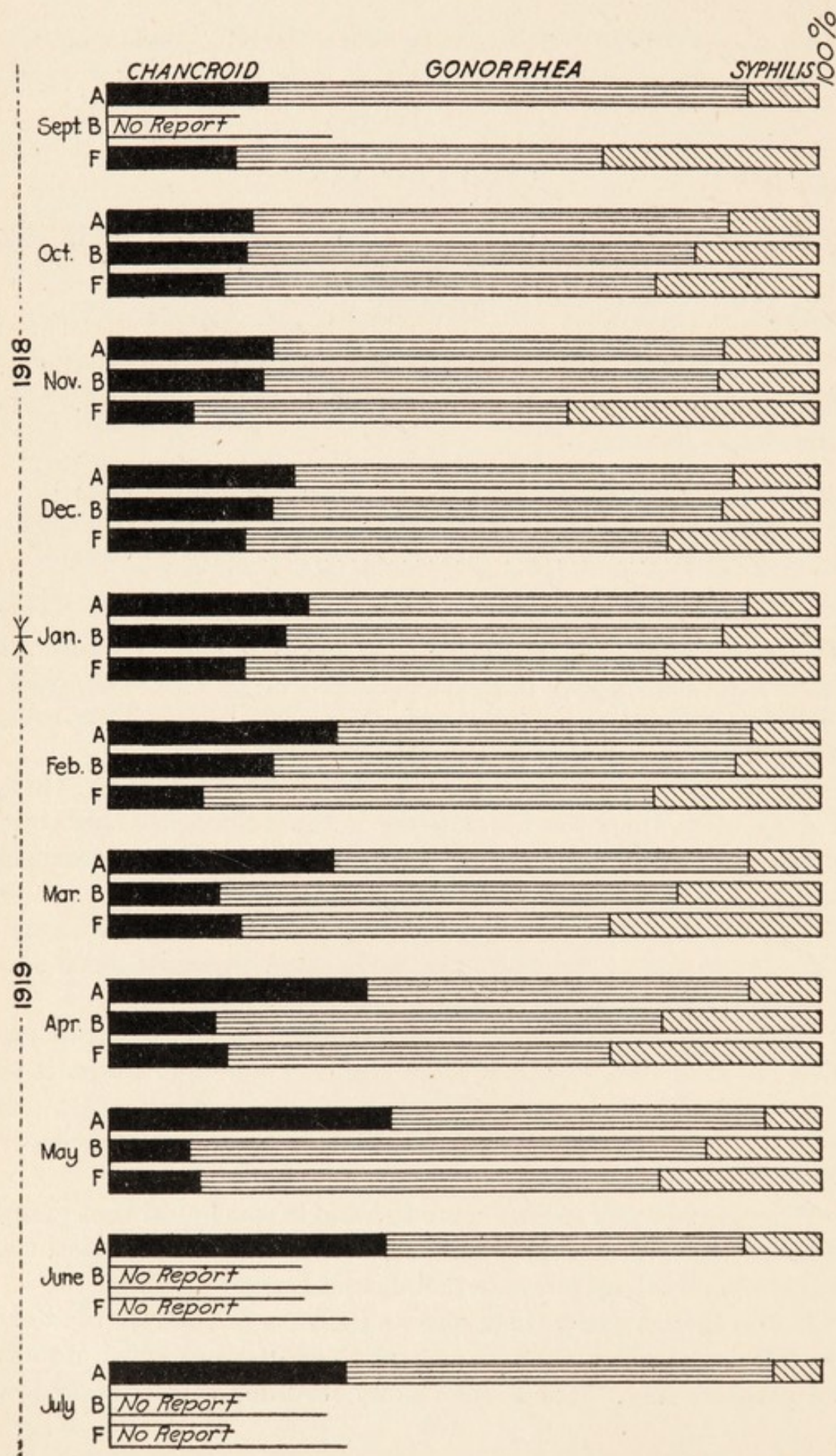


CHART 9.—Comparative percentages of venereal disease in the American, British and French Armies.



rate, much below the American and somewhat less than the British statistics.

The incidence of syphilis in the American forces was always lower than in the British, while among the French troops it was higher than in either of the others; in September and November of 1918 it was two and one-half times that of the American, and in November it was nearly two and one-half times that of the British. Chart 9.

The explanation of this is probably due to the fact that better records of syphilis were kept by the French, than of other venereal disease; consequently the proportion was higher.



## CHAPTER XX

### PARIS

It was apparent to every one that the opportunity for sex contact in Paris was unlimited and that the only way to avoid the danger of wholesale infection was to keep the soldiers away from the city. The fact that there was a military necessity for permanently quartering 20,000 American troops in Paris, however, made this impossible.

Prostitutes abounded; they were on the streets, in the cafes, hotels, stores, and wherever our men were likely to be. These women usually took the initiative and tried to persuade the men to accompany them.

The commanding officer and provost marshal were not willing to order the necessary restrictions. They rested on the assumption that Paris was different from every other place and that maximum liberty should be permitted; consequently the soldiers were put practically on a civilian basis.

If they reported for duty at the required hour, no questions were asked concerning where they had been the previous evening or night. In justice, it must be said that strict discipline was very difficult to impose, for the reason that the men were scattered in small groups and billeted in various places throughout the city.

Soldiers on leave were as free as tourists. They went where they pleased, stayed at any hotel or rooming place, and were not required to report either when they arrived in Paris nor when they left. This was not the case with the other armies, for they did make some show of regulation and restriction.

The venereal rate among our troops in Paris during the first year was enormously high sometimes reaching 250 per thousand. Through the efforts of Captain E. A. Moore, Colonel Larry McAfee, Major Blackburn and other officers, a very active campaign was commenced in the spring of 1918 and results were soon apparent.



The interest of the company commanders was aroused; lectures and educational facilities were increased; special investigators were selected to take charge of different phases of the work; prophylactic stations were improved and every effort was made to induce the men to take the treatment as early after exposure as possible.

The rate began to drop in a short time and finally reached the remarkably low point of 50 per thousand and ranged from 50 to 75 for several months. In fact, it did not materially rise again until toward the end when the American troops were preparing to embark.

The control of the situation in Paris was extremely gratifying, for it proved that the almost impossible had been accomplished, demonstrating conclusively that it is feasible to lower the venereal rate in almost any place and under almost any circumstances, provided proper methods are employed.

In the spring of 1919, the Chief Surgeon's Office heard that Paris was to be opened as a leave area. Everything possible was done to prevent this but without result.

Despite the menace it was decided to give leaves to Paris. The Provost Marshal's office was urgently requested to make some arrangement to meet the men at the train and secure proper lodging for them, but this was not done.

No one met them, no one looked out for their lodging and no one placed any restrictions whatsoever upon them while they were in the city. The provost marshal and the commanding general were not responsive to any suggestions concerning this matter.

The problem of housing became very acute. The hotels were full, the rooming houses were full; in fact, every available place was occupied. Many of the men, therefore, in order to get a room, allowed themselves to be picked up by the girls on the street and taken to their rooms.

The Y. M. C. A. because of lack of facilities for investigation, was obliged to send the soldiers to rooming houses about which they knew little, and not infrequently these were altogether disreputable. One man reported that after he had taken his room, a girl entered and said she had come to spend the night with him. He demurred, but she said it was the rule of the house. He left and reported the occurrence to the Y. M. C. A.



The association of American soldiers and prostitutes on the streets and in public places could not be properly combated, for the reason that the French chief of police would not give permission to the American military police to compel the men to leave the women. They claimed that this might cause serious trouble.

It was finally decided to allow several women Y. M. C. A. workers to experiment with a plan which had proved of value in London. One of these workers, Miss Bain, was strikingly successful. She walked along the streets where the American soldiers most frequently met the prostitutes, and asked permission to speak to the man for a moment. The soldier readily assented and the worker told him that she knew that girl he was with was not the right sort and was in no way a fit associate for him.

After talking for a little while, the man, as a rule, became ashamed and was ready to take the warning. Miss Bain's record showed she had "rescued" about 1,100 men from dangerous companions. Most of the soldiers did not resent this interference at all; in fact, they seemed delighted to be spoken to by a high-minded American woman. The plan actually, then, was practical, but it naturally required a woman of great deal of tact and a peculiar personality to carry it out.

The American generals in command at Paris, were so afraid of giving offence to the French government, that they were unwilling to use vigorous measures to safeguard the physical interests of our men.

In conclusion, the following suggestions may be made:

*First.*—Limit the number of permanent troops in large cities to the least possible number.

*Second.*—Billet them all together, even at great military inconvenience.

*Third.*—Exact the same regulations and military discipline as elsewhere.



## CHAPTER XXI

### TOURS

The City of Tours was the supply headquarters of the American Expeditionary Forces in France, the service having had a strength of 2,200 officers and 14,000 men.

This city of 60,000 inhabitants did little to restrict prostitution or to observe the regulations concerning the sale of alcohol. It was, with its six officially recognized houses of prostitution and its large number of unequivocal cafes and rooming houses, a "wide open" town.

During the first year the American commanding officer paid little attention to the control of prostitution and allowed the soldiers almost unrestricted liberty while on leave. "Business as usual" was the permissible rule at all the houses, notwithstanding the general order against it. Even after *Bulletin* No. 54 was issued they were not closed.

This lax attitude was brought to the attention of the commanding general and the provost marshal, but both were obviously of the opinion that such places were needed and that conditions would be worse if they were put off limits.

Late in 1918, after much pressure had been brought to bear on the commanding officer, these houses were definitely declared out-of-bounds, and the military police were stationed near them. However, almost nothing was done to improve the street conditions or to restrict the more disreputable saloons.

Discipline among the colored troops especially was poor. No one knew when they came in at night; no bed checks were taken and no report was required.

The behavior of some of the officers at Tours left much to be desired. They were seen in the theatres with demi-mondaines; they promenaded the streets boldly with them and it was no uncommon sight, in some of the largest cafes, to see them embracing and exchanging kisses.



It should be said, in justice to those at Tours, guilty as they were of irregularities, that such conduct was by no means confined to this one district. Similar scenes were witnessed at Paris, Marseilles, and Bordeaux.

This public display of bad discipline, to say nothing of bad form on the part of some of our officers, amazed the French and they never lost an opportunity to call attention to it. Their remarks were always either satirical, or else they were bitterly critical.

The saloons were not allowed to sell intoxicants to men in uniform, but since cognac, rum and benedictine were not considered "alcoholic" (the French are also a witty people) this order had very little effect.

It did not make much difference that the French law controlling prostitution was good in itself, seeing that it was only occasionally enforced. None of the women was interfered with nor arrested, provided she had a little money to give the police as a hush fund, and only about one-fourth were under anything like adequate or regular medical care.

The better grade saloons and rooming houses did draw the line at colored soldiers, who were obliged to go to the eastern part of the city, where there were "dives" of the most disreputable sort inhabited by wholly degenerate and perverted prostitutes. I made an inspection of this district in company with an American police officer several evenings and found conditions shockingly disgraceful.

The prophylactic stations at Tours during the first year were among the worst in France. They were not only poorly kept but were filthy and insanitary. For several months the station equipment at headquarters consisted of an open jar of calomel ointment, an exposed solution of protargol, several dirty syringes, and no washing facilities of any kind. These conditions remained unchanged until General Pershing made an inspection of Tours, and ordered improvement.

The reported venereal rate during all this time was surprisingly low, the reason being that many men escaped inspections. It was evident, therefore, that the true rate would probably have been double or treble that recorded.

On December 26, 1918, a special officer was detailed for duty



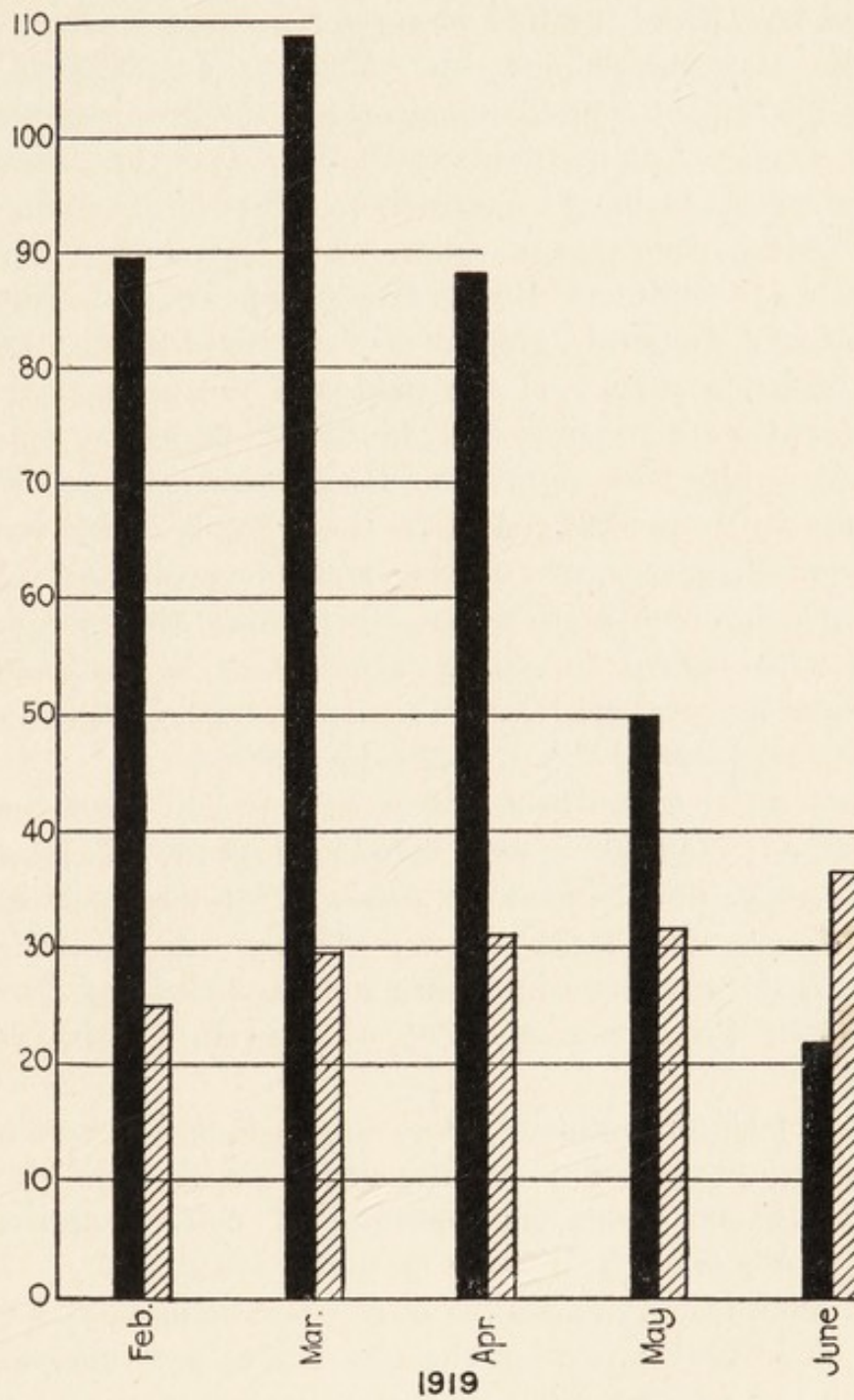


CHART 7.—Venereal rate at Tours. Light columns show prophylactic rate.



in this district with instructions to devote all of his time to correcting irregularities.

Just at this time, we had the good fortune to have Major McDowell assigned as surgeon. He was an efficient officer and with his aid the true venereal rate of the post was obtained. This was displayed on a graphic chart and was sent out each week to headquarters at Chaumont and to the office of the commanding general of the service of supplies. The high rate received the immediate attention of the commanding general, but more important still, General Pershing sent a note of inquiry about it.

As a result, a survey of the field and recommendations for improvement were requested. The orders necessary to accomplish good results were apparent: To see that the men were off the streets by nine thirty and in their barracks by ten; that association with prostitutes on the streets be prohibited; that the disreputable houses be more strictly policed; that the cafes be watched with regard to selling intoxicating liquor to soldiers; that soldiers be court-martialed for drunkenness; that the colored soldiers be kept out of the disreputable district.

The first night after these orders were put in force the effect was amazing. No soldiers were seen in company with prostitutes and the streets and cafes were clear. These regulations were enforced for about three weeks. There was an immediate decrease in the number of drunken men arrested and during the second week there was a great diminution of the venereal rate.

One might think, logically, that such a splendid result would have assured permanency for the order. But logic stands no show whatsoever when the pressure of commercialized vice becomes strong enough to make its power really felt.

The French saw a fine source of revenue being snatched from beneath their very noses by the regulation, and they raised a pitiful howl of protest. It was voluminous enough and general enough to prove effective and I am ashamed to say that some of our own officers joined their voices in this lamentable chorus. The upshot of it all was that the order was rescinded.

Following this act, the streets and cafes were again crowded with roistering soldiers. Rowdiness and drunkenness increased and the venereal rate ascended quickly. Although the Chief



Surgeon's office made vigorous objection, no change could be brought about.

It was, however, gratifying to be able to demonstrate what could be done even in a city of this kind when proper regulations were enforced. So this experience was not wholly without value (see Chart No. 7).



## CHAPTER XXII

### BASE SECTION NO. 2 (BORDEAUX)

During 1917 few troops were landed at Bordeaux, though a large number was stationed in this section on account of the dock construction and other work which was being done there.

At that time, Bordeaux had a population of about 300,000. It abounded in cafes and small liquor stores, which catered to the Americans. There were hundreds of prostitutes, and as the soldiers began to come in these greatly increased, finally reaching enormous proportions.

In the center of the town, on one of the main thoroughfares, virtually no other women were to be seen between 5:00 and 11:00 p.m. They seldom waited to be accosted, but would take an American by the arm and urge him to go with them. There was a large restricted district in which the crib system was in vogue.

I visited this district on February 1, 1918, and found, in spite of General Order No. 77, that all of the houses were open to American soldiers and sailors, both white and colored. One Sunday afternoon, about five o'clock, I counted 105 Americans, 87 of whom were colored. The colored men were patronizing the women in the cribs.

A prophylactic station had been established on an adjacent street and was giving from 2,500 to 3,000 treatments per month.

The incidence rate, at that time, was very high, 225 per thousand per year for the whites, and nearly 300 for the blacks. Upon inquiry it was found that the Base Surgeon had made an investigation of conditions, and had recommended that the houses remain open.

After my report was submitted, the Commanding General put these houses out-of-bounds, but the Base Surgeon, most of the medical officers, and nearly all of the line officers believed this to be unwise. The restrictions, however, were honestly carried out, and the Commanding General is to be heartily com-



mended for having done this, especially as it was contrary to local advice, and even contrary to his own opinion.

There was immediately a pronounced fall in the number of prophylactic treatments at the station adjacent to the restricted district. During the last month these houses were open there were 2,700 treatments as compared with 816 during the month after they were closed. Even if there was a slight rise in two other central prophylactic stations, the proportion was not as great as the decrease at the first station.

At the beginning of this investigation when we discussed with the French authorities the matter of improving the street and cafe conditions, it was proposed that the American military police work in conjunction with the French, and so lessen street association.

An American medical officer was usually present at the official inspection of the registered prostitutes and by this means some reduction was made in the venereal rate, but not as much as had been hoped for.

In May, 1918, a conference was held with the Commanding General, the Base Surgeon and the Assistant Base Surgeon. All of them thought that putting the houses of prostitution out-of-bounds had been a mistake, and asked if some means could not be devised by which permission could be obtained from the Commander-in-Chief to allow them to be opened.

Knowing the attitude of General Pershing, I insisted that this was impossible. We then made a careful study of all the local troops, by organizations, and found that in almost all of them military discipline was extremely lax.

They were allowed to remain in the city until 10:30 p.m., and later, whenever they requested it. The company commanders kept no accurate check on them. Most of the organizations on the other side of the river, in Bassens section, allowed their men to go out every evening and return whenever they pleased, without reporting to any one.

The prophylactic stations were not properly manned nor properly equipped, and very little educational work had been done. When these facts were brought to the notice of the Commanding General, he called a meeting, to arouse interest in the work, and insisted that proper discipline be enforced. Capt.



Wyman, an active and enthusiastic man was put in charge of the work and was given most hearty cooperation and encouragement by the Base Surgeon.

The rate dropped in one month to 80 per thousand per year, about one-half of that of the preceding month, and continued to drop until it reached 40 (see Chart 11, Page 105).

This was the most striking example of what proper measures, properly enforced could do, and it shows that even in a large city, with abundant opportunity for sexual contact, disease may be prevented. The rate continued low, and orders, concerning the restricted district, were continuously and conscientiously enforced.

Sometime in the fall of 1918, the commanding officers were changed, and they concluded that this district should be open. This was quietly done and soldiers and sailors were allowed to go into it. The rate began to rise and ranged from 70 to 90 per thousand per year. I made an investigation on February, 1919, and the following report submitted:

American Expeditionary Forces  
Headquarters Services Of Supply

Feb. 17, 1919.

From: Lieut. Colonel George Walker, M. C.

To: The Chief Surgeon, A. E. F., Headquarters S. O. S.

Subject: Violation of G. O. 77, G. H. Q., A. E. F., 1917, and *Bulletin* No. 54, G. H. Q., A. E. F., 1918, at Bordeaux.

1. On February 8th, at 8:00 p.m., in company with Capt. ———, Base Urologist, and Capt. ———, former Base Urologist, I visited the partially restricted district of Bordeaux. Seven Military Police who were stationed in and around this district were questioned concerning the admission of men to houses of prostitution. I was told by all of them that white enlisted men were admitted to houses Nos. 28 and 29 Rue de Langlois, and 54 Rue de Bellayme, and that colored enlisted men were admitted to house No. 52 Rue des Glacieres, and were allowed to remain there until 8:30 p.m. The police stated, furthermore, that acting under orders, they went into the four houses at 8:30 p.m. and told the men to get out. All of the guards, whom I questioned, told me that there was a special house for officers, but that they were not quite sure of the street number, although they gave me general directions as to its location. A Corporal offered, and did accompany me to this house, No. 20 Rue d'Auros, and rang the bell; a woman came to the door and told us we could not get in until 9:00 p.m. The Corporal asserted that the inmates of the houses to which American soldiers were admitted, were



examined by American Medical Officers twice weekly, and by French Medical Officers once weekly. I asked him if he was sure of this and he said that he was. Subsequent investigation failed to verify it. The Provost Guard near House No. 52 Rue des Glacieres confirmed the statement that this house was reserved for colored soldiers, and added that the Madame had recently complained that there were not enough colored soldiers coming to her house. He said that an investigation was made, and it was found that these men, while going to this house, were interfered with along the street by other women. To rectify this condition, a Military Police was stationed on the street in which this difficulty had occurred, with instructions to prevent the aforesaid interference and to direct the negro soldiers to House No. 52.

2. Another Military Police in the district said that while they did not allow any officer to enter houses Nos. 28 and 29 Rue de Langlois, and No. 54 Rue de Bellayme, that the enlisted men were out at half past eight. I said, "Then do I understand that officers may go in at that time?" He answered, "I cannot say that, all I can say is that enlisted men are out at 8:30," and smiled.

3. A Naval Police on duty in the district said that American sailors were allowed to go into houses Nos. 28 and 29 Rue de Langlois and 54 Rue de Bellayme, and that Naval Officers were directed to the "Officers' House."

4. I questioned a number of enlisted men, whom I met in the district, and they confirmed the statements regarding enlisted men being allowed to enter certain houses, and pointed out two of these houses by the lights which were in front of them.

5. The above designated houses, 28 and 29 Rue de Langlois, 54 Rue de Bellayme, 20 Rue d'Auros, and 52 Rue des Glacieres, are registered as houses of prostitution at Police Headquarters of Bordeaux, and are known to the public as such. They represent the kind of houses of prostitution which is specifically ordered to be put off limits by G. O. 77, G. H. Q., A. E. F., 1917, and Par. 3, *Bulletin* No. 54, G. H. Q., A. E. F., 1918.

6. An enlisted man in charge of the central prophylactic station said that they had given over 8,000 treatments during January, and that most of the exposures had been in the houses in that district.

7. Statistics collected at Camp Ancona, among the negroes, show that a large number of infections had occurred in House No. 52 Rue des Glacieres. They have records of 89 such cases and according to the statement of the Surgeon of the Camp, about 60 per cent of the total number of chancroid were contracted in that house. At Camp St. Sulpice a number of the venereals attributed their infections to the inmates of licensed houses.

8. **Statement of Capt.———, Base Urologist.**—(8) I took up the duties of Base Urologist about the middle of January. Soon after this I investigated the orders which were being enforced in the restricted district. I found that several of the streets were restricted, but I was told by the Military Police that Houses Nos. 28 and 29 Rue de Langlois and 54 Rue de Bellayme were open for white enlisted men, and No. 52 Rue des Glacieres for negroes. Several of the M. P.'s told me there was a special house for officers, but were



unwilling or unable to give me the number. I went into one of the houses to which enlisted men were admitted and found a number of them present in the parlor. I made several trips to this district on different evenings, and found conditions exactly the same at each visit. The Provost Marshal, in an interview, admitted that the houses were open, and confirmed the information obtained from the Military Police. I asked if the Commanding General knew about the situation. He said that he did not know about it 'officially.' I told him that I proposed to inform him 'officially' within twenty-four hours. He asked me to keep this under my hat for one day, which I promised to do. Later I spoke to the Base Surgeon about the situation and told him that I found the houses open, and that I proposed to inform the Commanding General. He said that I was right, but asked me not to do this for a while, as he believed it could be settled without making trouble. He said that if the houses had a prophylactic station in each of them he thought it would be an ideal method of handling the situation. On the next day the Base Surgeon told me that the matter of the houses being open had been discussed at a meeting of General———, the Chief of Staff, the Provost Marshal and himself; he did not say what had been decided but told me that General——— had said that he preferred to leave such matters in the hands of the Provost Marshal.

**9. Statement of the Provost Marshal.**—(9) When I took over the office of Provost Marshal, I found that several of the houses were open, and that both officers and enlisted men were being admitted to them. This I considered quite objectionable, so I told the Military Police to keep the officers out and to admit only enlisted men to houses Nos. 28 and 29 Rue de Langlois, and 54 Rue de Bellayme, and only negroes to House No. 52 Rue des Glaciereas. I instructed them to allow none of the soldiers to remain later than 8:00 p.m., and in order to see that this was done, I told them to go into the houses and clear them at that time. The same order was given concerning negroes at house No. 52 Rue des Glacieres. I know nothing of the house for officers.

The statement of the Provost Marshal was made freely and without any tendency to evasion. Captain———was with me during the interview.

**10. Conference with the Base Surgeon.**—(10) On February 10th, in a conference which I had with the Base Surgeon, he said that he understood that "three houses are open." He made no further comment. On the following day I told him of the information which I had gained by my visit to the restricted district. He stated that he would take the matter up with the Chief of Staff. He said that he was not sure how to handle the situation, but he thought the ideal method would be to have the houses open with prophylactic stations in them. I told him that I believed in repression, and would do everything I could to have them closed.

**11. Attention is invited to the following points:**

1. That five registered houses of prostitution in Bordeaux have been open to American soldiers for some time.
2. That this fact was known and acknowledged by the Military Police of Bordeaux.
3. That the Provost Marshal, acknowledged that he knew the houses



- were "open" and that he had directed Provost Guards to admit enlisted men to Houses Nos. 28, 29, and 54, and colored enlisted men to House No. 52.
4. That, according to the statement of the Base Surgeon, General——— said that he preferred to leave the regulation of such matters to the Provost Marshal.
  5. That the Military Police did, when the occasion required, direct soldiers to these houses, and gave information as to which were within bounds. And, that a Military Police was stationed on a street for the specific purpose of directing colored soldiers to House No. 52.
  6. That those in charge of Base Section No. 2 are not only responsible for violating G. O. No. 77, and *Bulletin* No. 54, but are also responsible for the venereal infection of 89 colored soldiers in House No. 54, and for the infection of other white and colored soldiers who were admitted to houses of prostitution.

(Signed) GEORGE WALKER,  
Lieut. Col., M. C.

The Chief Surgeon sent this report to the Commanding General of the S. O. S., and the following correspondence resulted:

American Expeditionary Forces  
Headquarters Service of Supply

February 18, 1919.

From: C. G., S. O. S.

To: C. G., Base Section No. 2.

Subject: Violations of G. O. 77, G. H. Q., 1917, and *Bulletin* 54, G. H. Q., 1918

1. It is reported to these headquarters that houses of prostitution at Nos. 28 and 29 Rue de Langlois, 54 Rue de Bellayme, and No. 52 Rue des Glacieres, are allowed to exist as open houses of prostitution for American soldiers, and that a house at No. 20 Rue d'Auros has likewise been maintained as an open house of prostitution for officers; that the fact that these houses are not off limits to soldiers and officers is known to you and to the Provost Marshal of Base Section No. 2; that the reason for not putting these houses off limits is because in your estimation it is better to have these houses open, and have a prophylactic station in each one of them, than to have them closed, and that the Chief Surgeon of Base Section No. 2 is of the same opinion.

2. Your attention is invited to Paragraph 3, G. O. No. 77, H. A. E. F. 1917, and to *Bulletin* 54, Paragraph 3, Section H, H. A. E. F., 1918. Regardless of what your opinion on this subject may be or what advice may be given by your Chief Surgeon, the orders on this subject are positive and do not admit of any discussion on your part. It is therefore directed that you immediately issue the necessary orders and to take the necessary measures



to put them into effect, to have all houses of prostitution put off limits for officers and soldiers wherever they may be known to exist under your jurisdiction, and that you will report by endorsement hereon the measures that have been taken, and the date they are put into effect.

By command of Major General Harbord:

(Signed)

Brig. General, U. S. A.  
Chief of Staff.

1st Ind. Headquarters Base Section No. 2, S. O. S., A. E. F.

February 22nd, 1919.

To: Commanding General, S. O. S., A. P. O. 717.

1. Returned, inviting attention to the attached memorandum of the Provost Marshal of this Base Section, dated Feb. 21, 1919, which gives in detail the facts concerning the present situation in the city of Bordeaux concerning the measures in effect for the enforcement of G. O. 77, G. H. Q., 1917, and *Bulletin* 54, G. H. Q., 1918. The statements contained therein are known to me to be true; they represent the general and special conditions here correctly. The resume of incidents and circumstances precedent to February 10th is well stated, and shows the measures that have been taken to better the conditions in respect to the matter in question, during the last two months. Conditions prior to Colonel Stone's arrival here were unsatisfactory, due to incapable and incompetent handling of the Provost Marshal work, and the military police personnel untrained in that work. The cleaning up of the city as far as that could be done by our force in its relationship to the A. E. F. personnel here was one of the first tasks assigned Colonel Stone upon the assumption of his duties as Provost Marshal. The work has been done after a careful study of the existing conditions in a systematic, well ordered manner, the object being to attain in this community the highest standards contemplated through the conscientious, wholehearted enforcement of the provisions of G. H. Q. orders and bulletins referred to. The letter and spirit of those instructions are understood, and no contrary interpretation thereof has existed.

2. In the circumstances I am entirely at a loss to understand how such a contradictory report could have been made as referred to in Par. 1 of the letter to which this endorsement is a reply. There were no exceptions or reservations in the "off limits" orders, nor departures from regular practice in the maintenance of existing prophylactic stations, or the locating of additional ones as might be required. Any statement to the contrary is incorrect, untrue, and without foundation in fact.

3. I feel confident that within a very short time the venereal rate will be reduced to such a point that it will show the result of the conscientious hard work which had been followed in this Base.

(Signed)

Brigadier General, U. S. A.



The following is the correspondence referred to in the above letter:

Office of the Provost Marshal

Base Section No. 2, S. O. S., A. E. F. A. P. O. 705

Bordeaux, 21st Feb., 1919.

Memorandum:

To: Chief of Staff.

1. Before considering in detail the report which has given rise to this letter, it is necessary to have an understanding of what the conditions regarding prostitution were in Bordeaux, and what they actually are on the date of the receipt of this letter.

2. Prostitution in Bordeaux was not confined to any one section, or district, but was spread through the city, making its proper control a very difficult matter.

3. The present Provost Marshal of Base Section No. 2 reported for duty on December 24th, 1918, and at once began a study of conditions. At that time the police force in the city consisted of approximately 350 Marines who were in numbers entirely too few to effectually control the situation.

4. A number of special investigators of the Provost Marshal's Department were at once put on duty; the matter was fully investigated, and when the regular Military Police Corps Units, which had been under training, were put on duty, a plan of action had been prepared. This was on January 20th, 1919.

5. At that time there existed a district known generally as the "Rue de Galles" which was so posted by police as to deny entrance to any member of the A. E. F. A second district known as "Spanish Town" was similarly posted. These were the two worst districts in Bordeaux. However, this was simply a beginning, for it was known to the police that innumerable houses of prostitution and assignation existed in almost every quarter of the city, and the main thoroughfares were crowded with street-walkers.

6. As fast as houses of prostitution were located, they were placed under police surveillance and restricted. Efforts were made to close the houses first which were farthest from the police precincts, and most difficult to watch. In this way the evil was gradually narrowed down until finally the last open houses, those mentioned in the attached letter, were posted and closed on February 10th, 1919.

7. At the same time, this was going on, an active campaign was being carried on against the street-walkers. Arrangements were made through the French Regional authorities with the Mayor of Bordeaux, and systematic raids were made, and are still being made by the French and American police acting together. During the month of January over 200 women were arrested and confined in the Permanence.

8. Since the 10th of February there have been no houses of prostitution to which officers or soldiers could go. The number of these houses is so great that guards cannot be placed over them, and they are so distributed that no entire district can be posted. They are kept under close surveil-



lance by continuous patrols of police and both officers and men who are seen on the streets with women of a questionable appearance are at once stopped and arrested if necessary.

9. On the date on which it had been decided that the time had come when the last known houses of prostitution could be stamped out, February 10th, 1919, Lieut. Colonel George Walker, Medical Corps, with the Base Urologist, Captain ———, Medical Corps, called on the Provost Marshal to discuss means of controlling what they understood to be the situation in Bordeaux. As it was felt they had only a most superficial knowledge of conditions, and as it is not the custom to discuss police affairs with those having no particular interest in the matter, no effort was made to inform these officers of what was being done. Under date of February 12th the Base Urologist reported by letter to the Base Commander that five houses of prostitution were "under Government control" and their inmates "inspected regularly by Medical Officers." On receipt of this letter by indorsement in the office of the Provost Marshal, it was at once pointed out that both statements were entirely erroneous, and the allegation of inspection by "Medical Officers" an absurdity. Such was never the case in Bordeaux, as far as known by the present Provost Marshal, nor were Prophylactic Stations ever maintained in any other than locations selected by the Base Urologist and in the several police precincts.

10. The third sentence in Par. 2 of General Harbord's letter directs the issuance of orders and the taking of measures to enforce the provisions of certain orders of G. H. Q. No action is necessary, however, and no additional steps can be taken, as in the judgment of the Provost Marshal the situation is fully in hand, and every provision of General Orders is being thoroughly and completely carried out, both in Bordeaux and through Base Section No. 2. Should the question be asked why this was not the case prior to February 10th, it is thought the history of the handling of the matter as given above shows that a carefully thought out plan for the suppression of prostitution was in operation for the past several months which reached a culmination, when the police were sufficiently strong, in the present effective measures which have practically done away with prostitution in Bordeaux.

(Signed)

Colonel, Inf., U. S. A.,  
Provost Marshal

It will be seen from this that the statements made to the base urologist and myself, by the provost marshal, do not at all correspond to his official indorsement.

He explicitly said that he had allowed these places to run because he thought it was best, that he had stopped officers from going to the same place as the enlisted men, and had limited the colored soldiers to one house. Comments other than this do not seem to be necessary.



The rate continued to rise and never again was properly controlled. It must be remembered, however, that the port was breaking up.

The experience at Bordeaux is additional and striking proof of the danger of open houses, and the early results obtained by the former commanding general, base surgeon and base urologist proved beyond doubt that conditions in any city port may be greatly improved by proper restricting measures.



## CHAPTER XXIII

### CONDITIONS AT ONE OF THE BASE SECTIONS

On account of the sudden determination on the part of the United States to send troops over, very inadequate preparations were made for their reception in France and almost everything in the way of camp facilities, local supplies and even drinking water were lacking. While so much that was essential could not be had, a number of dangerous things were constantly available, chief among them having been alcoholic liquors and professional prostitutes. These were provided in vicious abundance.

The soldiers were met everywhere by hordes of abandoned girls. Out of a population of only 37,000, there were not less than 1,000 of the professional type, to say nothing of the clandestine.

These women were scattered all over the town in hotels, saloons, private domiciles and in the officially recognized houses of prostitution. The last were the most accessible and were provided with some one who spoke English so they soon became very popular rendezvous for the American troops.

On several evenings the reception rooms of these houses were crowded with American soldiers and sailors. Once about 75 were noted on the street waiting their turn for entry.

The number of contacts in these places was incredibly high. One inmate was known to have received 42 men; another 47 men, while a third claimed the almost unbelievable number of 57 in twenty-four hours.

It was found, moreover, at our camps that many attributed their infection to these supposedly safe inmates. Fifty-four cases from one camp alone were contracted in a single house.

The section venereal rate at that time was 240 per thousand annually among white soldiers and 625 among colored soldiers.

All of these facts were put up to the commanding officer and at our urgent request he put the district out-of-bounds. Later more of the houses were excluded, and finally about two-thirds of the city was restricted and police placed around it.



In addition to putting the houses off limits very stringent regulations were made regarding passes, liberties, etc., and a careful watch was kept on saloons so as to limit the amount of alcoholic liquors sold. The number of prophylactic stations was increased and the equipment greatly improved. Measures were instituted to arouse the interest of medical and line officers in the preventive treatment and in other means of control.

The effect was immediate and striking. The rate began to drop and at the end of the third month it was 27 per thousand among the white troops and 110 per thousand among the colored. The colored rate continued to be reduced and at the end of another three months was 40 per thousand. This was accomplished in spite of the fact that since the French white women made no color distinction the contact rate among the colored soldiers was enormously high. In two companies it was found to be 93 per cent in two months.

These facts, taken together with the very high venereal rate, caused those in charge to exert their utmost efforts in every way to check venereal infection among these men but it was soon discovered that no amount of lecturing, moral suasion or threats were successful, so it was decided to require all negro soldiers to take prophylaxis, regardless of exposure, when they returned from liberty.

This was very strenuously objected to but it was insisted upon and carried out nevertheless. The effect of this was almost magical; the reduction from 625 to 40 was brought about almost entirely by compulsory prophylaxis. In one camp, having a strength of 1,800 men, there had been previous to this new regulation from 50 to 75 cases per month. After this was put in force the number dropped to an average of three, and in one month only two cases were reported. This, and other examples only slightly less brilliant, prove the possibility that under given conditions disease may be suppressed.

The effort to keep the houses of prostitution out-of-bounds is an instructive and interesting story. After the order was issued to place them off limits it was rigidly complied with until January, 1918. At that time a new provost marshal and a new organization took charge of the district. These officers did not approve of the method in vogue and it soon became evident that men were getting



into these restricted places. It was later alleged that the provost marshal had a mistress in the district. In addition to the attitude of the commanding officer, the military police were a very crude and undisciplined lot of men and were not in any way comparable to the splendid organization of the marine corps.

Notwithstanding these disadvantages the breaking of orders was not widespread and a fair degree of law and order persisted until the first of May, 1918. At that time the commander of troops, without giving any reason, determined to open the district but to do so in such a way that it would not be discovered by the higher authorities.

Accordingly, he told the provost marshal to instruct the military police who were stationed in the restricted district not to interfere with the soldiers going in these houses. To use his expression, he said, "Tell the men to wear goggles." The provost marshal knowing that it was contrary to General Order No. 77 asked the commander of troops to give him a written order confirming the verbal one. The Colonel complied with the request of the provost marshal and changed paragraph No. 8 by erasure so as to conform to the needed restrictions, for copy of this order see page 173.

While this is not technically an order to open the houses it was so construed and acted upon by the provost marshal. About ten days after they were opened a great deal of rowdyism and fighting occurred between the soldiers and sailors and a soldier was killed.

The provost marshal then told the commander of troops that things were beyond his control and asked to go back to former conditions, but the commander of troops would not agree. He proposed that they institute a system by which the soldier could enter the district on a pass and then go undisturbed wherever he liked.

Two days after this conference the commanding general issued an order stating that company commanders could give passes to their men to enter the restricted district provided the men wished to go to a respectable place. Just about that time the guards were instructed to permit all men with such passes to enter the houses of prostitution. This system, therefore, while professing to be perfectly legitimate, was in reality a cloak for disregarding a general order.



Memorandum for the Provost Marshal.

The following instructions will govern members of the Provost Guard:

1. No enlisted man will be allowed in the restricted district without a written pass, signed by a Commissioned Officer; which must state where he is going.

2. No pass good after 9:00 p.m. unless authorized by C. O., U. S. Troops, or Provost Marshal.

3. No enlisted man will be allowed to associate with a known prostitute.

4. All drunken men will be arrested and brought to Provost Headquarters.

5. No fighting will be allowed between Americans. Any American caught fighting will be arrested and brought in.

6. No Americans, except those authorized, will be permitted to carry firearms.

7. Report all Cafes selling to Americans any liquor other than light wines and beer.

8. No officer or enlisted man will be permitted to enter a closed cafe or house of prostitution. ~~If an officer insists upon entering, his name, rank, and organization will be taken and reported to this office. In case he refuses to give his name, he shall be arrested and brought in.~~

9. Any Cafe detected selling liquor out of hours will be reported.

10. Any house harboring prostitutes will be reported.

11. At all time treatment of officers must be courteous.

12. Any man engaged on Provost Duty shall receive orders from the C. O. (or his representatives) or an Officer or Non-commissioned Officer of the Provost Guard only.

13. Any American who cannot give a satisfactory account of himself is to be brought to this station for investigation.

BY ORDER OF THE PROVOST MARSHAL.

Approved, April 23, 1918.

one marked off limits.

Col., Inf.,  
Commdg.



On the 7th day of May, Captain ————— was relieved of duty and was succeeded by Captain —————. This state of affairs was allowed to exist through the months of May and June although it was repeatedly brought to the attention of the commanding general by the base surgeon.

On July 6th I was sent to the section by the Chief Surgeon and ordered to make an investigation.

In addition to discovering the facts just noted, I interviewed 23 military police stationed in and around the district and was told by 17 of them in a perfectly straight-forward manner that they had orders not to interfere with any one going into these houses provided they had properly signed and counterstamped passes.

Six denied this but later admitted it. One of the assistant provost marshals confirmed these statements and said that they had taken this course after a conference with the French chief of police and the mayor. This was confirmed by the mayor, but denied by the chief of police, who was very evasive in his answers and gave me the unmistakable impression that he was not telling the truth.

The morning after my arrival, I called on the commanding general and asked him about the matter. He said it was absolutely untrue that the district had been opened and that no order had been changed. He further stated that the restricted district was just as tight as ever.

When his attention was called to the statements of Lieutenant ————— and the military police he said that these were young and inexperienced men who did not understand military matters and could not be depended upon.

The same morning I interviewed the assistant provost marshal. He also said that my information about the district was entirely incorrect; that no soldiers were allowed to go into the houses and that no pass system was employed except a perfectly legitimate one. At my request he accompanied me to the district, where we interviewed the proprietress of house No. 2.

She said that American soldiers had been coming to her place freely until two nights before when for some reason they had been stopped.

She said that she had been instructed to allow the men to



remain until nine o'clock provided they had properly signed passes. She attended to this matter herself and would allow no one to come in except those who had passes with the provost marshal's stamp on them.

After the men were sent away at nine o'clock, she admitted officers who remained as long as they wished. On leaving the house, Captain ——— insisted quite vigorously that if this had been done it was contrary to his orders and that he knew nothing whatever about it. I then called the sergeant of guard who told me that he had orders to allow men with properly signed passes to go into the houses and stay until nine o'clock.

After hearing these statements Captain ——— made no further denial and admitted that what he had formerly said was untrue. He claimed that he was not responsible but was simply acting on orders which had been given him.

I asked if the commanding general knew about this and he answered, "I decline to answer that question without advice." He said, however, that the base provost marshal, and the commander of troops, knew about it.

I went back to the commanding general, after I had gained this information, but he still vigorously denied all knowledge of it. He, however, was visibly nervous and asked why the whole thing was being stirred up.

The company commanders stationed nearby were questioned as to why they had given passes to the district. Four of them admitted that they had given passes to their men directly to houses Nos. 1 and 2, and knew they had gone there.

One captain said that he had never given any such passes because he knew that it was contrary to orders. His first sergeant stated that he had given passes to houses Nos. 1 and 3 every week, sometimes as many as five or six a day, and that these passes had always been signed by the aforesaid captain.

At the Naval Artillery Training School the sergeant stated that they were giving passes directly to houses Nos. 1, 2 and 3, and that they were apportioning them about equally among these places.

Several of the commanders of ships gave me the same testimony and on one ship I found that a daily average of twenty five was given.



In a later conference with Capt. — I asked him if he had ever counterstamped a pass without the proper address on it. He said he had not.

I showed him one. He explained by saying that he might have done this when in a hurry. I then inquired if he had ever written an address on a pass when the one presented did not have an address on it. (The order required that all passes should have the address of a respectable place, known to the police as such.) He said that he had not.

I showed him one. He gave the same excuse. I then asked about several other kinds of irregular passes which his office had stamped. His answer was always, "I do not remember."

The section of orders relating to passes to the restricted district read as follows:

"Paragraph 3. Passes, restricted area; all passes to the restricted area must show that the soldier has permission to visit such places, and their approval (OK and initial) of the proper officer, as shown below. No enlisted man will be permitted to be in the restricted area after 9:00 p.m., unless for the performance of duty, with properly approved passes. Only when passes, properly approved, specifying the street and number are shown will an enlisted man be allowed to enter any houses in the restricted area.

"Passes as referred to in Paragraph 3 are authentic when OK'd, approved and initialed by the following officers: Captain —; First Lieut. —; First Lieut. —; Second Lieut. —; Second Lieut. —."

On May the 25th the above order was emphasized, according to the commanding general, by the following order from the Commander of Troops:

"In the future all passes to the restricted district will state the address of the house to which the bearer wishes to go. Under no circumstances will these passes be good after 9:00 p.m.

(Signed) Col. —."

On the week following the presentation of the report of the investigation the commanding general, base provost marshal and the assistant provost marshal were all removed.

It was supposed at that time that these changes had been brought about by the report, but later it was found that the facts had never been brought to the attention of the Commander-in-Chief, and that these removals had not been caused by the investigation.

The commanding general after a short time was put in charge of another section, a decided promotion. The base provost



marshal was given a better job, Captain —— was put in charge of the military police of Camp ——, an important military post, and Colonel —— was promoted to a Brigadier General.

War, verily, hath its little ironies.



## CHAPTER XXIV

### LEAVES AND LEAVE AREAS

The problem of leaves was the *bete noire* of the medical department and was given a great deal of most thoughtful consideration but still remained unsolved. Leaves are a military necessity, though almost universally accompanied by a rise of the venereal rate. A most striking example of this was seen in the third army. While the men of this army were confined to German territory without leave the venereal rate annually was only 9 per thousand, but immediately after they were given leaves to Paris and other large cities the rate began to rise and continued until it reached an annual rate of 50 per thousand.

The reason for this is quite clear. The soldier on leave has all his time at his disposal and spends most of it in seeking some kind of amusement; he naturally frequents cabarets, cafes, theaters, etc., where he always finds in France an abundance of alcohol and women.

Three kinds of leaves were granted:

First, a short leave of from one to three days was given soldiers to visit nearby cities. The expense of this trip was borne by the men.

Second, a non-duty status leave of fourteen days, in which the recipient was given privileges to visit a number of places; that is, they could go wherever they pleased so long as they did not visit cities that were out of bounds. The soldier was required to pay his own expense, but was not to be under any military supervision. This kind of leave granted the men greater freedom of action and was given only to class B men.

Third, a seven-day leave on duty status. This was given only to class A men and they were required to go to a designated area where they would remain for a period of seven days, the time of travel not being included. The full expenses of the trip, transportation, hotel accommodations, amusement and so on, were paid by the army.



The idea was conceived early in the fall of 1917 to establish leave areas that would be largely under the control of the American army. Several especially selected and trained officials of the Y. M. C. A. were designated to make careful studies of various sections of France and select suitable places. The one thing they were requested to keep constantly in mind was to choose localities in which the opportunity for prostitution and alcohol would be reduced to a minimum. The following districts were selected:

NAME OF AREA	PRINCIPAL TOWN	FRENCH DEPARTMENT
Haute Garonne	Bagneres de Luchon	Haute Garonne
Haute Pyrenees	Cauterets	Haute Pyrenees
Basses-Pyrenees	Eaux-Bonnes	Basses Pyrenees
Brittany	St. Malo	Ille et Vilaine
Ardeche	Vals les Bains	Ardeche
Herauld	Lamalou-les-Bains	Herauld
Nimes	Nimes	Gard
Menton	Menton	Alpes Maritimes
Nice	Nice	Alpes Maritimes
Cannes	Cannes	Alpes Maritimes
Monaco	Monaco	Alpes Maritimes
Savoie	Aix-les-Bains	Savoie
Savoie	Chambery <sup>1</sup>	Savoie
Savoie	Challes-les-Eaux <sup>1</sup>	Savoie
Dauphine	Grenoble	Isere
Haute Savoie	Annecy	Haute Savoie
Alpine	{ Chamonix, Hqrs. Saint Gervais.	Haute Savoie

Arrangements were made with certain hotels to accommodate the men and to look after their general comfort and welfare as they did for their guests. The meals and service were to be first class in every particular. A promise was exacted from the proprietor not to allow the soldiers to bring in any women, nor to allow any disreputable person to frequent the hotel.

Each leave area was put under the military command of a line officer, but the Y. M. C. A. had full charge of all the amusements. They furnished moving pictures, theaters, vaudeville shows, excursions, dances, lectures, etc. The programs were well arranged and most creditably carried out.

Generally speaking, the leave areas were successes and were of

<sup>1</sup> Areas for colored soldiers.



of great value in the control of the venereal incidence, but in spite of this many of them came in for much criticism from the line officers. The only three which were never complained of were those in the Pyrenees. These sections were far removed from any large cities and the men had very little opportunity for sex contact. Geographically, these areas were surrounded by the most beautiful scenery, but were extremely unpopular with the soldiers, who seemed to regard them as little more than prisons.

The leave area in Brittany comprised three towns, St. Malo, Dinard and Parame. They were delightfully located at the seaside, and the beautiful surrounding country afforded abundant opportunity for boating, swimming and fishing in a congenial and friendly French neighborhood. There were no professional prostitutes in the district and the mayor of the section cooperated in an eminent degree, making regulations which were effective in eliminating girls from the streets and cafes.

Aix-les Bains was at first unsuccessful. The commanding officer refused to cooperate in closing the houses of prostitution or in making any strenuous regulation for street and cafe control. Both the commanding officer and the provost marshal claimed that these places were put out-of-bounds, but several investigators at different times found that all of them were overrun with our men. Repeatedly, complaints were made to the authorities concerning the attitude of the commanding officer, but it was sometime before he was removed. Finally another officer was placed in charge; law and order were enforced, and within a period of six or seven weeks the town had been practically cleaned up. The venereal rate immediately showed signs of improvement and finally almost no cases were reported from that district among the men on leave.

This was the first area to which the Y. M. C. A. turned its attention. The large and beautiful casino was taken over and used entirely for the entertainment of soldiers; a series of excursions into the mountains and adjacent country, including many places of interest were enthusiastically enjoyed; the women workers gave social entertainments, dances, and so on, almost daily, and in that way the soldier's time was completely filled from nine o'clock in the morning until twelve o'clock at night. This place in spite of the absence of opportunities for



licentious indulgence and the unlimited use of alcohol, was a notable success and the men always expressed themselves as being entirely satisfied with their leave.

Chambery was set apart for colored soldiers on leave. At first the white soldiers were allowed to go there also, but this caused several disturbances and later was discontinued. Notwithstanding precautions a large number of prostitutes went to this area and the venereal rate among the soldiers was high. During the last three months a great deal of work was done by the line officers and by the chief surgeons' office. The effect of this was a decided improvement and the public prostitutes were driven out. The respectable white residents were very cordial to the negro soldiers and gave them weekly dances, patronized by some of the best families in town. In addition to these dances they were invited out frequently to dinner and other entertainments.

The city of Nice on account of its location on the ocean, its superb winter climate and its unusual attractions, was extremely popular, and applications to go there were so numerous that all could not be accommodated. We had for a long time a commanding officer and provost marshal who believed in a non-restricted town and that sexual restraint should not be imposed on men who were on leave. The hotels catered to prostitutes; they allowed them to sit in their dining rooms and cafes, and did not object to officers or soldiers taking these women to their rooms. It was not an unusual sight to walk along the corridors of the hotel in the early morning and see an officer's boots alongside of a pair of dainty French slippers. The officers did not make the least attempt at privacy in their associations with these women, and several who were permanently stationed at this place were just about as public in their behavior as were those on leave. In a report from one of our investigators it was stated, concerning the officers and men who were permanently stationed there, that everybody seems to be on leave. The number of new infections occurring at this place was enormous, even greater than in Paris. The chief surgeon's office devoted a great deal of attention to improving conditions, but little was really accomplished. Even toward the end the rate was high.



A similar situation, so far as entire lack of control was concerned, was found at Grenoble. This was a large city with a number of unrestricted cafes, open houses of prostitution, uncontrolled streets and thousands of public women. We were also handicapped by having both the commanding officer and medical officer unsympathetic with restrictive measures. This place ranked second to Nice in the number of new venereal cases. The medical department finally succeeded in getting a change of officers and conditions improved somewhat, but it was never satisfactory, and ultimately owing to continued protests from the chief surgeon the area was closed. These experiences proved conclusively that large cities should never be selected as leave areas, but if such is done commanding officers who have respect for law and order should be chosen.

A study of prophylaxis in leave areas showed that the gross number of treatments taken per week was 29 per cent of the total strength; that is, among every 100 men the prophylactic record for the week was 29 treatments, but this does not mean that there were 29 separate individuals who took the treatment.

This gross percentage method was used throughout the various sections as an arbitrary basis from which to get some idea of the number of treatments taken. According to this method the rate was 15 per cent per month in the base section. It will thus be seen that there were about nine times as many prophylaxes taken in the leave areas as at the home stations; in other words, the exposure rate was nine times greater. In Nimes the prophylactic rate was studied by individuals, and it was found that 44 per cent of the soldiers who had been there for one week applied for prophylaxis; in other words, at least 44 per cent of the men had exposed themselves in one week.

Nimes was a carefully selected town and seemed to be under most excellent control. Many of the local girls had been excluded and those that remained were kept under surveillance. But in spite of all this we had a 44 per cent weekly contact.

All men were given a venereal inspection just before leaving their station, and another was made as soon as they arrived at the leave area. Those in whom disease was discovered were returned immediately to their organizations provided they were fit for travel.



**Sex Contacts En Route.**—At first there was a great deal of sex contact en route due to delay in transit. It was often necessary for the men to remain several hours in cities and sometimes over night; in addition to this the soldiers frequently arranged to have themselves booked through Paris where they would stay for twenty-four hours. Another danger which was not discovered until late was the traveling of prostitutes to and from the leave areas on the trains with the men. Sex relations occurred principally in the toilet.

Later the general situation was improved by providing regular leave trains with no stop-over privilege. But in spite of all these precautions there were delays at various places. It was then ordered to provide each train with a prophylactic station under the charge of a medical officer. These stations were extensively patronized and sometimes soldiers would apply for prophylactic treatment at the end of a fifteen minute stop. One report was made by a reliable sergeant who said that on his train six men whom he knew had sex relations consecutively with a girl secreted in the toilet. She was finally discovered and made to get off the train.

**Leaves to Paris.**—Every effort was made by the medical department to prevent the inclusion of Paris as a leave center. General Pershing was appealed to; he promised to take the matter under serious consideration, for he fully appreciated the dangers in this case. It was finally decided, however, to let a limited number of men go there daily for a three day leave. One thousand was the number designated, but many more than that arrived each day.

The problem of providing accommodations for these men was turned over to the welfare associations, particularly the Y. M. C. A. and the Red Cross. They did the best they could, but under the circumstances were obliged to tell the army that it was impossible to secure proper accommodations for such large numbers and that they would be compelled to pass the task back to the army officials. Men were allowed to flock into Paris who were unable to get sleeping quarters at all. These leave men, as has been stated in another chapter were under no restrictions, nor was any care taken of them.

Many organizations, particularly the second and third armies,



were asked for the number of infections among their men who went to Paris, and it was found that fully one-half of the total infections reported were attributed to that city.

England, Belgium and Italy were open as leave areas but since the expense of these trips was so great not many men availed themselves of the opportunity, and for the most part the class of men who did go were interested in travel and sightseeing rather than in dissipation. Only a comparatively few infections were reported from these trips.

The class B men who went on fourteen-day leaves were a well-selected group and only those who had clean records could get such a privilege. This accounts for the fact that this form of leave was more successful than the others, although too great a number, particularly those who went to Paris and the other large cities, did contract disease.

The circular on the following page sets forth the facts concerning authorized leave areas:



AMERICAN EXPEDITIONARY FORCES  
HEADQUARTERS SERVICE OF SUPPLY  
LEAVE AREA BUREAU

LEAVE AREAS  
CIRCULAR No. 1

AUTHORIZED LEAVE AREAS

LEAVE ON A DUTY STATUS

1. By Par. 2, G.O. 65, Hdqrs. S.O.S. December 14, 1918, a Leave Areas Bureau was established in Tours under the Commanding General, S.O.S., to administer the affairs connected with authorized Leave Areas organized under G.O. 6, G.H.Q., and G.O. 38, G.H.Q., 1918, and separated by G.O. 217, G.H.Q., 1918, from the P.M.G. Dept.

2. The Leave Areas Bureau has no authority to approve or disapprove leaves of any kind. It is concerned as to the leave itself, only with the reservation in a Leave Area after permission for, on a duty status, has been granted by authority, to the soldier. Leave on a duty status as prescribed by the different G.O.'s published from time to time necessitates the provisions of the following paragraphs being observed.

3. Reservations in authorized Leave Areas are made only through the Leave Areas Bureau except where special arrangements are made, by which an Army may have accommodations in certain Areas reserved for its use and makes the assignments. In this latter case, all units concerned are advised by Army Headquarters.

4. Soldiers on leave, if on a duty status, will be furnished in accordance with Par. V, G.O. 139, G.H.Q., 1918, with transportation by the Q.M. Corps at Government expense whether by special leave trains or by commercial trains to and from the Leave Area named by the Leave Areas Bureau.

5. It will be by the best and most practicable route and not at the option of the soldier. Quarters and rations, in the hotels with which contracts have been made, are furnished the soldier at government expense. Under such conditions, the soldier does not receive the one dollar per day mentioned in Par. 1, G.O. 38, G.H.Q. Travel rations are furnished by the soldier's unit or as may be arranged by Commanding Generals to and from the Leave Areas.

6. To obtain reservations in Leave Areas on a duty status (except where special arrangements as noted in Par. 3 have been made), the Commanding Officer of the soldier's unit makes request direct to the Leave Areas Bureau, Tours, for the required accommodations.

This request should give the station from which sent, the Department in



which situated, the number of men going on leave and if desired, the date on which the leave is to begin in the Area. If S.O.S. troops or other troops not in an Army, this should be stated. Troops in the 1st, 2nd or 3rd Armies, will receive their instructions from Army Headquarters as to assignment of Leave Area reservations.

If a specific date is not named, the earliest available date is allotted.

If the reservation requested is for colored troops, it must be so stated so they can be sent to the Leave Area reserved for their use.

All of the above is necessary to enable the Bureau to allot accommodations, and if not received causes delay.

7. The reply, sent direct, will give the Reservation Number which is to be noted on the soldier's white leave card with which he must be provided. This Reservation Number is necessary to identify the soldier on arrival at the Leave Area.

The reply will also give the Area to which the soldier is to be sent, which is not optional with him.

Accommodations in an Area are assigned on the basis of the nearest unfilled and most practicable Area at the time. This is necessary on account of transportation and to insure the best use of all Areas.

The Leave cards may be obtained from the Leave Areas Bureau, Tours, or in smaller quantities from the Headquarters of an Army or a Base Section.

8. Reservation requests should be received by the Leave Areas Bureau as early as possible to prevent disappointment in dates desired as well as to facilitate the handling of the work of the Bureau.

Two weeks in advance is short notice. It has happened that requests have been received for the next day or by mail after the date desired has passed.

Where a unit has had leaves allotted by a Base Section or other Commander for use of the soldiers during a given period, on a duty status, in a leave Area, at least 50 per cent of the quantity allotted must be requested assigned by the Leave Area Bureau for the first half of the period of time in which it is to be used. If this is not done, all the beds cannot be kept filled and it prevents all the men, whom, under the unit's allotment, it is intended to send, from receiving accommodations.

9. In some cases, soldiers have been sent to Leave Areas by their Commanding Officers without having first secured a reservation through the Leave Areas Bureau. When it is evident this has not been the fault of the soldier but of his Commander, he has been cared for as if properly sent, provided there were any vacant beds, but a soldier so arriving has no just claim on the Leave Areas for accommodations at Government expense or in the contract hotels for beds under contract and soldiers with reservations have priority in all respects.

This omission by a Commander may result in great inconvenience to the individual if the Area is filled.

When soldiers arrive after date due in Area, it is reported by the leave Area G.O. direct to the soldier's Commander for investigation.



10. As the daily outward movement is replaced by an inward movement of men on leave, a reservation assignment is to be considered an obligation which if not fulfilled, should be released by a telegram to the Leave Areas Bureau in sufficient time to assign elsewhere. This is most necessary.

11. Care should be taken to provide the soldier with bread tickets. The requirements of General Orders as regards inspection before the soldier leaves his station should be complied with. If the soldier is going during winter months to a mountain Area, he should have at least two extra blankets. No arms should be taken.

12. The soldier is assigned to quarters on reporting to the Commanding Officer of the Area and incoming trains are met by guides. The Area has a Commanding Officer, Adjutant, Quartermaster, an A.P.M. and a Medical Officer and the necessary enlisted personnel.

The Commanding Officer reports directly to the Commanding General of the soldier's Division any failure on the part of a soldier's immediate Commanding Officer to see that the soldier goes properly equipped or is sent without a leave card.

13. The amusement features in each Area are arranged by the Y. M. C. A. which leases the Casinos in the Leave Areas for the use of the soldiers and furnishes the evening entertainments.

J. FRANKLIN McFADDEN,  
Major, A. S., U. S. A..

December 21st, 1918.

Chief, Leave Areas Bureau.

Among 4,572 cases of venereal disease, 363 or 7.94 per cent were contracted in leave areas:

NAME OF TOWN IN LEAVE AREA	NUMBER OF CASES
Aix-les-Bains.....	27
Annecy.....	15
Bagneres-en-Luchon.....	3
Biarritz.....	5
Cauterets.....	2
Chambery.....	19
Grenoble.....	95
Lamalou-Les-Bains.....	3
Menton.....	9
Monaco.....	5
Monto Carlo.....	6
Mont Dore.....	18
Nice.....	113
Nimes.....	4
St. Malo.....	38
Vals-les-Bains.....	1
	<hr/> 363



The appended note is taken from a report made on Paris conditions by Lieut. French. This is of interest because it has direct bearing on leaves and permissionaires in large cities.

Paragraph 5. In studying the efficiency of preventive measures it seemed advisable to determine, if possible, just what characteristics of the American soldier could be advantageously and effectively worked upon. If the assumption is true, as many officers profess to believe, that every man coming to Paris does so with the firm intention of staying with a French prostitute, then regulatory law enforcement, and prophylactic measures would constitute the only practical program for reducing, even to a small degree, the number of contacts. But indications were that this assumption was not entirely based upon fact. Practical unanimity of opinion existed among attaches of all welfare organizations, and others in direct contact with permissionaires, that while a great majority do ultimately become exposed, the larger number do so because of combination of circumstances rather than in accord with previous intent. An expression of opinion has been obtained from 174 men and results tabulated. The greater part of these expressions were intentionally overheard in French restaurants, cafes, etc., from men on the street, or in company with underworld guides, at the Circe de Paris fights, at or in the vicinity of the Follies and Casino theatres, in Metro stations or on trains, etc., while a few were obtained in direct conversation. In direct conversation the method of approach was invariably one of cynicism, calculated to presuppose the assumption that all men interviewed were looking for women of the type in question. It is therefore believed that opinions expressed were approximately honest, and were obtained from the average run of permissionaires. Tabulations fall under three general heads, viz.: (a) Information regarding past exposures, or freedom therefrom, 74. (b) Information regarding present attitude toward exposure, 64. (c) Information regarding analagous questions with direct bearing on subject, 36. Total (a), (b), and (c), 174.

Paragraph 6. The list (a) above is tabulated as follows:

I. Had been exposed in Paris, but not in France before coming to Paris, with no reason assigned.....	16	16
II. No information as to exposure before arrival in Paris, but had been exposed in Paris, for one of following reasons:		
Nothing else to do and was lonesome.....	7	
Thought girl was decent until got home with her.....	4	
Intended only playing with her but she got him "worked up".....	4	
Could not make her understand he did not want intercourse and finally "fell for her".....	2	
Girl did not charge him money and he didn't think she was a prostitute.....	1	
Girl came into his room and of course he took her.....	1	
Did not want intercourse but she persuaded him to try it "French".....	1	20



III. Went with girl because he did not have a room, because hotels were full, somebody had his bed, didn't like Champ de Mars, or it was too far.....	14	
IV. Claimed to have not been exposed since their arrival in France. (This figure does not include several officers who have made same claim).....	11	
V. Claimed never to have had intercourse in their lives.....	9	
VI. Wanted to be able to say he had stayed with a Paris woman.....	1	
Had idea Paris women were better for purpose than any others.....	2	
Always heard of Paris "houses" and tried one. (Was disappointed).....	1	4
Total.....		74

The list (b) above is tabulated as follows:

Expressed intention not to be exposed in Paris, for following reasons:		
I. Feared v.d.: Won't take chance without taking prophylaxis and won't take prophylaxis because it is painful or too much trouble: Don't believe prophylaxis is effective and don't want v.d.....	15	
II. Won't stay with French women on account of some reason touching on cleanliness, odor, etc.....	10	
III. Know American woman in Paris and are spending time with her, would rather talk to one American woman than stay with a dozen French, etc.....	4	
Want to meet "honest-to-God American Girl" in Paris and don't want to have anything to do with Paris prostitutes.....	6	
(Quoted phrase was heard 5 times).....		10
IV. Had a bet they wouldn't have intercourse in Paris.....	3	
V. Married and wouldn't have intercourse in Paris.....	2	
VI. Want to get married when return to States and therefore would not take a chance.....	6	
VII. Engaged and wouldn't. (Interesting to note that 7 of these used exactly the same expression, viz. "Engaged to a damn fine girl in the States") .....		14
VIII. Expressed intention of being exposed:		
Because wouldn't with a German girl but expected to here.....	1	
Wanted to stay with a Paris prostitute.....	3	4
Total.....		64



List (c) includes 36 men from whom no expression was obtained as to contact, past or contemplated, but whose remarks have direct bearing on mental attitude necessary to be considered, and on the efficacy of some preventive measures in force, or to be recommended:

- I. Disgusted with Paris women met: Disgusted with American Officers' conduct with Paris prostitutes—one private severely criticized one of his own officers for giving them a lecture on prostitution and v.d. and then being "half-stewed and loving up" a prostitute in a Paris cafe: One said "The next time a girl tackles me I'll paste her in the jaw, if I get 6 mo. for it:" and similar expressions of disgust for Paris Prostitutes..... 9
- II. "Sure would like to talk to an American girl" or "get my arm around an American girl again," or other expression signifying desire for companionship of some sort with American women..... 27

With the belief that reduction of v.d. is proportionate to the reduction of exposure these figures would warrant the assumption that at least half the disease attributable to present exposures could be prevented by (1) reducing the open solicitations; (2) employment of same method to keep the "good resolutions" before the men, at the time the prostitutes were presenting their wares; (3) insuring sufficient beds for permissionaires and getting them to these beds; and (4) providing more accessible amusements for such men as would be interested.

Discussing the second point the work of Miss Elizabeth Bain is of great practical importance. Miss Bain's method is to approach, in an amiable manner, a soldier who is with a prostitute, and politely ask to speak to him a moment. She ascertains if he knows the woman and by force of personality and argument, coupled with his embarrassment at thus being "caught" by an American woman, the man is dissuaded. If he has no room she finds one for him. Her daily estimates, show that during the past six weeks, on the Boulevard, from the Madeleine to St. Denis, from 8 p.m. to 2 a.m., she has spoken to 2,700 men. Of these 1,080 were with street-women and were dissuaded, and 540 had no rooms. Seventy-two of those with women admitted their intention of staying all night with them because of having no rooms. Only three of the entire number of men have in any way resented her work, and their resentment was not vigorous and was followed by apologies. Her figures and success with the men is corroborated by members of the M. P. and other observers.

In the tabulation in Par. 6, above, it is noted that 27 men, or 15 per cent of the entire number tabulated, expressed their desire for, or pleasure in, companionship and conversation with American women. Personal observations in Y.M.C.A. and Red Cross Canteens have corroborated this. Sixteen men in canteens have been heard to ask the women workers if they could not talk to them a few minutes or to explain their presence because of a desire to "just



talk to an American woman." Many of these women have, in response to request, disclosed their experiences with these men along this line, which would convince the most skeptical of the intense craving of the American soldier in France today for association with the American woman. Several letters have been seen which were written by men after returning to their organizations which give additional proof. Married women in the canteens, particularly, have had the soldiers talk on most subjects as if they had been life-long friends, and in a manner unheard of at home. Suitable women, however, are extremely difficult to find. Two have been tried out under Miss Bain's personal tutelage and found to be not adapted. Three who have been doing this work in London have been sent for but have not arrived.



## CHAPTER XXV

### WELFARE ORGANIZATIONS AND SERVICES OF CHAPLAINS

In considering the means taken for safeguarding the physical health of the men of the American overseas forces, the work of the chaplains and the various welfare organizations cannot be overlooked.

It is not only just to take full account of this splendid cooperative endeavor, but it is essential. For without it the condition of our men in foreign lands, notably in France, during the war would have been vastly worse than it was.

In fact, it is apparent now in retrospective review that, had this work been missing, the men oftentimes would have faced an outlook entirely devoid of hopefulness and of comfort.

In addition to assisting as best they could and according to their individual means and opportunities to conserve the health of the army, these agencies ceaselessly provided a stimulus that made for the creation and maintenance of morale so that their contribution to the ultimate victory can hardly be overestimated.

The characteristics of mass psychology are intensified where large forces of fighting men are in question. In addition to the familiar phenomena and developments, many new and unexpected phases are constantly encountered and it takes more than army discipline to assure anything like adequate handling of them.

A regiment may obey its commander with the precision and promptness of a well-trained body of musicians in following its conductor, but if morale be lacking, or if, for any reason, having been created, it disintegrate, there can be but one outcome—failure.

To get multitudes of men simultaneously into the right frame of mind or mental attitude for the performance of a difficult task against which the instincts of the majority are antagonistic—that is what the building-up of army morale means.



Needless to say, it is an undertaking hedged with tremendous difficulties that require quick action, steadfastness of purpose and an all-embracing sympathy and understanding.

Of course, these difficulties are greater or less in proportion to the character of the men affected, and it is inspiring to note that the prevailing type of the American army put the least obstacles in the way. It was a matter not so much of the creation of morale as it was of its development.

In discussing the welfare organizations that came within my field of personal observation, it seems but natural that the Young Men's Christian Association should have precedence. It is unfortunate that this organization came in for so much adverse criticism. This was heard in a number of quarters, especially during the last year of the war, but thorough investigation indicated that it was rarely founded upon justifiable complaint.

It gives me pleasure to say, at the onset, that I knew the Y. M. C. A. from the very beginning of its work in France almost until its end, and I do not think that there was any organization, either military or otherwise, which contributed so much to the comfort, morale and general bodily welfare of the fighting men as it did.

The Association's workers came with the first contingent of the A. E. F., and acted as advance agents at nearly every post. The Y. M. C. A. huts were among the first buildings to be erected, and it was truly a God-send, those cold, bleak, rainy and dismal nights among the Vosges mountains, to have a room in which there was a chair and a fire. No one except those who personally knew that forlorn, disheartening experience, can appreciate what this meant.

At first, the idea was to confine the Y's work to the enlisted men, and furnish huts in which they could read, talk, smoke and be entertained. It was, however, soon found necessary to provide quarters for officers, and to this end hotels were taken over and additional huts for recreation and amusement were erected. The officers it must be said were a very difficult and exacting class to cater to, and it was from them that most of the unfavorable criticism came.

In the late summer of 1917, the Y. M. C. A. was asked to care for the men on leave. It took the matter under advisement



and canvassed the whole territory of France, studying situations and looking for places suitable for the establishment of leave areas.

This whole work was done by the organization and proved from the first an exceedingly valuable asset to the army.

It was new in every way and the men in charge had no precedent from which to draw. Not only were these places very carefully selected but an extensive program, both educational and recreational was planned. Great credit is due to Mr. Edmonds, of Philadelphia, for his untiring efforts, and for his broad knowledge of the subject. This deserves to rank among the really constructive pieces of work done in and for the A. E. F.

At Brest, and at some of the other ports, extensive excursions were planned and every day parties were taken under competent guides to points of interest around the coast. Tours was made the center from which soldiers visited all of the famous chateaux.

In Paris, three large hotels were taken over and used entirely for the care of enlisted men who were given a comfortable, clean bed in a warm room, and excellent food at comparatively a very moderate price. Entertainments were provided in the hotel and properly informed guides were available to show the men the interesting and instructive points in Paris.

The educational features were at first mainly directed to teaching French, but later other subjects were included. Dances, receptions and various social affairs were arranged for the men by groups of Y. M. C. A. women workers.

After the Armistice, it soon became apparent that a great deal of additional work would have to be done among the soldiers to save them from the disastrous effects of enforced idleness.

Conferences were held between the Y. M. C. A. and representatives of the army, and a very extensive program of athletic sports, diverse amusements and educational facilities was elaborated.

Contests of all kinds, including football, basketball, horse shows and target practice were inaugurated. Theatrical companies were organized, and the A. E. F. was combed for all men who might be suitable for the work in question.

By occupying the time of the soldiers and giving them definite



interests, it is certain that the morale was greatly improved and that the men were much happier and healthier. That venereal disease was kept down in a most creditable manner was due in considerable measure to this fine cooperative factor.

Mr. Carter, the Chief Secretary, in charge of the work in the A. E. F., was unusually well fitted for the service. A man of broad vision, high intelligence and deep spirituality, he was willing, at all times, to meet the demands of the medical department, and to help in measures that would lessen venereal incidence. He strikingly showed his breadth of knowledge by his approval of the preventive treatment, and by allowing prophylactic stations to be placed in Y. M. C. A. hotels.

### KNIGHTS OF COLUMBUS

The work of the Knights of Columbus did not get fully started until late in the war, but this organization proved its value and its service was extremely efficient. Whenever the medical department made any demands upon it they were met by a most hearty spirit of assistance. They cooperated in every way for the welfare of the men, and the emphasis they laid on amusements and physical recreation was of the greatest benefit in limiting venereal incidence. It may be added that while this organization was under the auspices of the Catholic Church it was strictly non-sectarian.

### RED CROSS

In addition to the versatile field this organization covered, it helped the Department of Urology most substantially by supplying material, medicines, prophylactic stations, etc. It was more elastic than the Quarter-master's Department, and in the beginning could furnish supplies with greater ease and rapidity. It established several hospitals near the front for the treatment of the French poor, endeavoring thereby to lessen venereal disease in the community.

Prophylactic stations were opened at Brest, Bordeaux, St. Nazaire, Lorient, La Rochelle and Nantes, for the use of soldiers and sailors. These stations were of utmost value for the sailors, since they furnished the only opportunity they had for an early prophylaxis. In Brest, from 80 to 100 treatments were given each



day, and on Sundays and holidays sometimes as many as 200.

#### AMERICAN LIBRARY ASSOCIATION

The American Library Association afforded entertainment in the way of literature, and augmented its able service by providing means for healthful, interesting diversion when the men were at leisure. The selection of books was good, and the organization generally formed a most praiseworthy adjunct.

#### SALVATION ARMY

The Salvation Army was located near the front lines, and from the testimony of many hundred men it nobly fulfilled its simple mission of cheer and comfort. Those justly celebrated doughnuts and hot drinks were veritable life-savers.

#### HEBREW WELFARE BOARD

The Hebrew Welfare Board not only looked after Jewish soldiers, but its welcome was extended to all. Its entertainments and social affairs were free and the attendance policy was non-sectarian. It likewise did a great deal for the contentment of the splendid body of young men that constituted the A. E. F.

#### SERVICES OF CHAPLAINS

The A. E. F. was extremely fortunate in having the service of its chaplains under the general direction of such a man as Bishop Hugh Brent of the Protestant Episcopal Church. I do not believe that a happier choice could have been made. Bishop Brent combined breadth of viewpoint, sterling common sense and a deep religious feeling seldom found in a single individual.

Much of the steady, serious attitude of the Army to the control of venereal disease and the consumption of alcohol was the direct, unmistakable result of his influence. He was a close personal friend of the Commander-in-Chief, who turned to him on many occasions for counsel and guidance.

In addition to their religious work the chaplains were always willing to lend a hand, and would fill any place, no matter how disagreeable the duties. In organizations, which had no welfare societies, the chaplains took up the work of these bodies. And in the front line they frequently went into the midst of battle serving and caring for the men and oftentimes acting as stretcher-bearers.



## CHAPTER XXVI

### VENEREAL CAMPS

It is evident that the plan adopted by the American Expeditionary Forces for the care and treatment of venereal diseases was successful and proved to be superior to the methods heretofore accepted. I refer, of course, to the now old-fashioned hospitalization of all venereal cases.

Digressions in the new procedure, however, were inevitable and whenever it was seen that these were necessary, steps were at once taken to meet the situation adequately for it was a constantly stressed policy of our organization to establish the utmost flexibility of technique.

It soon became apparent, for example, that when the divisions went into line the venereal cases could not get proper treatment. So it was decided to build special segregation camps for them.

The camp established at the causal depot at St. Aignan was the first of its kind in the lines of communication. The men passing through this camp were unattached and consequently had no organization medical department to care for them.

Later the Base Surgeon of Base Section No. 1 established camps for the accommodation of all the section venereals. I was thoroughly familiar with the conditions there and was convinced that this departure was entirely unnecessary, since the usual plan had worked quite satisfactorily.

After the armistice, camps were established at Bordeaux, St. Nazaire, Brest and Le Mans for the reception of venereals who were discovered among the troops returning home. These camps grew to large proportions and one of them had at one time about 6,000 patients.

There was a great deal of discussion among the medical officers as to the relative merits of the two plans of treatment, that is, treatment with the organization or treatment in venereal centres. The points in favor of retaining the venereals were that it saved the army from the burden of the construction and maintenance



of large camps, and that it retained the men with the organization where their services could be utilized. It was, moreover, demonstrated that thoroughly adequate treatment could be given; that there was no evidence to show that there were any more complications; that the treatment was not any longer; nor that the ultimate cure was any less certain.

The points urged in favor of the camp were that they separated the men from contact with their fellows; that the civil population could be better protected; that the treatment was much superior; and that their labor could be utilized.

In regard to the contention that there was danger of infection of the other soldiers and the civil population, it may be said that there was not a single instance of accidental infection reported, and that the civil population could be protected if proper care was taken to restrict the men to camp. The treatment in the camps was not shown to be superior and no means was ever devised for employing the patient's labor for real army purposes.

This labor problem at the segregation centers was not settled, not perhaps a surprising thing, seeing that labor problems never are. For the most part, the men were forced to do things incident to the welfare of the camps. At Brest none of them did any work at all outside of the camp until toward the end. When they were sent out the result was not satisfactory, for the reason that it conflicted with treatment and that unduly heavy work was imposed which caused complications.

About the same story may be told of the camps at Le Mans, Bordeaux and St. Nazaire. At St. Aignan there was almost continual clash between the medical officers and the line officers about the number available for duty and the kind of work suitable. At no time at St. Aignan did the medical officers consider that more than 20 per cent were available for outside duties.

If camps of this kind are adopted they surely should be located near large centres of construction, such as assembling shops, machine shops and so on, where the work of the patients could be supervised and proper control be kept on the kind and amount done. The trouble is that the men are required to work en masse and are thus deprived of the special personal care which they get when they remain with their organization.



A careful observation convinced me that venereal camps should not be formed except where the cases could not be cared for with the organization.

The number in the camps from July to September and the number discharged daily are shown in the following table:

PATIENTS IN VENEREAL CAMPS

		Bordeaux		Brest		Gievre		St. Nazaire	
Date		In camp	Dis-charged	In camp	Dis-charged	In camp	Dis-charged	In camp	Dis-charged
July	6	810	66	2,100	31				
	8	801	12	2,231	67	.....	...	1,119	23
	9	777	25	2,293	39	.....	...	1,165	31
	10	768	16	2,325	79	.....	...	1,300	26
	11	742	30	2,719	74	1,735	5	1,302	23
	12	728	18	2,715	89	1,679	...	1,282	62
	13	715	19	2,735	54	1,654	354	1,306	3
	14	674	45	3,023	34	1,934	...	1,282	62
	15	655	23	3,053	90	1,869	...	1,253	39
	16	649	15	3,140	48	1,847	147	1,242	24
	17	623	27	3,227	80	1,772	42	1,250	
	18	547	32	3,300	69	1,683	114		
	19	539	16	3,307	75	1,544	70		
	20	542	..	3,607	62	1,489	91	1,277	
	21	498	49	3,642	57	1,466	...	1,257	
	22	500	5	3,719	99	1,381	151		
	23	493	9	3,701	83	1,364	86	1,277	
	24	488	8	3,731	71	1,308	35	1,285	
	25	483	8	3,771	84	1,332	73	1,296	
	26	479	5	3,764	70	1,289	35	1,300	
	27	480	..	3,786	143	1,230	66	1,303	
	28	469	11	3,848	57	1,231	...	1,307	
	29	466	9	3,865	76	1,188	114	888	424
	30	468	9	3,831	96	1,159	...	845	43
	31	473	10	3,754	115	1,121	14		
Aug.	1	465	15	3,734	116	1,088	51	829	16
	2	455	13	3,902	64	999	78	824	26
	3	461	..	3,856	86	1,011	21	775	49
	4	453	10	3,930	73	1,000	...	773	4
	5	456	..	3,963	78	966	99	702	72
	6	454	6	3,953	72	925	13	694	10
	7	443	15	4,084	98	906	37	674	27
	8	439	10	4,109	85	890	51	648	29
	9	440	..	4,130	77	872	32	626	30
	10	437	5	4,166	73	868	68	610	24
	11	417	54	4,304	94	842	...	623	
	12	416	6	4,304	105	816	30	600	27
	13	405	12	4,268	125	774	21	596	9
	14	398	8	4,224	122	750	...	600	10
	15	403	..	4,204	93	.....	...	574	30



PATIENTS IN VENEREAL CAMPS (*Continued*)

		Bordeaux		Brest		Gievre		St. Nazaire	
Date		In camp	Dis-charged	In camp	Dis-charged	In camp	Dis-charged	In camp	Dis-charged
16		401	5	4,184	101	.....	...	557	23
17		406	..	4,315	89	.....	...	556	12
18		388	32	4,335	93	.....	...	563	
19		393	..	4,388	104	.....	...	559	21
20		386	16	4,456	102	.....	...	550	15
21		383	12	4,592	76	.....	...	558	
22		393	..	4,903	67	.....	...	530	32
23		402	4	4,904	109	.....	...	518	20
24		407	..	4,840	133	.....	...	505	20
25		387	21	4,824	137	.....	...	505	
26		395	..	4,853	41	.....	...	540	49
27		369	28	4,749	196	.....	...	520	24
28		375	9	4,660	167	.....	...	525	5
29		375	..	4,544	152	.....	...	515	11
30		373	11	4,455	115	.....	...	524	6
31		...	..	4,336	149	.....	...	527	9
Sept. 1		...	..	4,188	174	.....	...	522	5
2		...	..	4,128	209	.....	...	526	8
3		...	..	4,249	133	.....	...	411	123
4		...	..	4,238	173	.....	...	405	8
5		...	..	4,095	161	.....	...	393	15
6		...	..	3,976	187	.....	...	395	8
7		...	..	3,852	171	.....	...	389	12
8		...	..	3,831	77	.....	...	388	5
9		...	..	3,777	159	.....	...	394	2
10		...	..	3,673	136	.....	...	32	362
11		...	..	3,742	158	.....	...	33	
12		...	..	3,834	103	.....	...	63	
13		...	..	3,779	114	.....	...	83	
14		...	..	3,734	100	.....	...	91	3
15		...	..	3,689	91	.....	...	100	2
16		...	..	3,743	7	.....	...	106	2
17		...	..	3,778	2	.....	...	109	
18		...	..	3,214	277	.....	...	114	
19		...	..	3,172	144	.....	...	78	49
20		...	..	3,063	155	.....	...	93	1
21		...	..	3,012	93	.....	...	97	2
22		...	..	3,006	53	.....	...	74	32
23		...	..	3,036	112	.....	...	33	48
24		...	..	3,042	99	.....	...	41	4
25		...	..	2,993	100	.....	...	47	1
26		...	..	2,974	64	.....	...	55	1
27		...	..	2,994	37	.....	...	46	16
28		...	..	3,001	56	.....	...	14	32
29		...	..	3,001	57	.....	...	2	13
30		...	..	2,949	94	.....	...	2	



The details of the care and treatment of the patients in the camps and of the general plan of organization and management will be told in the attached reports, one from Captain Edelson, commanding medical officer at St. Aignan, and the other from Major Eaves, the commanding medical officer at Brest.

The following is the report made by Captain Edelson.

**Construction of Camp.**—This camp was built on a well-drained sandy slope. The barracks at first were made of tents but later they were replaced to a considerable extent, by wooden huts. The administration office, kitchen, amusement and recreation huts were made of wood.

**Camp Headquarters.**—Control of the camp was placed under a line officer part of the time, and part of the time under a medical officer. This point was not satisfactorily settled. The medical officers thought that they should have full charge, and the line officers contended that, since the camp was to be on a military basis, it should be under a line officer. It had the usual camp officers, camp adjutant, personnel adjutant, battalion commander, supply officer, construction officers, summary court officer, two non-commissioned officers acting as chief and assistant chief clerks, service records and pay roll officer, transportation and evacuation department, information and admission department, and detail department.

**Camp Adjutant.**—All incoming correspondence and papers passed through the camp adjutant's office. All outgoing papers and returns were sent through this department for verification and approval prior to their being mailed or delivered by courier. This department also handled the general administration of the camp.

Battalion Headquarters consisted of one officer, one sergeant major and one clerk. This department was responsible for the company administration, made transfers of personnel, had charge of replacements, handled matters of discipline, and took charge of all reports pertaining thereto.

**Statistical and Personnel.**—The personnel consisted of one officer, one non-commissioned officer and two clerks. This department maintained a card index file of all discharged patients and of all those in the camp. It originally requested all orders for transfer of patients, but later these orders were issued and forwarded to the Depot Adjutant for approval. Sufficient copies were delivered to the Evacuation and Transportation Depart-



ment, and to service records at Battalion Headquarters. This routine was occasionally changed.

**Service Record and Pay Roll Department.**—This was directed by a non-commissioned officer; and a non-commissioned officer and clerk had charge of service records, rosters and endorsements, miscellaneous entries of summary court-martial sentences, in service records, and number of days lost under General Order No. 45. Two non-commissioned officers and one clerk had charge of compilation of pay rolls.

**Summary Court Department.**—Officer as Summary Court, two clerks as assistants. At the time of the admission of a patient a record was made of the information necessary for the preparation of a charge sheet, including patient's name, rank, organization, source, duration of infection, if previously tried for an offense, etc.

When pronounced cured at treatment room, the patient's name was sent to this department by the Statistical Section, in order to check the records and see that no man was transferred from the camp without having been tried. One copy of the charge sheet was delivered to the service record department for entry and file with service record.

**Transportation and Evacuation.**—The supply officer had charge of all transportation, with two non-commissioned officers as assistants. Upon receiving orders for evacuation this department notified the company's first sergeant, giving names of the men to be evacuated, and the time of evacuation required.

**Details Department.**—This department kept a card index file showing the names of every patient in the camp, with his classification for labor. All changes in classification were kept up-to-date by a roster furnished by the record office. In this manner every man in camp was accounted for. All detail rosters were furnished by this department every evening to the Commanding Officer of the camp. This showed how many were available for details, and what kind of work was suitable for them.

**Admission Office.**—One medical officer was in charge, with one non-commissioned officer and two clerks as assistants. Every patient who was admitted to this camp passed through this office. A record was made showing admission, name, company, rank, number, and organization on form 552 A. G. O.



He was then examined by the Medical Officer and his history was written up on his clinical record. He was given a small card showing the company to which he had been assigned, and the department to which he was to report for treatment. A copy of this information was sent to the Statistical Section, one to the detail office, and one accompanied the man when he was sent to his company.

**Construction Department.**—An Officer was in charge with one non-commissioned officer as assistant. This department had charge of the carpenter shop, paint shop, construction of buildings, grading and draining, road building in camp, and ground decoration.

The following classifications were made concerning labor and the kind of work to which the men were assigned:

**O Class.**—First, gonorrhea very acute; second, primary syphilis with contagious lesions; third, eroding chancre; fourth, inguinal adenitis; fifth, all cases developing acute complications of any kind. All of the above cases were hospitalized and lost their pay, in accordance with army regulations.

**C Class.**—This class comprised cases of gonorrhea where the acute condition had subsided; healing chancre; and patients who were convalescents. These men might do light duty such as policing, barracks orderlies or clerical work.

**B Class.**—This class consisted of cases of gonorrhea with no symptoms except a slight discharge; chronic gonorrhea of a mild type; and simple uncomplicated chancre. These men might be given any duty except extremely heavy work, which required straining and lifting. Examples of the kind of work to be avoided were: Ditch-digging, road-building and carrying of heavy loads.

**A Class.**—This class comprised men who were considered as cured. They could do all practical work which might be performed by healthy men. It was imperative that close observation should be kept upon the effect, for it was obvious the men should be relieved as soon as any symptoms arose.

Classes C, B and A were on full duty status and drew full pay. All patients who passed from one class to another were very closely observed for increase of symptoms. If such were



found they were immediately turned to the class below, or possibly to Class O.

The experience of this camp indicated the following class percentages:

O Class.....	5 to 7 per cent
C Class.....	18 to 20 per cent
B Class.....	40 to 43 per cent
A Class.....	28 to 30 per cent

**Graduated Labor.**—It is evident that labor must be graduated so that a particular kind must be chosen for the venereals, rather than the venereals chosen for the particular work. Below is a summary of work performed by patients, the regulations concerning it, and the classes from which details for labor were drawn:

**Labor Performed outside the Limits of the Camp.** *Class A.*—Details Sanitary Squad, non-commissioned officers 20, privates 175. Character of work; ditch digging for disposing of night soil and refuse, shop details, removal of manure, removal of night soil and garbage, hauling of sand and gravel for use in and about kitchen, street cleaning and attention to Lister bags.

*Class B.*—Removal of street refuse, cleaning and flushing sewers and gutters and salvage of cans, bones and grease, hauling of fuel for bath houses.

*Class C.*—General care and policing of billets and surroundings, whitewashing bath-houses and billets, and washing and cleaning G-I cans.

**Admission of Patients.**—On the admission to the camp, the patient went through a definite course. The Admitting Sergeant entered his name, rank, organization, etc. in the admittance book, and started his special record and treatment card. He next passed, with his admittance card, to a clerk, and if he had contracted disease in France, and had not been tried for the offense, the necessary data was secured by the clerk and forwarded to the Summary Court Officer. He then went before a medical officer who made a preliminary examination and completed the data on the clinical card. Next he received a small billeting card, on which was his name, rank and the company to which he was assigned.



At the next regular hour for the examination of new patients, he was taken to the treatment department for a careful examination; his labor qualification was estimated, and a course of treatment was prescribed, and noted on each card. The record and treatment cards remained in the treatment department, the small card having been returned to the company headquarters' office.

**Formation of Companies.**—The maximum size of a company was 120 men, which was the capacity of a barrack, and as far as possible they were made up of patients having the same disease and the same labor qualifications.

**Examination of Patients.**—The examination of patients was held at regular intervals in order to determine their condition.

O class was examined daily at 1:00 p.m.

C class was examined every third day.

B and A classes were examined twice a week.

Since the number of patients was so large, it was found necessary to divide them into classes of 30 or 40, in order to conduct the examinations more expeditiously. From 120 to 150 were examined daily. Their names, with hour of examination, were posted on the bulletin board of the treatment room, in the following manner:

C Class Examination

*Monday and Thursday*

9:00 a.m.

Abner, J. S.

Brown, Henry

Cohen, Isidore

Evans, Will

11:00 a.m.

Kaufman, H.

2:00 p.m.

Peterson, Charles

4:00 p.m.

Tate, W. L.

Similar cards were posted, listing different names, at the company orderly room.

**General Consideration of Treatment.**—The hours for treatment were arranged so that there was no interference with their work.



O classes were treated three times daily:	7:00 a.m.
	12:00 n.
	4:30 p.m.
C classes were treated twice daily:	6:30 a.m.
	4:30 p.m.
B and A classes were treated twice daily at:	6:30 a.m.
	6:00 p.m.

From the above, it will be seen that the cases of O class, who were in the camp all day, with no duties to perform, received their treatment later in the morning and earlier in the evening than the others.

C class cases, while being in camp, had duties to perform, and were treated early, at 6:30 a.m., so as to permit them to attend to their wants and be ready for their labor at 7:30 a.m. On completion of their labor at 4:30 p.m. they reported again for treatment.

B and A classes, having "downtown" duties, were treated at 6:30 a.m. After mess, they were formed in squads, in charge of a non-commissioned officer, and marched off to their work. Returning at 5:00 p.m., they were checked in by the detail officer, had their mess, and then reported for their evening treatment at 6:00 p.m.

The treatment department was divided into three sections, syphilis, chancroid and gonorrhea. Each section was in charge of an officer who was responsible for all details of treatment. The chief of the syphilis section had two assistants; the chief of the chancroid section had two, and the chief of the gonorrhea division had three.

The rooms were so arranged that about 500 treatments might be given during a period of forty-five minutes. The room devoted to syphilis was about 20 feet square, with a small room for holding examinations and taking care of the records. Four rooms were utilized for the treatment of gonorrhea; these comprised an irrigating room, with facilities for irrigating 40 patients at one time; an examination room, record room, and cystoscopic and urethroscopic room. The east room was completely equipped with urethroscopes and cystoscopes, and an instrument table for small operations.

The room for the treatment of chancroid was 20 feet square and



was adjacent to the laboratory, which had a good dark field apparatus.

**Laboratory.**—A fairly well-equipped laboratory occupied one room in the treatment building. One experienced medical officer was in charge, with two assistants. These men took care of all the routine dark field examinations and microscopic examinations.

**Treatment of Gonorrhea.**—Let us follow a case through. On the day of admission to the camp the patient reported to the medical officer at 11:00 a.m. or at 3:00 p.m. A smear was immediately taken, then a complete examination of the genitalia was made and complications recorded. He next passed his urine in two glasses and the findings were entered on his treatment card. The officer then classified him, and informed him as to the hours of treatment and as to the nature of the treatment which he would have.

**Treatment of O Class.**—Cases presenting themselves with copious discharge, swollen meatus, both urines clouded, pain on micturation, were classified as O and sent to the hospital for complete rest. They were put to bed and given large quantities of water, 5 gr. salol and 30 gr. of bicarbonate of soda daily. They were not given any local treatment until the acute symptoms had partially subsided. After this they were put on protargol  $\frac{1}{2}$  of 1 per cent, three times daily, and were kept in the hospital until all of their acute symptoms had subsided. Later they were placed in class C.

**Class C Treatment.**—Cases in this class were usually without complication, not much pain on urination but showed copious discharge and cloudy urine. These men were put on  $\frac{1}{2}$  of 1 per cent protargol, three times daily, which was continued until the discharge was scanty and the second urine clear.

They were then given two hot permanganate of potash irrigations 1 to 10,000, followed by injection of 1 per cent protargol, which was retained in the urethra for ten minutes. This treatment was continued until both urines were clear, but still contained shreds. At this stage the man was transferred to class B.

**Class B Treatment.**—In B class a complete examination was made of the prostate and vesicles. A prostatic massage was



given and smears were made of the secretion after the patient had been given an irrigation of 1 to 12,000 nitrate of silver solution.

On the following two days he received hot permanganate of potash irrigations of 1 to 6,000 daily, and on the third day he reported for a prostatic massage and smear. The condition of the urine was recorded daily. If both urines were clear and there were no shreds he was transferred to class A for urethral examination and discharge from the camp. If the urine continued to show shreds, the urethra was explored with a urethroscope or suitable sounds and any complications discovered were treated.

**Class A Treatment.**—When a patient was put in class A he reported with a treatment card to the director of treatment. A careful study of his history and treatment was made, and colored tickets were given to him, indicating to which department he was to apply for treatment. For instance, a blue ticket called for a massage and a silver irrigation; a half red and white ticket called for sounds and irrigation. In this class, the patient remained until he was ordered to appear for final examination and discharge.

**Treatment of Complications.**—Complications were treated as they arrived and according to the usual manner.

**Treatment of Chancroid.**—The principal object in the treatment of these cases was thorough cleansing and complete drainage. The cleansing was accomplished best by very frequent applications of normal salt solution, applied by the patient himself.

When it was found necessary to apply some stimulating medication, iodoform was dusted on the sores, or a light application of nitrate of silver was made. All forms of strong cauterization, however, were contraindicated. Those which were very sluggish were treated with balsam peru or castor oil.

Glands in the groin, in very early cases, were injected with iodoform emulsion. When these went on to fluctuation, or were found in this stage on the admission of the patient, an incision was made, and thorough cleansing was obtained with Dakin's solution. The severe cases were sent to the hospital and put to bed.

**Syphilis.**—Great care was exercised in the diagnosis of all sores. Experience covering a number of months taught the



invaluable lesson that all sores should be looked upon as chancres until they are proven microscopically otherwise.

No treatment was given the sores until we had an opportunity to make several thorough examinations with dark fields. This was done every third day for the first two weeks. The treatment with salt solution did not interfere in any with the finding of spirochaetæ. If these repeated examinations proved negative for five weeks, a Wassermann was done when the sore had healed, and another Wassermann after two months. Even then the patient was advised to have a third after he had been discharged from the service.

When the diagnosis of syphilis was established, the treatment, as prescribed by the "Manual of Urology," was carried out (see page 118).

**Dental Service.**—A complete dental office satisfactorily equipped was established, with an officer, and an assistant, in charge. Certain hours were assigned for syphilitic patients, and all such cases were required to present themselves for examination. The other patients were not required to go, except when as the occasion demanded it.

**Requirements for Discharge of Patients.**—The syphilitics were discharged upon the completion of one course of treatment, provided all lesions had healed.

Chancroid cases were discharged when all lesions had healed and the patient had had at least three negative dark field examinations, and one late negative Wassermann reaction.

Gonorrhea cases were required to have a cessation of the discharge and clear urine. If a discharge was still present it had to be free of gonococci as judged by three negative smears, and a physical test of at least five days of hard working or marching.

**Non-specific Urethritis Where the Muroid Discharge Was Free of Gonococci.**—All these patients after having been recommended for discharge by their commanding officer, were passed on by a final examination board. This board consisted of the chief of the gonorrhea department, the chief of the syphilis department and the chief of the medical service. It met daily at 3:00 p.m. The men were stripped, and each member of the board personally examined every individual, so as to see that the



claims made for him were correct, and that nothing had been overlooked.

**Length of Time of Treatment.**—The length of time of treatment of acute gonorrhea, as compiled from statistics of over 5,000 cases, shows:

Under one month.....	32.8 per cent
Under two months.....	61.2 per cent
Under three months.....	5.5 per cent
Over three months.....	0.5 per cent

For chronic gonorrhea it was:

Under one month.....	41.7 per cent
Under two months.....	46.0 per cent
Under three months.....	11.0 per cent
Over three months.....	1.3 per cent

For chancroid it was an average of 38 days.

For syphilis it was 42 days or time for one complete course of treatment.

**Proportions of Diseases Treated.**—From the statistics of over 5,000 cases treated, we have the following:

Gonorrhea.....	64 per cent
Syphilis.....	21 per cent
Chancroid.....	12 per cent
Gonorrhea and syphilis.....	2 per cent
Non-venereals.....	1 per cent

**Officer Patients.**—The status of the officer patients was never settled. When they came into the camp they were assigned duties ordinarily done by sergeants, and were quartered and messed with the staff.

Their status changed from time to time. For instance, from August to December, 1918, they were assigned to duty with full pay and no punishment. From December to March they were confined to the limits of the camp on full pay with no duty. From March to July they were assigned for observation and treatment with no pay.

**Conclusions.**—The following conclusions were made by the medical officer, whose report furnished this data:

Humane consideration and common sense should be the guiding principle in such a medical labor camp. The men should always be treated as other patients, and not as outcasts or criminals. They should be made to understand that they are afflicted with



an infectious disease, and can not be allowed unrestricted freedom. It has been demonstrated that if these principles are adhered to, a hearty cooperation may be expected from the men.

**Discipline.**—Strict discipline should be maintained, and the patients told emphatically that since they have broken a General Order by contracting venereal disease, the ordinary privileges of a soldier must be denied them.

**Labor.**—Labor should not be of a severe nature, but graduated to suit conditions and not to interfere with the hours of treatment.

**Amusements.**—While not working, amusements should be provided, to wit, frequent entertainments, instructive moving pictures and such athletics as would not aggravate their condition.

**Administration.**—The camp should always be under the command of a medical officer, and under the complete supervision of the medical department. The same treatment should be given to all venereals, whether they are officers or enlisted men.

#### SEGREGATION CAMP, CAMP PONTANEZEN, BREST

This camp was primarily established for the reception of venereal cases discovered among the embarking troops. The camp was organized and built up from its very inception by Major Eaves, and it is due largely to his ability, initiative, skill and general good management, that it achieved such a success. To Colonel Strayer, general camp surgeon, is due great credit for having assisted in every way possible, and for his hearty sympathy and cooperation. Without his aid the camp could not have been made what it was.

The camp was not enclosed, nor was a close guard placed around it. The honor system was put in force and the results obtained showed that such a policy may be used with signal success. The patients not only cooperated in every way, but were satisfied with their surroundings, and were willing to stay as long as necessary for their treatment. During a period of seven months only six A. W. O. L. cases were noted.

All patients were classified under three headings:

Class A, acute venereal cases, who were unable to move about, and not physically fit for even light duty. These were marked sick "not in line of duty" and drew no pay while they were so classified.



Class B, convalescent patients. These were marked "light duty" and received pay.

Class C, those capable of performing full duty, and received full pay.

The patients were formed into companies, companies into battalions, and battalions into brigades. As soon as new companies were formed they were assembled and given a direct talk by the commanding officer. They were told exactly what was expected of them in the camp, and were also informed that, although they had contracted a venereal disease, they would not at any time be looked upon as outcasts or treated in any manner that would bring discredit to them as individuals.

Although the honor system was the prevailing policy, military regulations were always enforced, strict attention was required of every man as to his conduct and correct military attire; scheduled hours for bathing were maintained; and on every Saturday morning an inspection and review of the entire brigade was made.

**Treatment of Gonorrhea.**—All of the acute cases of gonorrhea were confined to the hospital, and were not required to do any work. These had a twice daily irrigation of potassium permanganate 1 to 3,000. The subacute or milder cases were allowed to be up, and in the majority of instances received two injections of  $\frac{1}{2}$  of 1 per cent protargol daily. The chronic types were treated with dilatations, prostatic massage and irrigations with silver nitrate.

**Requirements for Discharge.**—No case was allowed to leave until the discharge had ceased and the urine was clear, or until the discharge had been shown to be free of gonococci.

**Treatment of Chancroid.**—All of the acute eroding types were put to bed until the lesion became inactive and showed signs of healing. The milder cases were kept on duty. Great care was taken with these in order to be sure that they were not examples of mixed infections. They were given dark field examinations twice a week, and after they had healed, provided the former examinations had been negative, two Wassermanns were required before they were allowed to leave the camp.

The treatment found most efficacious was frequent irrigations with salt solution. Cauterization was never done. Iodoform,



bismuth, potassium permanganate, peroxide and copper sulphate were found good in certain cases.

**Treatment of Syphilis.**—Syphilitic cases were given the usual 42 days' course of treatment, as outlined in the "Manual." They were then discharged, provided all of their lesions had healed, with explicit directions as to their reporting to their organization medical officer for further treatment at the end of 30 days.

**Labor.**—Not until very late in the history of this camp were any details sent to do work outside of limits. All of the work in the camp was performed by them, except that connected with the handling of food or eating utensils. These duties were all reserved for healthy men.

Later, owing to a ruling from the Commanding General, a number was sent out every day to do policing of a near-by camp. Their work was not altogether satisfactory to the camp authorities, for the reason that the medical officer required them to be in early for their treatment. The ubiquitous labor bogey haunted Camp Pontanezen as it did the other venereal camps and it refused to be exorcised.



## CHAPTER XXVII

### AMERICAN EXPEDITIONARY FORCES IN ENGLAND

(Base Section No. 3)

During the active months of transportation of troops from the United States about 60 per cent was carried in English ships and landed at Liverpool. At this place they were detained from one day to two weeks awaiting train service.

The camp at Liverpool was large and comfortable but it was situated within the city and had no enclosure other than a small fence. Thus it was impossible to confine the men to camp and accordingly from 500 to 1,000 were on the streets of Liverpool every evening.

The prophylactic facilities in the camp were poor, the stations were not well-equipped, the attendants were ill-trained and slight attention was given the treatment by the medical officers.

The general policing of Liverpool was good but surprisingly little care was directed to the control of prostitution. Hundreds of prostitutes of all kinds, professional, semi-professional and "charity" were to be found on the streets, in the cafes and around the lobbies of hotels and theatres especially in the late afternoon and at night.

But one result could arise from such conditions. The men were almost constantly thrown into contact with strong temptations and this with improper prophylactic facilities was the cause of hundreds of new cases of venereal disease.

After leaving Liverpool, some detachments were sent directly to Southampton, while others whose men needed rest went to the camp at Winchester where they remained from one to three weeks.

The camp at the latter place was large, very well situated and altogether quite satisfactory. The town, which was about four miles away, was well policed and offered very little opportunity for sex exposure. The surrounding country was carefully



patrolled by the British and all objectionable women had been sent away.

At Southampton, however, conditions were bad, so that it was fortunate that the troops detained there usually remained no longer than a single night. While there they could always get permission to go into town and very little notice was taken as to whether they had passes or not.

This city abounded in disreputable women who had come from all parts of England and some even from France. The streets, cafes and public places rivaled a French city in its number of immoral girls and no pains were taken to hide their public association with soldiers.

The whole matter could have been easily solved by confining the men to the camps during the few hours that they remained there. Nothing could have been simpler and no hardships, either, would have been entailed.

**Permanent Troops in Base Section No. 3.**—About 30,000 men were permanently stationed in England, Scotland and Ireland for the purpose of assembling, building and repairing airplanes. In addition to these, 500 men and 200 officers were with the headquarters detachment in London.

The aero-troops in England were billeted around London within a radius of 20 miles, but none, except the headquarters detachment, was in the city proper. The organizations in Scotland and Ireland were located usually near the coast.

These aero-squadrons were supposed to be under the usual military restrictions, but as a matter of fact they were almost on a civilian basis. When they finished work they were allowed to go anywhere in the neighborhood and return at any time before midnight, but since no records were kept of their coming or going it amounted to almost complete freedom. They did not go to London without passes, but these could be obtained whenever desired, and 50 per cent of the command went there for week-end visits.

No one knew just how many were on leave in London, but it was estimated at about 5,000 weekly. They were supposed to report upon arrival and upon leaving, but since there was no way to enforce the rule it was generally disregarded.

Notwithstanding the facts, the prophylactic stations showed



but relatively few treatments. During the months of August and September, 1918, there was a total in the two months of 1,024 treatments, representing 855 individuals, of whom about one-half were sailors. During the month of October the number was only 281.

Of the 1,024 treatments during August and September, 595 were given between mid-night and mid-day; 429 between mid-day and mid-night.

The fact that the majority applied for treatment in the morning indicated that the men had been exposed all night or were several hours late in reporting at the prophylactic station. The average time between exposure and treatment was three hours and twenty-four minutes; in 13 cases it was ten hours; in 17 cases it was ten and a half hours; in 28 cases it was eleven hours; and in 12 cases it was twelve hours.

The number of treatments, contrary to the usual rule, was not greater on Sundays than on week days.

The only station which was accessible to men on leave was at the Y. M. C. A. Eagle Hut. This was in a very small room not large enough to accommodate more than two or three men at one time and was poorly equipped and kept. The sergeant in charge had never been properly instructed in giving the treatment and medical officers visited it only occasionally.

The organizations' prophylactic stations were, with few exceptions, hardly worthy of the name. They were usually equipped with one syringe, an open glass of protargol solution of unknown strength and an uncovered jar of calomel ointment. There were no washing facilities.

The troops comprising the headquarters detachment in London, even more than the aero-squadrons, were to all intents and purposes on a civilian basis. The venereal inspection to which they were subjected was that in name only, for the medical officer was unable to assemble them at one time, consequently he was obliged to examine them as they voluntarily came.

The consequence of these lax conditions was a high venereal rate. As a matter of strict fact the actual rate was surely much higher than that reported. This was proved by the fact that records in the Base Surgeon's Office in London were not complete and that the individual detachment records were extremely



inaccurate. This fault was largely corrected when Major Lyons took charge, but the improvement came too late.

**Woman's Auxiliary Army Corps.**—About 250 girls were billeted at the camp at Winchester. They were members of the Woman's Auxiliary Corps, and apparently were very sturdy and well-disciplined. It was the opinion of most of the officers that there was very little improper association between these girls and the American soldiers. A different state of affairs existed at the Aircraft Reception Park. There 153 girls, many notoriously lewd, were employed in assembling machines, driving trucks and doing office work, and many of the 156 American soldiers who were doing similar work at the same place contracted venereal disease from them.

**Prophylactic Stations in British Camps.**—In one camp where 900 British troops were quartered only one prophylactic station was available. Its equipment consisted of a few small bottles of potassium permanganate solution, and some tubes of a  $33\frac{1}{3}$  per cent calomel ointment. The soldiers used the treatment privately and no record was kept. The sergeant claimed that from eight to ten treatments were taken daily.

Several similar stations were found in other British camps, but the men were not forced to take the treatment, nor was any exact instruction given them about its use. Consequently, prophylaxis in the British army was not an important factor in the control of venereal disease.



## CHAPTER XXVIII

### AMERICAN SAILORS IN ENGLAND

During the month of November of 1918, I was told at Naval Headquarters in London that approximately 500 sailors were on permanent duty, and that there was a daily average of about 400 men on leave, and an additional 800 on leave scattered throughout England, Scotland and Ireland.

The Navy had not established prophylactic stations for any of these men, but expected them to go to the army stations if they wished the treatment. Naval Headquarters had no knowledge regarding the number of treatments given to sailors and excused their ignorance on the ground that the Secretary of the Navy had forbidden the establishment of naval land prophylactic stations. At the Y. M. C. A. Eagle Hut, London, 477 prophylactic treatments had been given to sailors during the month of October.

It was impossible to get the exact venereal rate of the sailors, but I was told by the Senior Surgeon in London that it was about three times that of the Army.

At Southampton it was estimated that 200 sailors came ashore every evening. A large number was seen on the street with girls, and according to one of the naval police, many spent the night with them. No prophylactic facilities of any kind were furnished by the Navy, except very insignificant stations on the boats, which gave only four or five treatments a day.

This was extremely regrettable and certainly resulted in many infections which could have been easily prevented. When surprise was expressed at this strange indifference, the excuse was given that the Secretary of the Navy did not favor prophylaxis and consequently they did not intend to take any active part in the matter.

One prophylactic station was established at the Naval barracks in Liverpool, but I was unable to learn the number of treatments given. The medical officer on one of the boats, which had been cruising around Liverpool for five months, said that they had had a total of 111 cases in a strength of 126 men.



## CHAPTER XXIX

### VENEREAL DISEASE AMONG THE SAILORS

Mr. Josephus Daniels, Secretary of the Navy, was not sympathetic with the idea of medicinal prophylaxis. He went so far as to prohibit the use of the packages altogether, and his inflexible, prejudicial attitude discouraged most of the medical officers from taking any interest whatsoever in prophylactic stations on ships.

Many of them told me that they were in danger of getting into trouble if they said much about this treatment, or became at all energetic in its use.

I learned of several instances where naval officers who had espoused the cause actively had been sent to some out-of-the-way stations.

One official on shore duty said that he had been convinced of the extreme value of prophylaxis by his own observations, but that he was helpless as his hands were tied in the matter.

**Prophylactic Stations.**—Satisfactory stations were found on only a few boats. Most of them did not deserve the name of stations at all, for they were usually in a corner of the toilet, and equipped with a dirty syringe, an exposed vessel of protargol and an open jar of calomel ointment.

There were no facilities for washing and altogether the best that could be said for these so-called stations was that they constituted a disgracefully unsatisfactory and insanitary make-shift.

The men were allowed to exercise their individual option as to whether or not they should take the treatment, and as no penalties were provided, they were naturally extremely careless. Those who returned to the ships intoxicated were not forced to take any precautionary measures, but were allowed to go directly to bed.

**Leaves.**—One-half of the crew was given shore leave from 1 to 10 p.m., and many of the boats allowed a large proportion to remain away all night. This was especially true at Bordeaux, and at some of the smaller ports.



No provision, whatever, was made by the Navy for shore prophylaxis, and inquiry further revealed that from 70 to 80 per cent of the sailors were exposed during the first week in port. Furthermore, it was found that on many of the boats leaving Bordeaux after a ten day or two weeks' stay, 25 per cent of the gun crews developed venereal infections.

To meet this rather appalling situation, the Red Cross established prophylactic stations for the use of sailors in Brest, St. Nazaire, Bordeaux, Nantes, Lorient and La Rochelle. The entire expense was borne by the Red Cross, but the stations were conducted by naval hospital stewards and were under the general charge of naval medical officers.

The one at Brest gave from 80 to 100 treatments a day; at Bordeaux from 100 to 150; and the smaller ones from 15 to 25. The treatments were given very early after exposure, the average time being 33 minutes. The venereal rate decreased rapidly after the establishment of these stations. At the height of their success, the Secretary of the Navy sent a special cablegram to the Admiral of the port of Brest commanding him to take away the naval personnel, and to have no official connection with the stations.

This was most unfortunate, and in some respects disastrous, for it was followed by the immediate rise of the venereal rate among the sailors.

Later the station at Brest was run under another name, "Surgical First Aid Station," and continued the prophylactic work in connection with general medical treatment. The stations at the other places, however, were discontinued.

In the English ports, conditions were far from satisfactory. At Southampton from 200 to 300 American sailors were in town every night and many of them, according to the statements of naval police, spent the night with women. No prophylactic facilities were offered in the towns, and no insistence on their taking it was made after their return to the ship.

Similar conditions were found in Liverpool, and the rates on some of the boats were shockingly high. In the British Isles about 1,200 sailors were on leave daily traveling from place to place, and in London alone there were sometimes as many as 500 to 600.



These men had access to the army stations, but not one was provided by the navy. The attention of some of the naval officials was drawn to the matter but they said they were afraid to establish land stations on account of the attitude of the Secretary of the Navy.

**Venereal Rate, Boat's Crew.**—One boat which had been on duty about five months in the waters around Liverpool had had 111 cases of venereal disease in a strength of 126, and another left Havre with 42 cases of venereal disease in a strength of 56.

Many of the transports, with an armed crew of 25 men, not infrequently had 25 per cent of new infections, as the result of a ten days' stay in port, and in some cases as high as 50 per cent of the crew was infected at one time.

This was a very dangerous condition, since the presence of venereal disease might interfere with accurate firing.

I am not overstating facts in the least when I say that the attitude of the Secretary of the Navy to prophylaxis was responsible for several thousand cases of venereal disease during this present war, and it is impossible to calculate how much this lowering of efficiency cost the navy, and the army as well.

**Treatment of Venereal Disease.**—The treatment of venereal disease in the navy of the overseas division was not standardized, and each medical officer was allowed to give whatever remedies he thought best. This caused great lack of uniformity.

It was forbidden to give salvarsan on board the ships, consequently chancres which appeared en route were not treated with this essential preparation until they were placed in a hospital on shore. Such delay often made the difference between a curable and an incurable case.

The navy should adopt a standard course of treatment, and see to it that it is carried out wherever needed.

Ships should be provided with modern and clean prophylactic stations in rooms set apart for this specific purpose with a competent hospital steward in charge. Furthermore, regular lectures should be given concerning prophylaxis, showing its importance, and urging that it be taken as soon after exposure as possible.

And when men go off on long passes (from four to twelve hours) they should be able to obtain, without cost, prophylactic



packages. All big cities, which are frequented by large numbers of sailors, should have naval prophylactic stations. There is no possible excuse for doing away with these stations, nor for the abolition of the prophylactic package. Failure to heed these simple preventive measures entailed grave consequences in the American navy.



## CHAPTER XXX

### SEX ABNORMALITIES (PERVERSION) IN FRANCE

While it might appear at first glance that the subject of sexual abnormality or, speaking more generally, sexual perversion, is scarcely germane to a discussion of the prevention and control of venereal disease among the American soldiers in France, still the results of this phase of the situation are such that they call for serious consideration.

As I have endeavored to emphasize elsewhere in this book wherever the opportunity arose, our efforts were not only in behalf of the physical welfare of the soldiers of our armies, but we specifically endeavored at the same time to conserve his moral soundness. In other words, the attempt was made to keep him clean bodily and mentally, or spiritually, if you will.

The question of sexual perversion is a baffling one in many ways. One has to seek far and delve deep to fix upon anything like a causative generalization. This authority on the subject produces one reason, while that one offers some other argument. The one may be right and the other wrong; or both may be wholly correct or wholly in error.

But whatever the origin of the twisted impulse, it creates but one effect, a subtle state of demoralization that is far more dangerous to society as it is at present constructed, at least from the Anglo-Saxon viewpoint, than mere immorality could ever be.

This sort of thing destroys the very fibres of decency. Since this is so the subject can scarcely escape attention in such a treatise as this.

It would be a tragic thing if the exhaustive clinical experience in venereal disease procured by the war were to be lost; if all the contribution to urological science thus amassed, to say nothing of correlated data of immense importance from the sociological and ethical angle, were to be pigeonholed.



For one can draw far more than mere theories from this storehouse of information, so much of which is entirely new. It is possible, indeed, to formulate from it practical working rules which may mean enduring benefit to civilization. This, I feel assured, is not so much a Utopian dream as it might seem to be.

Thus it behooves every one in the position to do so, to strive tirelessly and hopefully to prevent future troubles of a kind similar to those that developed through sexual excesses among our men in France. And the very best way to obviate such a state of affairs is to base out preventive means upon a solid educational basis.

It seems perfectly plain to me that no future plan of action can possibly be undertaken without taking due account of perversion. And I will tell you why.

The American soldier, generally speaking, was no namby-pamby individual when he arrived in Europe. But still this sort of thing was not within the range of his experience and his general attitude to it was rather decidedly that of disgust and contempt.

He was not even accustomed to make the allowances provided by students of Krafft-Ebbing or other authorities well grounded in the sad knowledge of the scope and diversity of Nature's vagaries where the human mechanism is concerned.

He undoubtedly knew that sexual abnormalities existed and was willing to admit that they were quite prevalent in large cities, and that sometimes cases of erotic individualism might be found even in the rural districts.

It did not, however, take him long to size up the situation and to make the most, or the worst, of it. That is always the gravest of dangers in such propinquity between men and women as war produces. Things come to be taken as matters of course and aversion gives way to complacency, and finally to compliance. It is the old, inescapable story of vice that is at first shunned, then condoned, then embraced.

We had not been long at our work of scientifically studying the sex life of the army abroad, before we came upon evidences of the prevalence of abnormal or perverted relations.

In fact, this was immediately seen and as time went on it was met in such increasingly large proportions that we decided upon a



specific survey to ascertain just how extensively these practices were being adopted by our men.

A man well qualified to undertake the disagreeable and delicate task was selected and he was sent to Paris, Bordeaux, Grenoble, Nantes and St. Nazaire to get this information.

He did his work thoroughly and brought back 237 interviews—a sufficiently large number, I think, to permit one to reach the conclusion that the majority of French prostitutes prefer abnormal to normal intercourse.

The investigator's plan in securing his interviews was to draw into conversation girls whom he met in cafes, on the streets and elsewhere in public, and to question them in a way to avoid arousing their suspicions as to his real purpose.

He invariably led the conversation up to the subject of perversion and out of all the women to whom he talked, only four denied the practice. The sum total of this testimony was that perversion is common in France; that it is preferred to the normal method and that it is by no means confined to prostitutes and their associates but is practiced in other grades of society.

It might be well to state here the opinion already hinted, that this condition is the direct result of what unrestricted sexual liberties lead to, for once this instinct is gratified in unlimited excess it clamors constantly for new sensation.

Here is strong denial of the oft repeated argument that since the sexual appetite is natural it should be appeased. Whenever gratification reaches the maximum degree, perverse habits are almost sure to be developed, both in individuals or in communities.

In France, these perverted practices are undoubtedly definitely and directly encouraged in a number of ways. For example, a very salacious literature of perversion has sprung up.

We found many shops where these books were sold without any effort at concealment whatever, though they are admitted to be contraband. Many of them were in English and one dealer claimed they were printed in London. The shops were never molested by the police.

A striking and disturbing feature of the evidence gathered by the investigator was that the Americans in a very short time were indulging in perversions almost as willingly and as frequently as the French.



And it is this very fact that is of such extreme significance. Once a thing such as this is learned the habit is quickly acquired. Natural impulses are all too frequently at the complete mercy of those that are unnatural, and the danger, of course, lies in the spread of this contagion.

When one thinks of the hundreds and hundreds of thousands of young men who have returned to the United States with these new and degenerate ideas sapping their sources of self-respect and thereby lessening their powers of moral resistance, one indeed is justified in becoming alarmed.

The hope lies in the possibility that removal from the chief source of evil and contact with a different prevailing national viewpoint will act, so to speak, as an automatic deterrent.

Environment, climate, racial traits or tendencies, and inherited habits of living, all have a decisive bearing upon such a question as this. Taking due comparative account of them, it would seem probable that there will be no permanent increase in the proportion of perversion in the United States. But for all that there is no reason why every effort should not be made by educational and other means to prevent the possibility of lasting damage due to perverted habits acquired by the A. E. F. in France.

I shall not attempt to give all of the interviews reported by the investigator. Instead I shall select only a few as typical, presenting verbatim quotations from the original report thus:

ODETTE: Short, very pretty brunette, weight about 100. Found her on the street and she offered to make love in any way desired. She claimed that Americans like perversion and that she has practiced it with them many times.

MADAME DERANCEY: Parisienne, age about 35, rather good looking, husband was killed in the war, was engaged to U. S. Captain but engagement was broken. She solicits in cafes only, never on the street, says that the American Captain was a pervert and that French women prefer this.

ALYS: Very good looking, slight, girl weighs about 85 pounds, brown hair, grey eyes, neat and well dressed. She said Americans have changed very much since they have been in France. At first they made love in normal manner but now they are like the French; says she rarely has intercourse with them



in the normal way. Claims to have lived with an American Lieutenant with whom she practiced perversion.

PIERETTE: Golden hair, black eyes, very pretty, plainly dressed in black suit. Says that Americans were very different from French when they first landed, but now they have changed, for they have been to school in France, to the school of love, and have learned to make love, and now they can make love like the French, and perversion is just as common among them as with the French.

FRANCINE: Woman of Argentine Republic, Spanish type, black eyes, short, dark complexion, good looking. Had a U. S. Captain for a lover but he had just left for America and she was looking for another. Said Americans had changed in love from what they were at first, and that now they make love much like the French. Said that perversion was very common in France.

MARIE: Nantes, slender, short, dainty looking. She was sitting alone in a cafe and I sat down with her. Said she had known many Americans from the time they first landed. Said they were different with love at first and would make love in only one way. Later they learned much about love in France and now they are generally willing to make love, in several fashions. "They are all perverts," she said.

SUZETTE: Very attractive, red hair, black eyes, black rich looking costume, mistress of a French captain. Said that she had an American Lieutenant friend who is Assistant Provost Marshal, and that he prefers the natural way, but said that many American officers like perversion.

RAYMONDE: Parisienne, plump, short, blond. Was with a girl named Marcelle. Raymonde seized my arm and tried to get me to go with her. She offered to make love in any way I liked. Said if I wouldn't go with her I could go with her friend, or the three would make love together. The other girl, Marcelle, was short, slender, quiet and more refined in manner than Raymonde. She said she practiced perversion but would talk very little.

HENRIETTE: Had left Nice eight days before, good looking, very intelligent face. She took my arm and walked two blocks with me, asked me where I was going. I said, "Just walking." I then asked her the same question and she said,



"Walking to seek my fortune in the light of the moon." I told her that that was a poetical way of putting it, and she answered that she was a poet. She then asked me to go to bed with her. I told her I was married and was always faithful to my wife. She laughed very heartily and said she considered that a great joke. I asked her about the way the Americans made love and she said "*cela depend—some like the French and some in the façon ordinaire,*" an expression which indicated that she believed that the French manner was universally known to be different from the ordinary.

GEORGETTE: Extremely well dressed and altogether one of the best looking prostitutes I met. She was found at Room 4 Chapon Fin, the finest restaurant in Bordeaux. She told me that she had only operated since the war, and had been in Grenoble most of the time. She had been a mistress of several American Officers, and during this time she met a Lieutenant and became engaged to him. Says that she was always correct and never had any sex relation. He sent her picture to his mother and she received a nice letter from her welcoming her into the family. Then one of her former Lieutenant friends came to town and she went with him just once. Her fiance found out about this and broke off the engagement. She did not see him any more. She said that the Americans were very pervert and were now as bad as the French. She said that she practiced perversion with all of her friends and that I could visit her some night when her Captain was not with her.

MICHELINE: From Nice, dark hair and eyes, plump, very clear complexion, no make-up, appeared to be about 20 years of age. Was not a prostitute but had had a few American friends. She said perversion was very common among French lovers and that she believed that it was all right when the parties loved each other. She said, "*France est perverte et France est perdue.*"

VIVIENNE: Tall, very beautiful, very richly dressed and appeared to be well bred. I met her in the Cafe Comedie. She said that she was a native of Quimper and had come from a good family, but the war had changed her fortune, and that she now occasionally went out with an officer. Her price was more than 100 francs. She said that many Americans were very rough, but that some were gentle. She thought that the Frenchmen,



as a class, were not faithful to their wives, but that many of the wives of the better class were faithful to their husbands, and were annoyed very much when their husbands had mistresses and took them around publicly. She said that the Frenchmen were more perverted than the Americans. She claimed to have known one American whom she believed to be absolutely faithful to his wife. She told me that it was very nice in me to be faithful to mine and that my wife should be proud of me. She said that the trouble with France is that the women are slaves of the men, and that the only hope is in universal suffrage. This girl was the first whom I met who didn't treat my ideas of fidelity to one's wife with some cynical assertion.

AIMEE AND RENEE: These were two cafe prostitutes. I saw them sitting at a table outside of a second class cafe. Both were poorly dressed but heavily made up. They claimed to be sisters and that they were refugees. They had lived at St. Quentin, and said a German aero-bomb had struck their home and killed their mother, father and baby brother. After this they were taken to Germany and made to work at gardening. Along with eleven others they escaped into Switzerland, and after the Armistice they had been repatriated at Evian. From there they went to Grenoble and worked as chambermaids, but could only make about 5 francs a day, which was not sufficient to live on. They met at Grenoble many American permissionaires and began to go out with them. Said they did not know what to do now since the Americans were gone. They thought that the Americans were not perverted, but that perversion was very common among the French of all classes. Said that married people practiced it to a considerable extent.

JULIETTE AND ANDREE: These girls claimed to be sisters and said that they were Algerians. Both were very dark and good looking. They were most tastefully dressed and both carried canes. They had lived most of the time in Bordeaux, Paris and Nice. They were unusually intelligent and well bred. They both spoke beautiful French and said they could speak Italian and Spanish. They were in love with Americans and were going to America as soon as possible. They said they practiced perversion a little. They begged me to indulge with them.



ROXANE: Street walker, age 30, plain black dress, seems under-nourished, is registered and has a card showing that she attends examinations. According to this certificate she had never had any infection. Says she makes love in all fashions and that Americans "like it French." Says that French people prefer that way.

LANDLADY: Says she operated a house in New York for 19 years, is of French birth and talks English without an accent. Says her business is not good now since the Americans are gone. Says few students ever patronize her house, since all of them have sweethearts. She had eleven girls at one time when the Americans were in Grenoble, but now has only four. Claims to have had no trouble in getting girls for her house, as she always had a waiting list of those who had made application. She came over from New York with the Americans two years ago and expects to return when things quiet down. I asked her what she knew about perversion and she said, "Oh, the French habits are much different that way. The French are spoiled and need different ways of intercourse from the Americans." She claimed that she paid the French police a license fund of 5,000 francs a year, and that was not nearly as much as she had to pay police in New York. She says the house collected a service charge of  $3\frac{1}{2}$  francs from every customer, 10 francs if you stayed very long and 20 francs if you stayed all night. No drink under 5 francs was served.

MADAME DURAND: This woman occupied the same loge with me at a cinema. She said she lived with a family and was not free every night. She claimed to be a mistress of an officer who now is at the front, but who would soon join her in Grenoble. She was very much above the average in intelligence, good looking and well dressed, and you would almost call her refined. She was about 25 years old, claimed to be a widow with one child in Paris. She was willing to make an appointment for all night two nights ahead. I asked her how much she charged and she answered, "You Americans always want to talk money." She said she would charge 100 francs. She said that perversion was nice among friends but not with everybody. I asked if many people made love that way in France and she said very many.



These are fair examples of the 237 interviews. Is it not plain that they indicate that perversion is very widespread in France, and that toward the last of the war it became rapidly prevalent among the American forces?



## CHAPTER XXXI

### THE PREVALENCE OF VENEREAL DISEASE IN THE COMMUNITY

The incidence of gonorrhea in the community has been variously estimated at from 20 to 85 per cent, but these statistics have been based on very insufficient data.

There is no accurate way of determining the total number of cases, but we may get a relative idea by a review of the venereal incidence in the American army during the late war.

The examination of the drafted troops in the second million men showed 43,262 cases of gonorrhea, 10,133 cases of syphilis and 1,448 cases of chancroid, making the total 54,843, or 56.69 per thousand.

It was found in the allied armies that gonorrhea was about four times as prevalent as syphilis, the probability is that this represents, fairly accurately, conditions in the civil community.

The prevalence of syphilis may be more exactly determined, since there has been such a large number of Wassermann reactions taken in recent years.

I have personally made an examination of about 400 prostitutes in Baltimore and found 67 per cent were positive; double plus reactions were included. Eleven hundred persons were picked at random in the Johns Hopkins Dispensary and 11 per cent were found positive. Among 600 inmates of the jail, 16 per cent of the whites and 23 per cent of the colored showed positive reactions.

The late Dr. Theodore Janeway examined 1,300 consecutive patients in the Johns Hopkins clinic and found 13 per cent positive Wassermans; among these were 288 colored individuals; 124 or 43 per cent, had a positive reaction.

In this same clinic Dr. Major at Johns Hopkins, reported the reactions of the sera of 1,200 patients, composing cases of outspoken syphilis, cardiac disease, nervous disease, nephritis, diabetes, pneumonia, typhoid fever and gastro-intestinal disease.



In other words, this list comprises the ordinary diseases which are usually seen in an active medical clinic. Of the 1,200 cases, 239, or 20 per cent, gave positive reactions. This series included 185 negroes, the majority of whom were cardiorenal cases. Sixty-one of these, or 34 per cent, gave positive reactions.

In preparation of the following statistics the exhaustive study by Vedder has been freely drawn upon.

Meirowsky examined 100 prostitutes in Cologne with the Wassermann reaction and found 74 per cent to be positive. Hecht, in 260 examinations found 75 per cent syphilitic, and concluded that almost all prostitutes after several years became infected.

Pinkus in 1912 stated that a non-syphilitic prostitute was extraordinarily rare in Berlin. He made Wassermann reactions on 230 of the older group of women who had no clinical signs of the disease and 180, or 78.2 per cent, were found positive. Of 175 women who had been ten years in the life 81.2 per cent were positive.

**Syphilis among the Insane.**—After examining 575 insane inmates of the Spring Grove Asylum, Maryland, I discovered that 12.25 per cent showed a positive reaction. Paine at the Danver's State Hospital, Massachusetts, made a Wassermann examination on 200 consecutive admissions and 24.5 per cent were found positive. Patients coming from the sea-coast towns showed a percentage of 32, while those from the inland towns had 17 per cent.

At the Warren State Hospital, Massachusetts, 849 reactions were made consecutively and 20 per cent were found positive. Dr. Fred Williams declared in a personal communication to me that at the South Carolina State Asylum, about 16 per cent of the inmates showed a positive reaction, and that the percentage was slightly higher among men than among women. A large number of Wassermann tests recorded at Mt. Hope State Asylum near Baltimore, Maryland, showed 22 per cent.

**Alms Houses.**—The inmates of the City Alms House of Baltimore showed 34 per cent positive; this included white and colored. A series of 42,000 consecutive Wassermann's at Bellevue Hospital, New York, gave an aggregate of 24 per cent.

Dr. J. Whitridge Williams in Johns Hopkins Hospital



announced that out of 4,600 pregnant women, 470, or 13 per cent, gave positive reactions. Falls and Moore, in a study of 160 pregnant women, found 10 per cent among the married women and 13.5 per cent among the single women. Of 146 white women, 9.5 per cent were positive, while among the colored women 28.5 per cent showed syphilis. Slemons of Yale found 25 per cent of fetal deaths due to syphilis and J. Whitridge Williams in 700 fetal deaths at the Johns Hopkins Hospital found 34 per cent.

**Private Ward Patients.**—In the Johns Hopkins Hospital, Wassermanns were made on all private ward patients over a considerable period of time, and about 5 per cent were found positive.

**Rural Population.**—Only a small amount of data is available, to show the extent of syphilis among the rural class. Warthin, at the University of Ann Arbor, made a very careful autopsy on 150 individuals who had come largely from the country districts of Michigan, and 41 of these were found to be syphilitic.

**Negro Population.**—Murrell, concluded after a study of consecutive Wassermann's made at a dispensary for negroes in Richmond, that 75 per cent of the patients were syphilitic.

Ivey investigated the negro population of an insane asylum in Alabama and found among 357 males, 25 per cent, and among 349 females, 29 per cent. Hindman at the Georgia State Sanitarium found 16 per cent positive among 255 males, and 16 per cent positive among 218 females. McNeil at the City of Galveston, Texas, examined 1,200 negroes, who applied to the dispensary for various accidents, and 34 per cent of these had a partial Wassermann. He took 200 average healthy negroes who had not applied for any treatment, and 24 per cent gave the reaction.

Jamison at the Charity Hospital in New Orleans examined clinically 1,000 negro females and found that 16.6 per cent gave evidence of syphilis.

Vedder examined 1,019 recruits and found by clinical examination and the Wassermann reaction that 16.8 per cent had syphilis. He examined 621 of the cadets at West Point and found 5.47 per cent with a positive reaction.

Among the soldiers examined, according to age, by Vedder,



it was found, that those from 18 to 22 showed 10.35 per cent, those from 23 to 27 showed 16.58 per cent, those from 28 to 32, showed 20.85 per cent, those from 33 to 37 showed 24.22 per cent and those from 37 to 41 showed 28.82 per cent.

Vedder examined 3,203 candidates from commissions, and 5 per cent showed a positive Wassermann. Craig examined 1,139 soldiers and discovered 13.54 per cent infected. Nicholas examined 2,310 and found 13.29 per cent.

**Criminals.**—Vedder concludes from his examinations, that 15.9 per cent of military prisoners are definitely syphilitic. Bordreau at Auburn Penitentiary found 16.8 per cent of the male and 33.8 per cent of the female population syphilitic. Cramer concluded that 18.1 per cent of those in the Ohio Penitentiary were infected. Thomas, among naval prisoners, found 21 per cent. Pollitzer, among the criminal degenerate and derelict class of New York, discovered 35 per cent.

**Among Soldiers.**—At Base Hospital No. 18, France the Wassermann reaction was made on 500 consecutive admissions. These were men of the first detachment of white troops to go to France and 5 per cent showed a positive reaction.

Dr. William Parsons, as the result of 10,000 Wassermann reactions made at the Army Base Hospital at Fort Riley, Kansas, found 18.8 per cent among the whites and 24.1 per cent among the colored soldiers.

**Syphilis as a Cause of Death.**—The late Sir William Osler in a very exhaustive study of the autopsy records in London made the following conclusion:

Among 3,713 apoplexies between the ages of 25 and 50, 3,000 may be claimed as syphilitic.

In 2,083 paralyses without specific cause, 500 may be put down as syphilitic.

In 1,472 deaths from so-called softening of the brain, 500 may be said to be syphilitic.

Summing up, he gives a total of 58,000 deaths due to disease of the nervous system and states that 10,000 of these may be ascribed directly to syphilis.

Among 56,000 deaths due to organic heart and arterial disease, 10,000 owe their cause to syphilis.

Osler summarized by concluding that syphilis stands fourth on the mortality list.



A compilation by a very careful German observer is as follows:

AILMENT	CASES	SYPHILITIC
General paralysis.....	188	100 per cent
Tabes.....	66	100 per cent
Encephalitis.....	28	$\frac{1}{10}$ th
Chronic meningitis (exclusive of tuberculosis)...	439	$\frac{1}{10}$ th
Paralysis (without a special known cause).....	240	$\frac{1}{3}$ rd
Affection of the spinal cord (tabes excepted)...	49	$\frac{1}{3}$ rd
Epilepsy.....	31	$\frac{1}{10}$ th
Cerebral hemorrhage.....	1,142	$\frac{1}{3}$ rd
Softening of the brain.....	109	$\frac{1}{3}$ rd
Different affections of the nervous system.....	39	$\frac{1}{3}$ rd
Affections of the circulation apparatus:		
Organic heart disease.....	1,526	$\frac{1}{3}$ rd
Angina pectoris.....	87	$\frac{3}{4}$ th
Affections of the arteries, aneurysm, ather- omatoses.....	173	$\frac{1}{2}$
Affections of the digestive system, chirosis of the liver, etc.....	374	$\frac{1}{5}$ th
Affections of the genito-urinary apparatus:		
Acute nephritis.....	26	$\frac{1}{10}$ th
Chronic nephritis.....	858	$\frac{1}{5}$ th
Affections of the bones (tuberculosis excepted)..	26	$\frac{1}{10}$ th
Sudden death.....	139	$\frac{1}{10}$ th

Additional statistics pertaining to apparently physically sound people are needed, for any statement at present as to the exact number of syphilitics in the civil community, as a whole, would be misleading. But it may be fairly assumed that the number is far higher than it should be. As has already been pointed out, gonorrhea is probably about five times more prevalent than syphilis.

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