New Conflict, Old Conundrum: Venereal Disease Control and Education in World War Two Canada.

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Abstract

This dissertation examines venereal disease control and education in Second World War Canada. By examining the methods and materials used in anti-venereal disease campaigns, I show that these public health drives employed a "moral-medical" model of care and education which stressed that increasingly modern treatment techniques did not wholly supplant morality-based understandings of sexually transmitted infections. While effective chemotherapy and, later, antibiotics made the fight against venereal disease easier, for many of Canada's physicians, educators, and military officials it remained essential to remind Canadians that the moral elements of sexuality could not be brushed aside.

Influenced by the experiences of the Canadian Expeditionary Force in the Great War, anti-venereal disease campaigners were concerned by the impact of venereal disease rates on productivity and efficiency in a wartime setting. On the home front, the prevailing sentiment was that venereal disease both economically and morally threatened the nation. Workers infected with venereal disease threatened wartime labour supplies, endangered the future of Canada's youth and undermined the spiritual unity of Canada. For these reasons, government and medical officials understood anti-venereal disease work as essential and used its purported importance as grounds to renew campaigns against old moral foes, including the sex trade. While organizations like the Health League of Canada did provide the civilian populace with legitimate medical information concerning venereal disease, their work was far from value-free.

With respect to the military, venereal disease control and education differed depending on whether recipients were men or women. For servicemen, moral messaging was prevalent, but so too was a grudging acceptance of male sexuality. Male personnel could expect to receive worthwhile information about venereal disease, prophylaxis training and access to the latest treatment methods: keeping men fit and ready to serve remained a top priority among military officials. For women in the auxiliary services, however, education was prioritized over treatment and prophylaxis. While women who became infected with venereal disease were provided with medical care, anti-venereal disease education for servicewomen often amounted to little more than moral rejoinders to dwell on respectability and their future roles as Canada's mothers.

Acknowledgements

I quickly learned soon after embarking on this project that one cannot write a dissertation without amassing a rather substantial list of debts. While in my ordinary life indebtedness is something I fear, in this instance I am all too glad to recognize the contributions of those who have helped make this project possible. I would like to thank the History Department at York University for its support throughout my doctoral studies, and especially for the financial support rendered via the Ramsay Cook Fellowship and the Avie Bennett Historica Dissertation Scholarship. Thanks are also due to Karen Dancy, who was an excellent intermediary between me and the labyrinthine policies and procedures all graduate students must navigate. Without Karen, you probably wouldn't be reading this!

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I would also like to thank the staff at the various archives and institutions I consulted while researching this dissertation. The staff at the Nova Scotia Provincial Archives single-handedly managed to save what I believed to be a doomed research trip by digging up some unlisted sources, and have earned every bit of my thanks. Sarah Eilers also

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Dedication

For mom: you set me on this path, and then went away. Rest in peace while I finish this last bit of homework.

Table of Contents

List of Figures

Introduction: Wars Begun and Worries Resurrected

I remember well my first exposure to sex education in 2007, and the barely supressed giggles emitting from my peers (and, though it seems silly now to admit, myself) as it dawned on the class that compulsory grade nine physical education in the Ontario Catholic school system also included compulsory sexual education. While the task of broaching the topics of sex and sexuality with a gaggle of teenaged boys must have been a herculean one, my teacher set about it with practiced ease, his tone imperious as he began his lesson by insisting that we were entering a stage of our lives where the information on offer could save our lives.

Framed though it was as potentially life-saving advice, I don't believe our teacher's approach did much to stifle the endless innuendos and awkward laughter, though years later it occurred to me that this way of trying to impress upon students the value of sexual education was not as objective as it seemed at the time. The choice to begin with the assumption that sex was something inherently dangerous set the tone for those lessons to come, heralding a series of discussions which ultimately favoured fearmongering over anything else. That is not to say that my first experiences with formal sexual education were devoid of fact—on the contrary, a considerable amount of scientific information was present in lessons—but which facts were emphasized was shaped by an underlying framework which presupposed that many varieties of sex were worrying. Sexual relationships outside of a monogamous, heterosexual, Catholic marriage were painted as exceedingly risky, largely on account of the fact that one could run afoul of sexually transmitted infections.

Our merry little band of boys (for girls had their own physical education teachers and lessons) learned quite a bit about sexually transmitted infections and their potential to bring about bodily ruin. The global HIV/AIDS epidemic had begun some twenty-five years prior, and while it seldom made headlines in the mid 2000's it nevertheless still stood as an easily accessed reference point for the direst results of sex. Joining warnings about the potentially lethal consequences of contracting HIV/AIDS were images of spirochetes and gonococci, themselves paired with descriptions of the symptoms resulting from infection. Indeed, when it came to describing precisely how sex could be harmful few details were withheld, though when discussions turned to how one might avoid falling prey to sexually transmitted infections only two solutions were proposed: masturbation and abstinence. While the former suggestion was made with tongue firmly in cheek—I vividly remember my teacher unofficially suggesting that "dating the palm sisters" was preferable to engaging in actual intercourse— the latter was essentially the final word of my high school sexual education. Waiting for marriage was the safest and holiest approach to sexual exploration: condom and banana lessons were the purview of public schools, not Catholic ones.

After high school came university, and it was during my undergraduate studies at the University of Toronto that I found my love of Canadian history. While I cannot be certain, I would like to think that my early experiences with sexual education in Ontario left me with questions regarding why we talk about and teach sexual education the ways we do in Canada, and whether my experiences in the classroom had anything in common with those of Canadians in the past. With something resembling a historical question in mind (and with a paper deadline drawing alarmingly close), I shambled into Robarts

library well past a decent hour and chanced upon Jay Cassel's *The Secret Plague: Venereal Disease in Canada, 1838-1939*.

Little did I know that nearly a decade later I would still be asking some of the same questions which had led me to the library all those years ago, albeit with more strictly defined parameters. Hoping to pick up where Cassel leaves off in *The Secret Plague* and to study a period which has long piqued my interest, my line of questioning has come to encapsulate solely the Second World War. The question "what was sexual education like in Canada during the Second World War?" seems straightforward enough, though as this dissertation began to take shape other questions sprouted up with alarming frequency. How did the unique context of the war shape sexual education? How much of "sexual education" was actually "anti-venereal disease" education? Was education synonymous with control? Did Canada's troops receive different information than the folks back home? Who was responsible for providing information about sex and venereal disease? Did one's gender, race or regional identity shape the education they received? Who was to blame when sex supposedly came to threaten the war effort? While I do not presume to know the answers to all of these questions, this dissertation seeks to tackle some of them, at least in part.

Arguments, Sources and Terms

This dissertation argues that venereal disease control and education in Second World War Canada adhered to a hybrid moral-medical model, wherein recent advances in medical thinking were married with a prescriptive model of sexuality. The end result of embracing this mode for speaking about sex and venereal disease was a disparate program which sought, sometimes with some difficulty, to thread the needle by providing

Canadians with access to contemporary medical information while nevertheless maintaining a thoroughly moralistic rhetoric about sex and bodily health. In formulating this argument I refer to three principal sub-arguments, each cropping up intermittently throughout the text. First, that venereal disease prevention was understood as both a moral and medical necessity during the war: the twin scourges of syphilis and gonorrhea came to be constructed as something which impeded military and spiritual progress alike. Second, that rhetoric concerning venereal disease was laden with panic and hyperbole, and the moral-medical model's primacy was ensured by the prevalence of said panic during the wartime years. Third, that education was seen as a key component of the campaign to address Canada's venereal disease woes, and contemporaries neither hoped for nor believed in a purely medical solution to the problem.

The context of the war itself was absolutely crucial in reinvigorating the hypothesis that a moral-medical approach to venereal disease control was desirable, and the decision to adhere to this tried and tested mindset represented a continuation of treatment and control practices ironed out during the Great War. The mass mobilization of Canada's peoples and resources to fight against Germany and its allies provided fertile grounds for moral messaging, despite the fact that 20th century medical advances had done a great deal to expedite the identification and treatment of venereal disease. Morality-based thinking shaped venereal disease education programmes wherever they appeared, creating a framework for teaching Canadians about sex which conceded that talking about "the problem" was important—especially since Canada needed healthy men and women to win the war—while nevertheless establishing highly prescriptive rules regarding what courses public dialogue could take. Controlling venereal disease using

tools like public lectures, posters, films and pamphlets was ostensibly permissible, though there were indeed some bridges left uncrossed on account of qualms born of morality, tradition and assumption. Local concerns and capabilities informed education and control measures, and I have therefore selected three cities—Toronto, Halifax and Montreal, all major areas of interaction between military and civilian groups—to demonstrate how anti-venereal disease campaigns did indeed differ from place to place.

In formulating the moral-medical model, doctors and educators were occasionally attempting to render modest their own achievements, downplaying advances in treatment in the hopes that access to improved medical care would not cause venereal disease to become something Canadians simply lumped together with less debilitating (and therefore less worrying) illnesses. While part of the moral-medical perspective was certainly born of a wartime desire to manage medical and human resources efficiently, I argue that the moral dimensions of venereal disease nevertheless weighed heavily on the minds of those tasked with checking its spread, since these individuals did not simply exist outside of the moral paradigms underpinning Canadian society. I further argue that, even when more progressive medical voices argued in favour of morally neutral perspectives towards venereal disease, demands made by the military, public health advocates, members of government and the media helped ensure that driving a divide between medicine and morality was not seen as a realistic or desirable wartime objective.

Speaking of wartime objectives, it is worth addressing why the focus of this dissertation rests squarely on the Second World War in the first place. Put simply, there are two reasons which informed my decision to consider venereal disease control and education as they pertained specifically to Canada's Second World War. Firstly, and as

aforementioned, the Second World War lent a profound sense of urgency to the matter of public health through its marriage to questions of military efficiency and capability. While venereal disease had been in the public spotlight previously, the return of global war renewed interest in its supposedly society-destroying effects and emboldened those who sought after its control and eventual elimination. Secondly, the Second World War's anti-venereal disease campaigns provide an excellent example of how public health was undulating between "old-fashioned" and "modern" approaches in this period. Mark Humphries argues that, following the Great Influenza outbreak of 1918-1920, the creation of the federal Department of Health represented a shift towards a new public health paradigm which finally "saw disease as a *community* problem, rather than an individual hardship or a plague brought on by outsiders."[1] While I would agree with Humphries that, with regards to policy (and sometimes propaganda) venereal disease was envisioned as a communal problem, more individualistic and moralizing voices often prevailed in educational materials themselves, including those used by the state.

In making these arguments, I primarily rely on a large body of archival sources, many of which were generated by civilian and military government agencies and still contain examples of the materials used in anti-venereal disease campaigns. Venereal disease control had long been a public health concern by the Second World War, but municipal, provincial and federal ambitions to counter this threat were still in early states of development during the 1930s and 1940s. Voluntary organizations like the Health League of Canada played a noteworthy role in public health campaigns, and it is therefore

[1] Mark Osborne Humphries, *The Last Plague: Spanish Influenza and the Politics of Public Health in Canada* (Toronto: University of Toronto Press, 2013), 194-195.

unsurprising that records of their activities appear alongside those which were created by the Canadian state. Furthermore, the arguably ramshackle system which arose to address venereal disease placed a great deal of emphasis on the activities of municipal and provincial actors, a state of affairs which is not overly novel when one considers how healthcare is handled across Canada in the present day. Therefore, I have supplemented sources found in Canada's federal archives with those obtained from more local institutions, such as the municipal archives of Montreal, Toronto and Halifax and the archives of their home provinces, in addition to relying on local newspapers and other materials. I hope that this dissertation therefore allows for a view of the forest and trees alike, without losing sight of either.

Of course, it bears mentioning that this dissertation was partially researched and largely written during the ongoing Covid-19 pandemic. While this international health crisis necessitated the creation of public health campaigns which will be studied for years to come—and which reminded me of the value inherent to looking at those from our past—I cannot say that it has been optimal for this project. Larger archives, such as Library and Archives Canada, remained shuttered for months on end, and some smaller archives (such as the Toronto Municipal Archives, which was publicly inaccessible until April 2022) only reopened long after it was practicable to visit them.[2] If nothing else, research opportunities lost to Covid might yet become prime avenues for expanding upon my work here, and all things must be put into perspective: the academic cost of the

[2] It is also worth mentioning that, even after reopening, some archives were a chore to visit. I am certain others can commiserate with me regarding the restrictive (though necessary) visitation policies of Library and Archives Canada, which made booking long-term visits untenable.

pandemic is meaningless next to the human cost it continues to incur.

Before delving into matters of scholarship, I would like to briefly explain a few terms used throughout this dissertation, both for the sake of clarity and to justify word choices which might seem curious. Throughout the dissertation I employ the term "venereal disease" in favour of "sexually transmitted infections," though doing so is not an attempt to respect more archaic terminology. When Canadians and others referred to venereal disease in the 1940s and earlier they were almost universally referencing syphilis and gonorrhea, as these two sexually transmitted infections and the bacteria which caused them were yet to find themselves in the company of the other infections known to us today.[3] Thus, my decision to refer to these two infections as venereal disease is more an attempt to deploy a general and collective term for the both of them, and in instances where I refer to sexually transmitted infections more broadly I use more modern language.

While I am personally content to use "venereal disease" in this dissertation, outside of direct quotations I never employ the term "prostitute" in any form. Besides continuing to carry connotations which can be problematic, "prostitute" was very much used disparagingly during the period under consideration, and both then and now the term is so saturated with gendered, classist and racial assumptions that it serves little purpose here. Furthermore, while "prostitute" subsumes the entirety of an individual's identity into their profession, "sex worker" accepts that one's work is not the sum total of who they

[3] Chancroid (or "soft chancre") was also known, though it occurred so infrequently in Canada and in regions where Canadian soldiers were stationed that it was seldom given much attention. Educational materials sometimes discuss chancroid, though I have only found a select few examples which go beyond admitting that it was among the known venereal diseases, and most lectures, pamphlets and films make no mention of it.

are, while also doing away the implied apoliticality of those labelled using the older term. As Carol Leigh has argued, sex workers have the capacity to be seen as employees in the wider world, and shedding the "prostitute" label strengthens workplace solidarity, reframes discussions to include considerations like labour rights and concedes that sex workers—like other workers—have collective interests and a willingness to participate in public discourse.[4]

One last expression which requires a bit of explanation is "moral-medical," or "moral-medical model." Astute readers may note that "medico-moral" has been used by scholars like Frank Mort and Renisa Mawani, and so it might seem unnecessarily obtuse—arrogant, even— to employ my own terminology when a perfectly adequate predecessor already exists.[5] In choosing to refer to the control and education projects as moral-medical endeavours, I hope to convey the prominence of the former concept in informing anti-venereal disease efforts. Morality was not some secondary concern appended to modern medicine: morals had long held dominion over discussions of sex and sexual health, and modern medicine was a relatively new factor to consider. Indeed, the most conservative voices in Canadian society maintained that medicine was something of an interloper, offering an alternative way of thinking about sex which could only protect the human body, leaving the soul woefully unguarded. There is an argument to be had regarding when exactly and to what degree medical approaches towards sexually

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[4] For a brief autobiographical summary of Leigh's work and thoughts, see: Carol Leigh, "Carol Leigh, a.k.a. Scarlot Harlot," *Radical History Review* 142 (2022): 169-184.
[5] Both Mawani and I use "medico-moral/moral-medical" in a way which essentially references Frank Mort's own work on medicine, morality and politics in England. See: Frank Mort, *Dangerous Sexualities: Medico-moral Politics in England since 1830* (London: Routledge, 2000).

transmitted infections eclipsed moral rhetoric, but I believe it is evident that such a transition was incomplete during the Second World War. Sometimes morality and medicine were stout allies, sometimes not, but during the period under consideration it was very much medicine which was the newcomer to the conversation, and any scientifically-informed thought on sexual matters had its work cut out for it contending with the moral status quo.

Conceptual Framework and Literature Review

While this dissertation is certainly not an environmental history, Richard Hoffman's interaction model weighed heavily on my mind as this project slowly came together. The core thrust of Hoffman's model (applied, *in situ*, to a study of medieval Europe) is that the interaction between humanity's experiences of the world and culture create a sort of play between the two. Nature is experienced and is subsequently given meaning through representations, which inform culturally created programs that then act to shape the world around us.[6] Hoffman's model provides an effective way of comprehending the feedback loop which exists between culture and nature, and it is worthwhile to consider its implications for the study of venereal disease control and education. Venereal disease was very much something "out there" in the world, and Canadians were certainly experiencing it during the wartime years. Yet, how venereal disease was represented—the decision to ascribe it moral meaning included—assigned to what was otherwise a natural phenomenon a significance which demanded answers from Canadian culture; the resulting moral-medical program then, in accordance with the interaction model, was

[6] Richard Hoffmann, *An Environmental History of Medieval Europe, 500-1500* (Cambridge: Cambridge University Press, 2014), 8-10.

culture's attempt to marshal human labour towards changing nature. Essentially, if this dissertation can be said to take anything from Hoffmann's work, it is that the crucial steps which explain the process of natural information becoming cultural information (and vice-versa) can be seen all throughout this project. Canadians felt and observed venereal disease and took action to try and address it: the most useful details lie in discerning how experiences *of* nature led to acting *on* it, a relationship I believe is made apparent by considering how venereal disease symptoms and rates informed programs to identify and curtail both.

Since I am taking the opportunity to highlight some of the more indirect and theoretical influences on this project, it is only appropriate to briefly discuss the topic of moral panic, since I undoubtedly suggest that panic was part of the picture painted here. Stanley Cohen's *Folk Devils and Moral Panics* has undeniably influenced my own thinking on venereal disease control and education during the Second World War, and while the analysis throughout this dissertation does not usually make reference to Cohen's work I think it is plainly obvious that my arguments—especially when they pertain to the moral truth claims made in educational materials—strongly suggest that some elements of moral panic were part of the picture. In defining moral panic as the state of affairs in which "a condition, episode, person or group of persons emerges to become defined as a threat to societal values and interests," Cohen posits that moral panics can concern both nonhuman and human actors.[7] I think a strong case is made throughout this dissertation that the rhetoric surrounding venereal disease, while not

[7] Stanley Cohen, *Folk Devils and Moral Panics: The Creation of the Mods and Rockers*: *Third Edition* (New York: Routledge, 2002), 1.

novel by the Second World War, was prone to a unique form of panic forged within the furnace of global conflict, though those gripped with panic often focussed on the moral failings of human actors over the abstract medical threat of nonhuman ones (such as the bacteria which cause venereal disease). While concern about venereal disease's ruinous effects had long been a component of public health campaigns and moral reform movements, the stakes introduced by the Second World War played a significant part in modifying existing methods and materials of interested parties, though as chapter one shows this represented a partial return to a formula developed during the Great War, rather than something entirely original.

Regarding these stakes, the question of "manpower" ought to be addressed. While the eventual victory of the Allied forces was to come, there were several years of the Second World War where the military situation in Europe and elsewhere remained precarious. North West Europe had fallen to Nazi Germany in a series of stunning campaigns and in an alarmingly short period of time. The Soviet Union, invaded in June 1941, seemed poised to fall by the end of the year, removing another ally from a rapidly thinning roster of anti-Axis forces.[8] The Blitz, coming to an end in May, saw millions of London's buildings destroyed or damaged and killed tens of thousands of civilians. Though it was still too early to say for certain, by the end of 1941 the situation in the Western Desert was worrying, and the entry of Japan into the war and the subsequent loss of Hong Kong on Christmas meant that the campaign in the Pacific Front was getting off to a rocky start, though the entry of America into the war after the bombing of Pearl Harbour on

[8] J.L. Granatstein, *Canada's War: The Politics of the Mackenzie King Government, 1939-1945* (Toronto: University of Toronto Press, 1975), 201.

December 7th brought another ally into the fold. In short, the military situation at the end of 1941 was serious, and a looming shortage of recruits for overseas service left Canada's Minister of National Defence, Colonel J.L. Ralston, concerned.[9]

This sort of unease eventually helped pave the way for the conscription crisis of 1942, but it is worth noting that they also reflected broader questions about military preparedness and Canada's fitness to fight on the global stage in both world wars. Would Canada be able to get enough men in uniform to keep up the fight? What obstacles were in the way of building a healthy military? Such questions preoccupied military health officials, resulting in management regimes which sought to control everything from sanitary habits to the nutritional intake of Canada's soldiers.[10] There was, of course, also room to include venereal disease in the discourse. Syphilis and gonorrhea could take a soldier off the frontlines just as well as any other infection or injury, and unlike other illnesses venereal disease played upon a soldier's temptation, boredom and social pressure to sexually demonstrate masculinity. No one really sought out tuberculosis, for example, but in pursuing sexual relationships Canada's "manpower" demonstrated a willingness to risk venereal disease infection. As discussed in chapter 3, "wastage" came to be seen as the primary military consequence of venereal disease, and concerns over the loss of fighting men to syphilis and gonorrhea had a profound role in shaping the military campaign in particular.

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[9] Granatstein, *Canada's War*, 201.

[10] Nic Clarke, John Cranfield and Kris Inwood discuss the matter of nourishment for soldiers during the Great War, and how enlistment could actually significantly improve their nutritional intake. See: Nic Clarke, John Cranfield and Kris Inwood "Fighting Fit? Diet, Disease, and Disability in the Canadian Expeditionary Force, 1914-18," *War and Society* 33, no. 2 (May 2014): 80-97.

While venereal disease became a nonhuman object of fixation and panic, certain groups of people in Canada were also targeted in the name of public health. There was much concern about the sexual goings-on of men (especially those who donned uniforms in service to their country), but a good deal of the most panic-laden thinking was directed towards Canadian women, doubly so for those involved in the sex trade. Canada's sex workers—almost universally imagined to be women, it must be said—were the subject of intense scrutiny during the wartime years, often at the behest of the military itself. Though discrimination against sex workers was nothing new, the rote insistence that they represented a menace to public health and morality was supplemented by a categorical condemnation of sex work as a nearly treasonous act that undermined the war effort. Sex workers rendered men unhealthy by robbing them of their bodily health and compromising their moral integrity, leaving the Dominion weaker and its enemies more likely to triumph on the field of battle. Given that contemporary evidence largely did not support the position that sex work was a major contributor to venereal disease rates among Canadians both uniformed and otherwise, it seems sensible to say that the demonization of female sex workers was one of the components of venereal disease control and education which was effectively the result of moral panic.

The role of misogyny in shaping anti-venereal disease campaigns also merits discussion here. While persecutions of sex workers were a major component of Canada's drive to stamp out venereal disease, the rhetoric and materials producing during the war did not exclusively centre around women alleged to be professionals. On the contrary, there was a great deal of nervousness about the war's effects on conventional sexual mores, and how any woman could become a moral failure and a burden on public health.

"The amateur," a woman who was engaged in casual sex with men in uniform or otherwise, became a stock character in venereal disease literature, and men were warned that there was no "clean" woman who was willing to throw virtue to the wind. While most materials acknowledged that there was a shared duty for Canadians to maintain the sexual status quo, there was little rhetoric about "unclean" men circulating at the time. Fear of unconstrained female sexuality was a key component of Canadian anti-venereal disease campaigns, even among the nation's female auxiliaries, and a broad contempt for (and, sometimes, pity towards) "loose" women crept into lectures, films and written materials meant for both male and female audiences alike.

In terms of more direct scholarship referenced throughout this dissertation, perhaps the first work worth noting is Jay Cassel's aforementioned *The Secret Plague: Venereal Disease in Canada, 1838-1939*. Cassel's monograph represents one of the most comprehensive accounts of venereal disease control and education prior to the Second World War, and it is extensively cited in this dissertation, particularly in chapter one. Adopting the lens of medical history, Cassel's focus rests squarely upon the technological and medical aspects of venereal disease control, though he nevertheless does make occasional diversions to discuss how strategies to combat venereal disease swelled to include educational efforts in the early twentieth century. The work is Cassel's attempt to remind readers of the strides in pre-antibiotic venereal disease treatment during the eighteenth and nineteenth centuries, since "many medical authorities would prefer to gloss over the period of 1838-1939 and concentrate on the seemingly amazing

transformation wrought by new drugs since then."[11] Cassel's work also provides an excellent summary of the turn of the century developments in venereal disease treatment, including describing innovations which, while revolutionary, arguably shaped one of the core tensions of the moral-medical model: the inherent treatability of illnesses once termed as bodily damning as they were morally compromising. In some ways this dissertation might be seen as a twofold continuation of Cassel's scholarship, in that it both seeks to push forwards the chronological range of *The Secret Plague* while simultaneously considering in more depth the educational aspects of venereal disease control and education, particularly by considering the relationship between state and non-state actors (the line between these being blurry at times) in formulating and carrying out education and control initiatives.

Contemporary to *The Secret Plague* is Allan Brandt's *No Magic Bullet: A Social History of Venereal Disease Since 1880*. Brandt is thorough in his description of American reactions to venereal disease, with the more recent editions of his work covering up to the 1980s and responses to the HIV/AIDS epidemic. On the whole, Brandt carves out a narrative which considers how moralistic concerns, class, gender and the world wars all played a part in shaping public discourse about venereal disease. Perhaps the most significant shortcoming of Brandt's work is in how he occasionally portrays physicians and the medical establishment as somehow standing above or outside the moral concerns of reformers: those physicians who were overly moralizing were therefore not acting like "true" doctors. This is not an original criticism— Angus

[11] Jay Cassel, *The Secret Plague: Venereal Disease in Canada 1838-1939* (Toronto: University of Toronto Press, 1987), 246.

McLaren has made similar observations—but it remains my hope that this dissertation argues convincingly the point that Brandt at least theoretically pays homage to: physicians and scientists were far from monolithic in rejecting the supposed moral dimensions of this medical problem.[12] To be fair, one need not look too deeply into American scholarship on the history of venereal disease to encounter works like *Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study* (edited by Susan M. Reverby), which offers an excellent case-study on how social factors (race, in this example) have influenced scientific and medical responses to sexually transmitted infections.[13] Regardless, I would contend that this dissertation very much seeks to narrow the gap between "reformer" and "doctor" Brandt inadvertently erects throughout *No Magic Bullet*, firmly situating doctors, military medical officials and other public health minded individuals within a broader discussion of how porous the lines between morality and medicine were in this period. Particularly in Chapter 2, I argue that organizations like the Health League of Canada demonstrate that physicians could be morally minded indeed: they were the inheritors of earlier reform sentiments as much as they were the vanguard of medically-based approaches to venereal disease.

In the years since *The Secret Plague*, Canadian scholars have expanded somewhat upon the history of venereal disease control and education and scholarship, though much

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[12] For the review in question, see: Angus McLaren, review of *No Magic Bullet: A Social History of Venereal Disease Since 1800*, by Allan Brandt, *Labour/Le Travail* 21 (1988): 286-288.

[13] Perhaps ironically given my previous comments, Brandt's overview chapter in this work is rounded off with a poignant phrase: "the notion that science is a value-free discipline must be rejected." For further reading, see: Allan Brandt, "Overview," in *Tuskegee Truths: Rethinking the Tuskegee Syphilis Study* (Chapel Hill: The University of North Carolina Press, 2000), 13-33.

of what is available in monographs treats this topic as a supplementary component of broader studies concerning gender, moral reform, eugenics and vice. One of the more direct discussions of venereal disease control leading up to the war is Renisa Mawani's "Regulating the Respectable Classes: Venereal Disease, Gender and Public Health Initiatives in Canada, 1914-35," itself part of a larger collection on moral regulation and governance in Canada. Mawani argues that the interwar period's national anti-venereal disease project cannot be considered solely as a governmental affair, to be dealt with by legislative means and through the work of state agencies.[14] Actors like the Canadian National Committee for Combatting Venereal Disease not only served the state through its programs, but so also shaped governmental discourse concerning morality, medicine and sexual purity.[15] Mawani's study effectively builds upon the work of scholars like Valverde and Mitchinson, both of whom make the case that physicians and other health experts played a noteworthy role in moulding perceptions of bodies, health, moral culpability and sexuality.[16]

Mawani's attention to the materials actually used during anti-venereal disease campaigns also provides a helpful way of assessing how gender played a part in dictating

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[14] Renisa Mawani, "Regulating the Respectable Classes: Venereal Disease, Gender and Public Health Initiatives in Canada, 1914-35," in *Moral Regulation and Governance in Canada: History, Context and Critical Issues*, ed. Amanda Glasbeek (Toronto: Canadian Scholar's Press Inc., 2006), 145-146. Note that the chapter cited here is a reprint of a chapter originally appearing in *Regulating Lives: Historical Essays on the State, Society and the Individual*, eds. J. McLaren, R. Menzies and D.E. Chunn (Vancouver: University of British Columbia Press, 2002), 170-195.

[15] Mawani, "Regulating," 162.

[16] See: Wendy Mitchenson, *The Nature of their Bodies: Women and their Doctors in Victorian Canada* (Toronto: University of Toronto Press, 1991); Mariana Valverde, *The Age of Light, Soap and Water: Moral Reform in English Canada, 1885-1925: with a New Introduction* (Toronto: University of Toronto Press, 2008).

what information about sex and venereal disease, and it would be fair to say that her own methodology influenced my own research. Of course, Mawani's decision to end her analysis a few years prior to the Second World War creates an obvious gap in the scholarship that stands primed and ready for analysis. Furthermore, this dissertation's hybrid focus on military and civilian anti-venereal disease campaigns alike complicates the story Mawani tells us by focussing in on a period when governmental involvement in matters of health—especially through the premier institution of the military—was greatly expanding under the pretexts of maximizing efficiency and minimizing wastage during a tumultuous period envisioned as a war for the very survival of Canada itself. I would also draw attention to Mawani's use of the term "medico-moral" in describing the anti-venereal disease "regulatory regime" which emerged in the interwar period, given that I use an obviously derivative turn of phrase in this dissertation (with my justification for doing so provided above).[17]

Carstairs, Philpott and Wilmshurst's recent work on the Health League of Canada brings the activities of that organization into the spotlight, and while only a brief section of the monograph deals with the League's wartime anti-venereal disease campaign the authors convincingly show the centrality of this organization in furthering sexual education among Canadian civilians. League events exposed Canadians to a moral-medical view of venereal disease through diverse mediums, reflecting a general enthusiasm for sex education (albeit, of a conservative bent).[18] While the League was not

[17] Mawani, "Regulating," 149.
[18] Catherine Carstairs, Bethany Philpott and Sara Wilmshurst, *Be Wise! Be Healthy! Morality and Citizenship in Canadian Public Health Campaigns* (Vancouver: University of British Columbia Press, 2018), 77.

the progenitor of the concept that public health ought to place a greater emphasis on the thoughts and actions of individuals over environmental factors, it was this sentiment which girded its anti-venereal disease campaigns.[19]

Carstairs, Philpott and Wilmshurst do suggest that there were some signs during the war that the League's unremarkable views on sexual morality were beginning to clash with the more progressive mindset of government officials, though this budding tension became more of an issue after the war's end.[20] While the Canadian government was expanding its own anti-venereal disease operations during this period, it nevertheless relied heavily on the work of voluntary organizations like the Health League of Canada for civilian education programs. I also believe there is great value in considering the League's wartime activities not on their own, but as part of Canada's larger wartime anti-venereal disease ambitions, since this accomplishes two objectives. First, the League's activities help highlight some of the core characteristics of anti-venereal disease campaigns in this period, including increasing optimism towards newer mediums like film and the reframing of "health citizenship" rhetoric to encompass wartime maxims. Second, a detailed analysis of the League's wartime programs confirms that, even when compared to arguably the most liberal of contemporary anti-venereal disease campaigns—those for enlisted men—the organization was not really moving against the grain. While the League embraced moral-medical messaging, so too did the vast majority of civilian and military health educators: any claim that the League represented a withering bastion of morality-based public health education has to contend with the fact

[19] Carstairs, Philpott and Wilmshurst, *Be Wise! Be Healthy!*, 204.
[20] Carstairs, Philpott and Wilmshurst, *Be Wise! Be Healthy!*, 206.

that it was essentially operating under the same assumptions as other players in sexual education.

Given that two chapters of my dissertation focus specifically on venereal disease control and education in the Canadian wartime military, it seems relevant to reference those who have written specifically on this topic as it pertained to Canada's uniformed women and men. Ruth Roach Pierson's *They're Still Women After All* features chapters which provide a great overview of military and medical thinking towards sexual education in the Canadian Women's Army Corps. Pierson writes that the CWAC education program relied upon core assumptions about female sexuality and the transience of military life for Canadian women, which resulted in the production and dissemination of materials which were not terribly distinct from those offered to women back home, a state of affairs which was noticeably different when one considers anti-venereal disease measures for Canadian servicemen.[21]

Besides using the essentializing rhetoric of motherhood and respectability, military sexual educators frequently made appeals to the duty servicewomen had to their units, which included protecting their own sexual reputations and, by extension, that of the Corps as a whole. Duty, at least in the sense of military efficiency and combat readiness, was not frequently invoked during lectures and in other educational mediums, driving across the point that CWAC women contributed to the war effort in ways which were envisioned as fundamentally different from the contributions of men, even those men whose military calling did not involve active service on the front lines. Furthermore, as

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[21] Ruth Roach Pierson, *They're Still Women After All: The Second World War and Canadian Womanhood* (Toronto: McClelland and Stewart, 1986), 203-204.

Pierson points out, appeals to the high moral standards of female personnel were undermined by the fact that anti-venereal disease education for male soldiers so often relied upon the denigration of female sexuality and its classification as something morally and medically dangerous. "Loose" women and sex workers were identified as "predatory and infected bogeywomen," who were scorned and mocked by the same military officials tasked with educating Canada's servicewomen.[22] Pierson, in effect, argues that the contradictory aims of military educators—to both make the case for the dangerousness of female sexuality while also arguing for the innocence of its own female personnel—represented a double standard in venereal disease education, something expanded upon in chapter four of this dissertation.[23]

Where my work differs from Pierson's own is in how it handles the examination of the various educational materials produced for Canada's uniformed women. For starters, Pierson does not really consider the role of lectures in disseminating anti-venereal disease propaganda, though it cannot be overstated how crucial a component of the military's program talks were. Considering how little attention was paid to producing or procuring posters and films for an audience of female recruits, lectures were expected to do a significant part of the educational heavy lifting in the women's services, and unlike written material which could be safely disposed of in the nearest dustbin female recruits had no choice but to attend scheduled presentations. Curiously, this state of affairs meant that the anti-venereal disease campaign for female military personnel had much in common (structurally, if nothing else) with that which was created for men during the

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[22] Ruth Roach Pierson, "The Double Bind of the Double Standard: VD Control and the CWAC in World War II," *The Canadian Historical Review* 62, no. 1 (March 1981): 51.
[23] Pierson, "The Double Bind," 58.

Great War, though arguably this was not a deliberate attempt to ape what had come before. Rather, it was the overall simplicity of the moral-medical message for Canadian servicewomen—to remain chaste, to remember that military life was only temporary and to safeguard the individual and collective reputation of women—which undergirded the creation of a relatively underdeveloped sexual education regime.

The fact that this dissertation also draws upon naval and air force sources helps distinguish it from Pierson's own research. While Canadian Women's Army Corps sources still form the backbone of my own analysis, this well-trod content is supplemented by educational materials (largely lectures) from the other women's services, particularly the Women's Royal Canadian Naval Service. Of course, it is worth noting that in considering a slightly expanded range of sources, I have not discovered much in the way of meaningful difference between sexual education programs for Canada's servicewomen in different military branches, save for noticing a few peculiarities here and there. This seemingly confirms the dominance of educational assumptions in the women's services, in addition to highlighting how little effort was made to layer complexity upon the predominant moral-medical messages for Canada's first generation of female military personnel.

With regards to Canada's men in uniform, there is not a great deal of scholarship out there on the specifics of venereal disease education within military circles. Jeff Keshen's *Saints, Sinners and Soldiers: Canada's Second World War* does feature a chapter on "immoral matters," wherein venereal disease features alongside discussions concerning anxieties surrounding wartime relationships, alcohol usage and sex work. While Cassel's analysis is not overly detailed, he nevertheless manages to identify the attitude of

bewildered tolerance military officials held towards the sexual misadventures of troops, something which resulted from the common sense understanding that men away from home and uncertain of what their future might hold were often did not hold chastity in very high regard.[24] William John Pratt's own examination of venereal disease control within the Canadian Army in Europe provides a much more detailed look at how modern military surveillance was used to try and both observe and control the bodies of Canadian soldiers and the European women they had relations with, though he focusses less on the educational aspects of military venereal disease control and more on the Foucauldian characteristics of "a key modern institution of the Canadian state."[25] This dissertation does comment on governmental surveillance of both civilians and soldiers, though it more often tends to ruminate on how "discipline" was as much the product of morally-informed sexual education as it was "permanent, exhaustive, omnipresent surveillance."[26]

The fact of the matter remains that there has not been a great deal of scholarship on venereal disease control and education among Canada's male military personnel during the Second World War, leaving an obvious gap for this dissertation to fill. Yet, it is worth mentioning that, while the scholarship on venereal disease among servicemen might be limited, there is much that has been written about sexuality and masculinity in the military. Amy Shaw's chapter in *Contesting Bodies and Nation in Canadian History* argues that the Boer War provides a case study on how masculinity intersected with

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[24] Jeff Keshen, *Saints, Sinners and Soldiers: Canada's Second World War* (Vancouver: UBC Press, 2004), 137.
[25] William John Pratt, "Prostitutes and Prophylaxis: Venereal Disease, Surveillance, and Discipline in the Canadian Army in Europe, 1939-1945," *Journal of the Canadian Historical Association* 46, no. 2 (2015): 112.
[26] Michel Foucault, *Discipline and Punish: The Birth of the Prison* (New York: Pantheon Books, 1977), 214.

imperialism during the conflict, resulting in the promotion of a "northern body" narrative which placed Canadians high in the imperial pecking order by virtue of their physical prowess and pioneering spirit.[27] The racialized language Shaw describes was very much redeployed during the Second World War, though perhaps more often as a way of encouraging Canadians to preserve (through sexual selectiveness) what they had long exemplified, rather than what they brought to the war table.

Jeff Keshen, Tim Cook and Paul Jackson all agree that the genteel trappings of the citizen-soldier stereotype gave way to a more rugged and explicitly sexual form of masculinity during the world wars. In the name of camaraderie and coping with the difficulties of military life, standards of behaviour were relaxed such that swearing, drinking and sexualized language not only became acceptable, but an accepted part of military masculinity. In the Great War commonplace curses included various manifestations of words for reproductive anatomy, and young soldiers with a chip on their shoulder were wont to swear in ways ranging from creative to absurdly compensatory.[28] Cook also describes how soldiers who were not overly keen on exhibiting the most obvious signs of military masculinity—swearing, drinking and pursuing women included—could be regarded as odd by their fellows, creating a culture where performing masculinity was the most straightforward way to fit in.[29]

While some of the particularities of military masculine culture changed between the

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[27] Amy Shaw, "The Boer War, Masculinity, and Citizenship in Canada, 1899-1902," in *Contesting Bodies and Nation in Canadian History,* eds. Patrizia Gentile and Jane Nicholas (Toronto: University of Toronto Press, 2013), 103-104.
[28] Tim Cook, "Fighting Words: Canadian Soldiers' Slang and Swearing in the Great War," *War In History* 20, no. 3 (2013): 339-340.
[29] Cook, "Fighting Words," 340-41.

Great War and the Second World War, the majority of what counted as "manly" during the former held up in the latter. Boisterous displays of manliness among Canadian soldiers in the Second World War invariably included womanizing and using sexualized language, and for many young soldiers virginity stood as a final obstacle in the way of becoming a "real man" in uniform fostering a dualistic view towards women that treated them as both objects to be protected and preyed upon.[30] A reluctance to pursue women (or, at the very least, to put on womanizing airs) could even be taken as a sign of femininity or homosexuality, and allusions to the latter formed a body of staple insults to hurl at rivals.[31] For the purposes of this project, such scholarship helps establish the sort of opposition military officials faced when formulating moral-medical sexual education curricula, though a comparison to civilian materials reveals that doctors and lecturers back home believed that men in Canada held (albeit, less explicitly) similar beliefs. In a more hypothetical mien, I also argue that the deeply ingrained nature of military masculinity contributed somewhat to the "boys will be boys" attitude of some anti-venereal disease materials produced for male soldiers, though I do not suggest that this acceptance was anything less than reluctant.

Since a core assumption of this dissertation is that the venereal disease control program of the Second World War began with a revival (and subsequent alteration) of its Great War predecessor, it is worthwhile to briefly comment here about scholarship concerning the latter. Lyndsay Rosenthal's recent dissertation on venereal disease treatment in the Canadian Expeditionary Force is the most comprehensive source on this

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[30] Keshen, *Saints, Sinners and Soldiers,* 133-34.
[31] Paul Jackson, *One of the Boys: Homosexuality in the Military During World War II* (Montreal: McGill-Queen's University Press, 2004), 32.

topic from a military perspective, and in referencing it here I hope to outline some of the key parallels between the military control schemes employed during the two conflicts.[32] Rosenthal's telling of events postulates that the highly moralistic program put in place to handle venereal disease cases early in the Great War was, out of sheer necessity, supplemented by a medical approach that supplemented disciplinary action with prophylaxis and chemical therapy.[33] While the Canadian military did not solely rely on disciplinary measures to control venereal disease during the opening months of the Second World War (experience had, after all, taught military officials that moral pleas alone would not keep men healthy), the hybrid moral-medical model which was essentially a resurrected version of the wartime mentality born some two decades earlier.

Rosenthal does not discuss in much detail the exact details of venereal disease education during the Great War, preferring instead to consider how policies emerged and changed during the wartime years. While this dissertation largely considers Canada's Great War anti-venereal disease efforts in order to lay the foundation for examining its Second World War successor, I do examine the content of lectures and films used by the Canadian Expeditionary Force in order to firmly establish that the moral-medical model, modified to suit the context of war, was well and truly operational by the end of the Great War. Brent Brenyo's "'Whatsoever a Man Soweth:' Sex Education about Venereal Disease, Racial Health, and Social Hygiene during the First World War" takes a similar approach to that which has been adopted here by studying a wartime anti-venereal

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[32] I also would like to express my sincerest thanks to Lyndsay, who provided me with a copy of her dissertation many months before it became publicly available.
[33] Lyndsay Rosenthal, "Venus in the Trenches: The Treatment of Venereal Disease in the Canadian Expeditionary Force, 1914-1919," PhD diss., (Wilfrid Laurier University, 2018), 260.

disease film, though it is examined independently from the lectures it would have so often been paired with, creating an obvious opportunity for the analysis contained here.

Finally, it is prudent to mention that foreign scholarship on venereal disease control and education in the world wars is well-trod territory, and while I have had to be selective in my reading, it has nonetheless informed my approach to this topic.[34] Phillipa Levine's *Prostitution, Race and Politics*: *Policing Venereal Disease in the British Empire* contains a chapter on imperial responses to the perceived venereal disease crisis of the First World War, the core of Levine's argument being that "wartime conditions focussed attention on the relationship between morality and loyalty."[35] While venereal disease had long worried British officials, the Great War allowed commentators to catastrophize about the consequences of unchecked venereal disease rates, a development which I consider entirely familiar in the context of Canada's experience of both world wars. Levine also describes how British prophylaxis measures were essentially the same as those used by Canadians during the Great War, though it is interesting to note that British soldiers were issued self-treatment kits later than their Dominion counterparts, and across the empire "churches, social purity groups and Dominion politicians. . .all opposed their issue."[36] Yet, Levine also characterizes much of the educational material used in the British military as half-hearted, which I do not believe is an accurate appraisal of the situation within the Canadian Expeditionary Force. While it might be construed as having been ineffective or conflicting with the norms of military masculinity, the CEF desperately

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[34] Note that seminal American scholarship, such as Brandt's work, has been discussed previously, and does not reappear here.
[35] Phillipa Levine, *Prostitution, Race and Politics: Policing Venereal Disease in the British Empire* (New York: Routledge, 2003), 146.
[36] Levine, *Prostitution, Race and Politics,* 148.

hoped that its education campaign could stymie the worrisome progress of venereal disease through its ranks.

Antje Kampf has written on New Zealand's attempts to control military venereal disease rates during both world wars, and has touched upon the role of sexual education in that nation. Kampf tells a story that broadly holds up for Canada as well: education was simple, purely chastity-focussed and reliant on scare-tactics during the First World War and evolved to be more sophisticated in the Second World War. However, Kampf reminds readers that the Second World War campaign was not progressive by modern standards; it was still reliant on a robust toolbox of fear-based propaganda, and every innovation in sexual education techniques was accompanied by a stern reminder that chastity remained an important part of preventing venereal disease.[37] While they do not use the term, I believe Kampf essentially describes the existence of a moral-medical model of venereal disease control within the New Zealand military, a parallel which helps place Canadian anti-venereal disease efforts within a broader context.

Australian scholarship on venereal disease during the world wars is also well developed, with numerous works published in this field.[38] The piece which most influenced my thinking is by Michael Sturma, for in his research one can find explicit

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[37] Antje Kampf, "Controlling Male Sexuality: Combating Venereal Disease in the New Zealand Military during Two World Wars," *Journal of the History of Sexuality* 17, no. 2 (2008): 240-241.

[38] Some examples include: Susan Lemar, "'Outweighing the Public Weal': The Venereal Disease Debate in South Australia 1915-1920," *Health and History* 5, no. 1 (2003): 90-114; Susan Lemar, 'Sexually Cursed, mentally weak and socially untouchable': Women and Venereal Diseases in World War Two Adelaide," *Journal of Australian Studies* 27 (2003): 153-164; Judith Smart, "Sex, the State and the 'Scarlet Scourge': Gender, Citizenship and Venereal Diseases Regulation in Australia during the Great War," *Women's History Review* 7, no. 1 (1998): 5-36.

references moral panic as a feature of wartime anti-venereal disease activities. To support this point, Sturma raises the fact that the attention paid to venereal disease far outweighed its actual impact on Australian society, and that panic about infections was, in fact, a symptom of more wide-ranging worries about the breakdown of sexual morality overall.[39] Sturma also describes a general anxiety about the sexual habits of women during the Second World War, including a suspicion that sex work was becoming more of a problem in major urban centres and that "amateur" women were all too eager to shack up with soldiers (including Allied troops).[40] While the legal responses of Australian governmental organizations were obviously not identical to those adopted in Canada, it is hard to resist drawing parallels between the morally-laden thinking of Australians and Canadians at the time, though the fact that the former was especially concerned about the sexual predilections of foreign (usually American) soldiers on Australian soil obviously represents a unique concern. Canadians were, from the perspective of other governments, counted among the ranks of "foreign" troops poised to take advantage of their strangerhood to find pleasure in cities like London.

Structure

Chapter One, "A Precedent Set, a Panic Paused: Developments 1900-1939" seeks to lay the foundations for the anti-venereal disease campaigns of the Second World War by pursuing a few avenues of inquiry. First, I consider the development of effective chemical treatments for syphilis and gonorrhea around the turn of the century, including the discovery of Salvarsan, the "magic bullet" which revolutionized syphilis treatment

[39] Michael Sturma, "Public Health and Sexual Morality: Venereal Disease in World War II Australia," *Signs* 13, no. 4 (1988): 728.
[40] Sturma, "Public Health," 730.

and ushered in a new era of effective medicine against the most dreaded of venereal diseases. One obvious consequence of medical advancements in the early twentieth century was that, for the first time, relatively efficacious (though highly unpleasant) treatments for venereal disease became available, an achievement which threatened to undermine moral pleas regarding the life-saving benefits of sexual orthodoxy.

I follow this truncated medical history with a discussion of moral reform movements and their role in shaping public discourse surrounding venereal disease, including the growing insistence on the part of reformers that medical solutions alone could not treat the underlying societal corruption which produced the conditions for sexual impurity and ill health. Canadian moral reformers tapped into both domestic and international studies to support their assertion that something was deeply wrong in Canada's cities, ensuring that there were plenty of young folks eager to explore their sexuality in ways which threatened body and soul alike. Finally, I briefly consider military concerns surrounding venereal disease in the Canadian Expeditionary Force and provide an analysis of the ways in which the eventual development of a venereal disease control program enshrined the moral-medical model as an item of conventional military wisdom, something which would become relevant again at the onset of the Second World War.

In Chapter Two I discuss the Health League of Canada, with the goal of both establishing the importance of this voluntary organization in the crusade against venereal disease and discussing the actual content of its campaigns during the Second World War. Like other scholars, I propose that Gordon Bates' leadership played an essential part in shaping the League's conception of venereal disease control, which wholly embraced the paramount importance of morality as a component of public sexual education. The Health

League was certainly not opposed to addressing the environmental and social factors which played a part in influencing public health, but its activities confirmed that the notion of "health citizenship" it forwarded painted the individual moral accountability of Canadians as a crucial consideration in checking the spread of venereal disease within the civilian population.[41] The League was, in effect, only too eager to marry moral reform and medicine, though it was far from original in doing so.

The core ethos of the League established, the chapter then pores over the diverse array of materials used in its educational drives. "Film and lecture" events receive a goodly share of my attention, since these were a staple of the League's activities and were a common feature in contemporary anti-venereal disease campaigns generally. I propose that, despite skillfully employing varied informational mediums, film and lecture events offered advice which was of a middling calibre at best: films could sometimes contain outright misleading health information, and even talented lecturers were not overly generous when dispensing practical prophylactic advice. Take-home literature provided by the League also tended to favour strongly moral messaging informed by the anticipated gender of the reader, though few contained absolutely nothing in the way of useful health information. As is shown in later chapters, the League's campaigns typified the more conservative attitudes towards sexual education which prevailed in civilian circles, though they were not wholly devoid of useful medical advice.

Chapter Three explores venereal disease control and education as experienced by Canada's uniformed men who, as members of a state organization which partially deprived them of their individual liberties, were exposed to mandatory rhetoric

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[41] Carstairs, Philpott and Wilmshurst, *Be Wise! Be Healthy!*, 7-10.

concerning the nature of their bodies and sexuality. Military officials—taking advantage of the hard lessons learned during the Great War—knew well the adverse effects on combat readiness venereal disease caused, but were also thoroughly skeptical that abstinence-only education could dissuade young men on the move from seeking out sexual relationships. Furthermore, the military benefitted from priority access to medical resources, meaning that it had unequalled access to the latest research and materials used to treat syphilis and gonorrhea. In short, a mandate to maximize combat readiness, an unequalled ability to harness the powers of medicine and a prevailing attitude that "boys will be boys" helped shape the military's anti-venereal disease campaigns, resulting in something noticeably more permissive than might be found on the home front.

I do argue, though, that it would be hyperbolic to suggest that the military stood above moral concerns, or that it was especially enthusiastic in accepting a more liberal approach to venereal disease control. Education remained the most cost-effective way of trying to combat venereal disease, and military officials wholeheartedly preferred that the soldiers under their command avoided sexual misadventure entirely. To this end, the various lectures, pamphlets, films and posters deployed within the military stressed the moral and medical value of avoiding sex, while simultaneously keeping male soldiers in the know about topics like condom use and early preventative treatment. Accompanying moral and medical pleas was a deeply sexist view of women's sexuality which was touted as conventional wisdom: sex workers were always infected, and "pick ups" were seldom any healthier. Even with effective treatment, sound prophylaxis and discerning tastes, men who shirked their duties and chose to fool around were bound to eventually encounter a woman whose own moral weakness had rendered her medically dangerous.

Chapter Four offers a comparative look at military venereal disease control for Canadian women, since the Second World War saw the eventual establishment avenues for women to pursue military service. Taking a page from Pierson's work, the chapter begins by outlining how the women's participation in a domain traditionally envisioned as being the sole purview of men engendered tensions among military officials and the public at large, who saw the entire affair as highly unusual and a departure from the norms even war was wont to obey. Early discussions concerning the role and status of Canada's uniformed women set down a common understanding that their duties were supplementary and secondary to those of men, and that the direct obligations towards Canada's military success their entry into the armed forces created were undeniably temporary and ought to be regarded as such. When the time came to formulate a venereal disease control program for military women it was this view regarding the temporariness of their service which informed what information they would receive. Members of the Women's Services remained women first and foremost, and unlike their time in the military that status was certainly not imagined to be temporary.

Pierson has demonstrated that the venereal disease control program used within the Canadian Women's Army Corps was of the "education only" sort, and this chapter therefore hones in on what that education looked like. Using lecture samples, pamphlets and film as my guide, I argue that the control scheme crafted for Canada's servicewomen showed little of the liberal tolerance extended towards men-at-arms, and was very much exceptionally preoccupied with matters of chastity and reputation. The essentialized vision of womanhood presented during sexual education lessons sought to remind servicewomen of their eventual role as mothers, forwarding the notion that to become

infected with a venereal disease was to garner a moral and medical history which threatened postwar relationship prospects.

The final chapter of this dissertation concerns the more localized anti-venereal disease efforts seen in specific municipalities, each selected on the grounds that they were sites of commonplace military-civilian interaction and were deemed particularly significant to the war effort. I begin by looking at public health and education drives in Toronto, where much of the medical literature on venereal disease in Canada originated. Perhaps because of the Health League's prominence within the city, Toronto's municipal government was slow to take up the responsibility of combatting venereal disease within its boundaries, a sluggishness which can be considered curious given its relative affluence and size. Indeed the second municipality considered, Halifax, seemed to muster a more spirited anti-venereal disease campaign in spite of commanding ostensibly less in the way of resources than the Queen City of Canada. Halifax health officials cooperated closely, albeit inconsistently, with their provincial counterparts, and both had strong liaisons with naval authorities by the end of the war. At least in part, Halifax's solution to the venereal disease problem was punitive in nature, and I argue in the chapter that significant increases in the number of women arrested for vagrancy and other charges demonstrated the city's willingness to label some of its citizens as beyond (or, perhaps, beneath) saving through educational means.

The last city examined in this chapter is Montreal, which had by the 1930s a decades-old history of associating its venereal disease woes with the city's comparatively well established sex trade. Like other municipalities, Montreal's anti-venereal disease program was partially carried out by voluntary organizations, though unlike Toronto or Halifax the

city hosted publicly recognized red light districts presenting obvious targets for disciplinary action. All three cities had to contend with military concerns and complaints, but Montreal was alone with regards to how effective the military was in forcing the implementation of a severe solution. Scandalized though local politicians were that Montreal was singled out by military officials, by early 1944 the anti-sex trade position of Canada's armed forces (explored in depth in chapter three) resulted in a crackdown on brothels in the city, resulting in a venereal disease control scheme which was more punitive than those seen elsewhere.

Chapter 1: Worries Waxing and Waning: Medical Innovations, Moral Reform, The First World War and the Quiet Interwar Period

Introduction

Between March 30th and April 9th, 1918, officers from the Office of the Assistant Director of Medical Services (ADMS) and the Canadian Headquarters and Shorncliffe were engaged in a blistering conflict over the grand strategy of time management. The Office of the ADMS had recently appointed Captain Flatt of the Canadian Army Medical Corps as Official Lecturer on Communicable Diseases in the Shorncliffe area, a promotion which came with orders to swiftly begin formulating and scheduling educational lectures for Canadian troops on the topic of venereal disease.[42] While there is every indication that Flatt took to this task with gusto, the Canadian HQ at Shorncliffe was taken aback by his insistence that the amount of time dedicated to lectures on sexual health be doubled (from half an hour to a full hour), as this reshuffling of time would interfere with regular training exercises. The Office of the ADMS provided a curt response on April 9th, 1918: the hour of time would have to be found, regardless of any inconvenience arising from this scheduling conflict. Venereal disease education was "[too] important a subject, rivalling in importance many of the hours spent in physical training."[43] Venereal disease education had won out, in this case, and soldiers at

[42] Major J.R. Goodall to Captain Flatt, March 30th, 1918, LAC, RG 9-III-B-1, Vol. 863, V-3-2.
[43] Major J.R. Goodall to Canadian Headquarters, Shorncliffe, April 9th, 1918, LAC, RG 9-III-B-1, Vol. 863, V-3-2.

Shorncliffe would henceforth spend an hour (the frequency of these lectures is not noted) learning about venereal disease with Captain Flatt in the local Y.M.C.A. hut.

While this exchange occurred quite late in the First World War, debates over how to handle venereal disease control and education overseas and at home, among civilians and uniformed men alike, began almost immediately after Canada's entry into the conflict. Jay Cassel argues that it was the First World War which galvanized medical practitioners, government officials, social reformers and military officers into action, encouraging new approaches to handling what was imagined as a joint moral and medical crisis.[44] Certainly, statistics compiled during the conflict and collected in the *Official History of the Canadian Forces* do suggest that venereal disease was a serious military threat between 1914 and 1919. 66,083 cases of venereal disease were recorded during the Great War, a number which represents nearly sixteen percent of the total number of Canadians who served overseas.[45] The severity of this problem reached its peak in 1915, when the number of venereal disease cases in the Canadian Expeditionary Force was allegedly equal to 28.7 percent of its enlisted men.[46] More recent scholarship has contended this figure, though, and Tim Cook posits that the aforementioned figure may be as much as ten times higher than the actual rate of infection.[47]

Of course, venereal disease was but one of many medical issues military physicians of

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[44] Cassel, *The Secret Plague,* 248.
[45] Andrew Macphail, *Official History of the Canadian Forces in the Great War 1914-19: The Medical Services* (Ottawa: F.A. Acland, 1925), 287. Note that Cassel posits that this number is problematic if left unqualified. Relapses are most likely included in this figure, and many venereal disease cases possibly escaped detection. See: Cassel, *The Secret Plague*, 122-123.
[46] Cassel, *The Secret Plague*, 123.
[47] Tim Cook, *Lifesavers and Body Snatchers: Medical Care and the Struggle for Survival in the Great War* (New York: Penguin Canada, 2022), 67.

the Great War had to contend with. A host of commonplace illnesses also served as a drain on manpower (and often incapacitated men much more swiftly than venereal disease), and wounds of the mind represented a medical challenge that proved difficult to address. However, unlike other illnesses, venereal disease's strong moral heritage meaningfully altered how physicians and military officials thought of it, and shaped the rationale behind why sexually transmitted infections ought to be taken seriously. The military, put simply, wanted to avoid being "accused of recruiting young men to serve and then exposing them to the sexually diseased harpies—as concerned moralists in Canada depicted prostitutes—who were preying on the helpless soldiers."[48]

The severity of the venereal disease crisis in the military led many doctors and reformers to turn their gaze homeward. While statistics for venereal disease rates in Canada were highly fragmented even late in the First World War, this lack of widely sampled data did not stop some from proclaiming that venereal disease rates among Canadians were alarmingly high. Physicians proposed that venereal disease was "perhaps the most serious medical problem we have yet encountered," a refrain that would continue to be asserted in Canadian medical literature by prominent doctors like Gordon Bates for decades.[49] Interestingly, it was this very lack of comprehensive venereal disease statistics which enabled physicians and activists in civilian and military circles alike to

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[48] Cook, *Lifesavers and Body Snatchers,* 70.

[49] Gordon Bates, D.T. Fraser and Maurice McPhedran, "Social Aspects of the Venereal Disease Problem," *The Public Health Journal* 8, no. 11 (November 1917): 289. Bates also took it upon himself to publish several articles near the end of the First World War regarding the scale of Canada's VD problem. For examples, see: Gordon Bates, "The Control of Venereal Diseases," *The Public Health Journal* 8, no. 8 (August 1917): 187-189 and Gordon Bates, "The Venereal Disease Problem," *The Public Health Journal* 9, no. 8 (August 1918): 354-359.

approach assessing the scale of the problem in Canada with an alarmist tone. Using only statistics from the Base Hospital Venereal Disease Clinic (a military district clinic in Toronto), Bates and his colleagues estimated that ten percent of enlisted men were infected with syphilis or gonorrhea and that the civilian VD rate could very well have been much higher than this figure, given that infections in the army whilst in Dominion were the product of liaisons between soldiers and Canadian civilians.[50] For some physicians, the scarce yet alarming statistics compiled in settings where counting venereal disease rates was deemed essential work proved that these insidious infections were concerningly widespread, and that further research would reveal the true extent of just how deep Canada's venereal disease problem ran.

The solutions envisioned to address the prevalence of venereal disease among Canadians, enlisted or otherwise, were diverse and hotly debated. Medical practitioners held that recent developments in the treatment and diagnosis of venereal disease were significant breakthroughs, but the profession struggled to discern how best to promulgate these advances in practice. Moral reformers generally held optimistic views regarding the potential for science to cure venereal disease but saw the task of combatting sexually transmitted infections as one which was doomed to failure in a society that lacked a strong moral fibre. Military officials remained uncertain about how to lower venereal disease rates among Canadian soldiers but were convinced that the importance of ensuring that men were fit to fight, rather than convalescing *en masse* in a hospital because of reckless sexual enterprises, could not be understated. Finally, Canada's federal, provincial and municipal governments were left with the perplexing task of

[50] Bates, Fraser and McPhedran, "Social Aspects," 289.

listening to and synthesizing these various interests and concerns, turning them in to a VD control scheme which would both yield quantifiable results while also remaining fiscally tenable.

Despite this cacophony of sound and fury, it was a point generally agreed upon by the aforementioned groups that Canadians were woefully ill equipped to face the scourge of venereal disease. Ignorance of these illnesses and their treatment was believed to be the norm, leading to the fatalistic conclusion that no medical provision, legal measure or moral indictment could succeed if the populace at large was unable to comprehend their importance. This sentiment led to the creation and implementation of titanic public health campaigns primarily in Canadian cities (and in military curricula, during the Great War), a process which was fraught with experimentation, uncertainty and occasional contradictions. As we will see, the First World War and the Interwar period established the importance of venereal disease control and education while also creating a hybrid moral-medical model that informed the creation and application of public health programmes and educational materials alike.

Venereal Disease and Medical Developments

While the early 20th century saw major developments in the fields of venereal disease control and education, medical developments in this period did a great deal to foster the perspective that combatting venereal disease was, at least in terms of physical treatment, an achievable task. Perhaps the most significant development prior to the First World War was the introduction of a new drug that revolutionized the treatment of syphilis. Salvarsan, sometimes called compound six hundred and six, was the result of decades of research by German physician and scientist Paul Ehrlich. Ehrlich, today best remembered

for his contributions to the then fledgling field of chemotherapy, studied the relationship between dyes and the molecules of other substances, ultimately arriving at the conclusion that by synthesizing substances that would selectively attach to (and gradually eliminate) causative organisms while leaving other cells untouched it was possible to cure illnesses like syphilis.[51] In 1910 Ehrlich announced to the Congress for International Medicine that he and his assistant, Sahachiro Hata, has managed to convert this theory into practice by creating Salvarsan, the trade name for the arsenic-derived compound arsphenamine.

The results of this "magic bullet" were ostensibly astonishing.[52] Patients injected with Salvarsan often found that the signs and symptoms of syphilis rapidly cleared up. Spirochete counts after a single dose of Salvarsan rapidly dwindled, and a brief period of treatment typically rendered a patient non-infectious.[53] Yet, the passing of time brought forth indications that Salvarsan was itself not the perfect cure physicians hoped it would be. First, while initial injections rapidly reduced the obvious signs of infection in a patient the process of treating syphilis was rather more involved than this. Cassel describes a common Canadian treatment regimen consisting of injections every few days for roughly two months, and similar arrangements existed elsewhere.[54] Even after injections were

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[51] This is necessarily a truncated description of Ehrlich's work with dyes (which would inform the creation of side chain theory). For more detail, see: Cassel, *The Secret Plague*, 53-57 and Kent A. Sepkowitz, "One Hundred Years of Salvarsan," *New England Journal of Medicine* 365 no. 4 (July 2011): 291-293.

[52] The "magic bullet" refrain occasionally appears in period discussions of Salvarsan, sometimes disparagingly, often optimistically. It captures the fundamental theory behind Salvarsan's function as a highly selective drug meant to target only spirochetes, the bacterium which cause syphilis, while avoiding other cells and organisms. So pervasive was this term (in part due to Ehrlich's own usage of it) that a 1940 biographical film about Ehrlich's life and work was entitled "Dr. Ehrlich's Magic Bullet."

[53] J.E. Ross and S.M. Tomkins, "The British Reception of Salvarsan," *Journal of the History of Medicine and Allied Sciences* 54 no. 4 (October 1997): 405.

[54] Cassel, *The Secret Plague*, 56.

completed, patients typically had to return to their private practitioner or local venereal disease clinic for regular tests to confirm that the treatment was wholly successful, meaning that even a cured syphilis infection made demands on one's schedule for a period of up to two years.[55]

Salvarsan also was an incredibly potent drug, and side effects ranging from discomfort to fatalities were noted in medical journals. Nausea and fever were commonly noted, and in more severe cases patients could suffer renal failure, severe rashes, damage to the nervous system and arsenic poisoning.[56] While Salvarsan was in many respects a very real cure for syphilis, the fact that this cure was seldom quick and could be fraught with discomfort created an obvious barrier to effective treatment; many ill folk took satisfaction in the obvious signs of improvement which often accompanied primary injections and defaulted on further treatments.

While Salvarsan might have been the most significant medical breakthrough in terms of treating syphilis, its effect was expanded by other medical innovations in the late nineteenth and early twentieth centuries. Diagnosis was aided by the gradual discovery of the causative organisms of syphilis and gonorrhea between 1879 and 1905, allowing physicians to more accurately shape treatments based on the specific infection they observed in patients.[57] 1906 also saw the emergence of the Wassermann test, a

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[55] Malcolm Morris and Henry MacCormac, "Two Years' Experience with Salvarsan," *The Lancet* 182 vol. 4705 (November 1913): 1247. Roger Davidson also describes how Scottish medical authorities argued that up to three years of observation and treatment should be the norm. See: Roger Davidson, *Dangerous Liaisons: A Social History of Venereal Disease in Twentieth-Century Scotland* (Amsterdam: The Wellcome Trust, 2000), 77.
[56] Sepkowitz, "One Hundred Years," 293.
[57] Cassel, *The Secret Plague*, 32.

serological test that greatly aided in the detection of syphilis. This marked a significant departure from earlier diagnosis methods (which primarily relied on genital and skin observation), though the blood sampling and laboratory analysis required for a Wassermann test was complex work.

Research on gonorrhea also produced results, though the simplicity of this infection compared to syphilis meant that treatment was a far simpler affair. Since the 1890's typical medical practice was to irrigate an infected patient's genitals with potassium permanganate or silver nitrate, both of which were caustic chemicals which were known irritants. The process of irrigation was also a decidedly unpleasant one, requiring the insertion of tubes into the delicate sexual organs of male and female patients alike; these irrigation sessions were repeated every twelve to twenty-four hours (depending on the severity of the infection and whether or not the treatment was abortive or meant to clear up a well established infection), and a dozen or so washes were required in most cases.[58] While this treatment was often quite effective, it remained thoroughly unpleasant for patients, and physicians often complained that their charges were uncooperative.[59]

Following the conclusion of the Great War, further developments and refinements were made in order to improve the treatment and diagnosis of venereal disease. The Wassermann test was gradually replaced from 1924 onwards with the superior Kahn test,

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[58] Cassel, *The Secret Plague*, 48-50.

[59] Though, in all fairness, physicians were also reminded to empathize with their patients. Even in the midst of the First World War, CAMC physicians were issued circulars reminding them of their obligation to be gentle in handling the genitals of men during inspection and treatment (and in assigning work while convalescing), as irrigation was already deemed an unpleasant experience. Examples of such instructions and others can be found in LAC, RG 9-III-B-1, Vol. 863, V-3-2.

owing to the inaccuracies which often plagued the former method.[60] The discovery of sulphonamides or "sulpha drugs" in the 1930's made treating gonorrhea simpler, less intrusive and more efficient, as will be seen in later discussions of venereal disease treatment during the Second World War.[61] Finally, existing drugs and their applications became better understood with the passage of time, leading to more refined treatments on the whole.

Yet, these medical developments were ushering in a new era of healthcare. As the diagnosis and treatment of venereal disease became exponentially more complicated than it had been in centuries past, patients were increasingly divorced from their medical practitioners. As Kent Sepkowitz describes, beginning in the 19th century doctors began to be supplied with "a new vocabulary and methodology beyond the comprehension of most laypeople."[62] This change is especially significant when thinking about sexually transmitted infections, which carried (and still do carry) an air of stigma about them. While those living with syphilis and gonorrhea infections were increasingly able to find effective treatments for these problems, to do so required placing a great deal of faith in professionals who jealously guarded their privileged access to the keys of medical knowledge.

Moral Reformers and Venereal Disease

While the First World War was a catalyst in bringing to the fore the importance of venereal disease control and education in Canada, it would be incorrect to posit that the

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[60] Cassel, *The Secret Plague*, 32-33.
[61] Cassel, *The Secret Plague*, 58-59.
[62] Sepkowitz, "One Hundred Years," 411.

subject did not capture the attention of some prior to this conflict. Reacting to urban growth and the perceived immorality it wrought, middle-class reformers took a keen interest in matters of public health, moral uplift and spiritual welfare even prior to the turn of the century. Inspired by the social gospel movement, these reformers looked on with concern as industrializing cities in the West bred conditions which were believed to be inimical to moral purity and social progress. Sex, and the illnesses associated with its "illicit" practice among young people, quickly became one of the major topics reformers took to addressing. Venereal disease, they warned, was an insidious threat which fomented rot in Canadian society by corrupting individual bodies and minds and threatening the traditional family structures around which Canadian society was built. Furthermore, reformers commonly held that combatting venereal disease and sexual immorality required the adoption of a new moral praxis that emphasized the role of society (and its authorities in government) in seeking out, assisting and ultimately reforming wayward Canadians.

What was the impetus for this growing concern about the relationship between sex, venereal disease, morality and national wellbeing? What developments inspired moral panic and, by extension, calls for moral reform in Canada and elsewhere? As summarized by Sharon A. Cook, "the last quarter of the nineteenth century in Canada was a period of profound social change and uncertainty."[63] Numerous interrelated developments and trends worried moral reformers, who supposed that deviating from the status quo of Canadian society created a sort of moral disjunction that left the young nation without a

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[63] Sharon A. Cook, *"Through Sunshine and Shadow": The Woman's Christian Temperance Union, Evangelicalism and Reform in Ontario, 1874-1930* (Montreal and Kingston: McGill-Queens University Press, 1995), 6.

sense of collective spiritual purpose or direction. Much ado was made by moral reformers concerning the sanctity of the family, a wellspring which was assumed to provide proper moral instruction when functioning correctly and indelible corruption when not.[64] While moral reform movements were varied in their aims and in their approaches to assigning blame for Canada's woes, broad discontent towards sexual morality, newcomers to Canada, industrialization, urbanization, secularism and other topics were commonplace.[65] Further still, the broad category of "vice" captured the attention of reformers, though whether bad behaviours were the root of the problem or merely a symptom of it was a source of disagreement within reform circles.

What were the vices moral reformers wrung their hands over? Sex and venereal disease were a major source of anxiety (and are the major foci of this dissertation), but intimate matters were not the sole sphere of concern among reformers. Vice could be broadly constructed to mean any behaviour deemed unseemly or immoral, though certain activities were singled out for criticism. Alcohol usage was a major focus among many reform groups, and temperance advocates employed rhetoric which labelled the social effects of unchecked alcohol use as nothing short of disastrous. As a cause, temperance had deep roots in moral reform, though initial attempts to dissuade Canadians from taking to drink were broadly unsuccessful. Early temperance movements emphasized the role of the individual in reducing the social harms propagated by alcohol, a mentality born of reform sentiment which favoured individualistic interpretations of morality.[66] To be

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[64] Cook, *"Through Sunshine and Shadow,"* 6.
[65] Cook, *"Through Sunshine and Shadow*," 6.
[66] Craig Heron, *Booze: A Distilled History* (Toronto: Between the Lines, 2003), 131. Note that Heron does make mention of some early calls for state-led prohibition (including an editorial piece from the 1830s), but he ultimately concludes that early temperance

morally upright was an individual pursuit, a self-improvement goal which intrinsically aligned with evangelical Christian views on redemption.

One change which led temperance advocates to increasingly favour state-led solutions to Canada's apparent alcohol problem was to be found in Canada's growing cities. When writing in the 1820s and 1830s, "first wave" reformers saw a society which was, first and foremost, comprised of agrarian populations engaged in small-scale, individual production. The root cause of alcohol dependency in such a social arrangement, according to reformers, were "pre-industrial popular cultures" which normalized alcohol consumption both at home and in public.[67] By the mid-nineteenth century, however, industrializing urban centres presented a new challenge to the temperance movement. Social problems hitherto imagined to be the product of older cultural norms and individual foolishness integrated with the wage-driven, capitalist economy, lending these ills a newfound sense of scale which had implications for Canadians collectively.[68] Anti-alcohol reformers came to realize that, alongside moral suasion and education, government action might be required.

Craig Heron contextualizes the temperance/prohibition movements, reminding readers that the "moral-reform ball park" included promoting and creating parks and recreation projects, social clubs, athletics groups and other initiatives meant to provide wholesome recreation and environments favourable to good behaviour.[69] The need to promote activities which were believed to uplift the public came, once again, as a reaction to the

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movements sincerely believed most Canadians could be swayed to giving up drink by personal appeals and moral reasoning.

[67] Heron, *Booze*, 132.

[68] Heron, *Booze*, 132.

[69] Heron, *Booze*, 132.

changes wrought by the rising importance of urban life in Canada. Cities were portrayed as hotbeds for immorality and loose living, veritable dens of sin which did little to prevent inhabitants from "falling through the cracks" in pursuit of pleasure. The nation's youth were particularly singled out as a cause for concern, as demands for labour pulled both domestic and immigrant youth into the influence of cities. Most concerning of all were those young women making for cities in order to meet urban demand for cheap labour in shops, factories and households around the turn of the nineteenth century.[70] Unlike discussions surrounding male labour, which often happened in the language of rights and fairness, debates about female labour typically descended into discourses on the harmful moral impacts of urban industrialization.[71] Whereas men might be led astray by the pleasures of the city, potentially bringing financial ruin and crime, women might themselves become one of the pleasures of the city: they might engage with the sex trade.[72]

Of all the tropes marshalled by moral reformers in their wars against vice and societal decline, none were so viscerally evocative as that of the "fallen woman." The fallen woman as described by reformers was at least in some capacity involved in sex work, though the exact extent to which this was the case was said to vary. Some were occasional sex workers who sold their virtue in order to supplement pay from more respectable trades, either to make ends meet or to fund lavish and hedonistic pursuits. Others were described as victims of a very particular form of sex trafficking (described

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[70] Carolyn Strange, *Toronto's Girl Problem: The Perils and Pleasures of the City, 1880-1930* (Toronto: University of Toronto Press, 1995), 21-22.
[71] Strange, *Toronto's Girl Problem*, 22.
[72] Strange, *Toronto's Girl Problem,* 22-23.

below), essentially affording them a modicum of sympathy from reformers and furthering the image of the Canadian city as a bleak hellscape where exploitation and sexual deviancy had been allowed to flourish. The fallen woman was such a powerful trope because it served to create what was, in effect, a circular explanation for the prevalence of sexual immortality in cities. Dangerous cities offered the sources of temptation which led young women down the path of sex work, and sex work became one of the temptations which rendered urban life morally dangerous.

The solutions to problematic female sexuality blended both volunteer and professional social work. In the late nineteenth and early twentieth centuries, charitable organizations and evangelical reformers were some of the foremost authorities on the perils of sex work and the methods best used to check its spread. In keeping with their individualizing perspectives on redemption and absolution, reform-minded volunteers maintained that fallen women could be saved by the intervention of well-meaning individuals and the organizations they served.[73] Yet, by the 1910's volunteer efforts to combat sex work were increasingly supplemented by the labours of social workers, a development which was in no way unique to Canada.[74] Furthermore, the language of individual redemption was losing ground to a more combative line of thinking which sought to eliminate the sex trade as a whole; this change heralded cries for government intervention and punitive

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[73] Sharon Anne Cook, "'Do not. . .do anything that you cannot unblushingly tell your mother': Gender and Social Purity in Canada," *Histoire sociale/Social History* 30, no. 60 (1997): 217.

[74] For a discussion of the contemporary march towards professional social work in Canada, see: Therese Jennissen and Colleen Lundy, *One Hundred Years of Social Work: A History of the Profession in Canada, 1900-2000*, 1-17. With regards to the United States see: Regina G. Kunzel, *Fallen Women, Problem Girls: Unmarried Mothers and the Professionalization of Social Work, 1890-1945* (New Haven: Yale University Press, 1995), 36-44.

legal action against women engaged in the sex trade.[75] Whether volunteers or part of the slowly professionalizing corpus of social work, reformers took to the matter of protecting women's sexual purity (and, by extension, that of Canada on the whole) with enthusiasm, bolstered by the presupposition that unchecked sexuality was fundamentally a damaging and damning aspect of urban life in Canada.

Certainly, reformers believed that they had found evidence that the problem of sex work was causing public harm. Studies and conferences in Baltimore, Chicago and other American cities pointed to the prevalence of venereal disease in urban environments, and Canadian reformers took to following these discussions with enthusiasm.[76] What concerned them most were the supposed links found by American reformers between venereal disease, illicit sex and "white slavery," or forced sex trade work among young, white women.[77] Canadian reformers rapidly turned their gaze homewards, looking to find similar issues on the streets of the Dominion's own cities. Before long, works like C.S. Clark's *Of Toronto the Good* purported to reveal the extent of Canada's morality woes. Clark, inspired by American reform conferences and their imitators in Canada, sought to illuminate the causes behind the spread of venereal disease and the "social evil" of sex work in "the Queen City of Canada" in an attempt to rouse public awareness of these symptoms of urban moral decline. In a move which revealed core divisions within the expanding and gradually professionalizing moral reform community, Clark advocated for the medical regulation of sex work, arguing that attempts to crack down on brothels in

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[75] Cook, "Do not. . .do anything," 217.
[76] Mariana Valverde, *The Age of Light, Soap and Water: Moral Reform in English Canada 1885-1925: With New Introduction* (Toronto: McClelland and Steward, 2008), 92-93.
[77] Valverde discusses "white slavery" in chapter 4 of *The Age of Light, Soap and Water.*

Toronto had accomplished little; by Clark's reckoning, working girls simply took to the streets (where they were difficult to track) when their houses of ill repute were shuttered and locked.[78]

The mobility of those engaged in the sex trade was a source of anxiety for Clark. Though in his eyes unregulated brothels represented something of a weeping sore on the moral body of Toronto, Clark maintained that the prevalence of "street walking" women was a serious medical and moral concern that was not easily policed. These women, which Clark describes as aggressively sexual and often more to blame than their male customers, supposedly ran rampant throughout the streets of Toronto precisely because they felt safer and less likely to encounter legal difficulties working on street corners rather than in brothels. Attempting to prove this assertion Clark drew comparisons with Montréal, a city which he characterizes as having a *de facto* system of brothel regulation: "I state that I have never been solicited in Montreal during a twelve months' residence in that city, and I state that I have been solicited on the streets of Toronto if I am in that city but one night."[79] Evidently, Clark believed that a system of regulated brothels would encourage sex workers to seek refuge indoors, reducing public indecency and allowing for police and medical authorities to reduce incidences of crime and venereal disease in Toronto.

While Clark did suppose that the existence of the sex trade was the most vexing of moral dilemmas, he also was keen to argue that blaming it alone for the spread of the

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[78] C.S. Clark, *Of Toronto the Good: A Social Study: The Queen City of Canada as it is* (Montreal: The Toronto Publishing Company, 1898), 91.
[79] Clark, *Of Toronto the Good*, 91.

venereal diseases was nothing short of foolhardy. Using case studies composed primarily of interviews conducted with young Torontonians, Clark sought to demonstrate that sexual excess was not always bought or sold with pocket change and crumpled bills exchanged in dark alleys or smoky parlours. In one example, Clark writes of a conversation he had with a teenaged boy who had previously had sex with the family's domestic servant and contracted a sexually transmitted infection, which is described as "vermin" upon the boy's body.[80] In another instance, Clark insists that a lack of sexual morality has led to the proliferation of "Oscar Wilde's type" in the city.[81] Though he stops short of providing names (whether this is because the stories are hyperbole or a potential source for libel charges, one cannot say), Clark evidently sought to equate homosexuality with a lack of morality and poor sexual hygiene.[82] For Clark, it was ignorance of sex and the failure of parents to inculcate in their children strong morals and virtues which allowed for the flourishing of cases such as these. Part of the blame was to be laid at the feet of his fellow moralists, who "theoretically and in [their] own mind [they know] everything. . .practically [they know] nothing."[83] In choosing to try and force the issues of venereal disease, sex and sex work into the margins of social conversation, the public was left knowing "extremely little. . .about what is going on in the very centres

[80] Clark, *Of Toronto the Good*, 104. Unfortunately, Clark's description of the infection is wholly metaphorical, though I am inclined to intuit that its visibility suggests the teen contracted syphilis.
[81] Clark, *Of Toronto the Good*, 90-91.
[82] It is worth noting here that Clark's stereotypical gay men are wealthy Toronto businessmen preying on young boys, drawing associations between wealth, power and deviance that were well suited to both inciting moral panic and presenting a salacious, commercially viable narrative.
[83] Clark, *Of Toronto the Good*, 116.

of civilization and Christianity."[84] Public education, then, was the medicine Clark prescribed for Canadians, though his interests were less in ensuring that individuals knew how to protect themselves from venereal disease and more along the lines of publicizing the ineffectiveness of silence on this issue. Parents needed to speak to their children about the perils of immoral sexual activity, churches had to do their part to bulwark this home-grown wisdom, and governments needed to regulate and cure the activities and bodies of those who fell through the cracks.

One is left wondering how to best gauge reactions to Clark's call for regulation, both in Toronto and more broadly. Certainly, Clark prefaced his work with an assumption that moral reform organizations, such as the Women's Christian Temperance Union, would reject his pleas for sensible change. Clark writes that the WCTU had proclaimed loudly in the past that its members "know the ten commandments and are sure they are suited to every condition of human existence."[85] There was some truth in Clark's assertion, in that many reformers (belonging to women's groups or otherwise) staunchly maintained that the sex trade was not something to be regulated, but exterminated. Part of the reason for this hard-line stance was the aforementioned presupposition that many women were coerced into sex work by criminals and racialized pimps, giving the impression that sex work could not be regulated because its roots were fundamentally illegitimate and dangerous to the survival of the "white race." Indeed, concerns around race and morality featured more prominently than venereal disease in Canadian reformers' early 20th century discussions of the sex trade; perhaps this lack of emphasis on the biological

[84] Clark, *Of Toronto the Good*, 108.
[85] Clark, *Of Toronto the Good*, 87-88.

dangers of syphilis and gonorrhea stymied attempts to discuss regulation within reform movements.[86]

While Clark's vision did not sit entirely well with moral reformers, it at least stood a fighting chance within the community of Canadian medical professionals, who began to debate the merits of a regulated brothel system on the basis of its potential for decreasing venereal disease infection rates. As might be expected, doctors remained divided on the matter over both medical and moral concerns. The editor of the *Canadian Practitioner* lamented in 1904 that regulation was not practical from a medical standpoint and had been a failure elsewhere in the world, for it created a false sense of security among men (therefore leading them to encounters they would have otherwise avoided out of fear) and created a black market for false bills of health.[87] Less than a decade later, an editorial in *Dominion Medical Monthly* lamented that, while the suppression of sex work was morally desirable, it was medically unadvisable to not consider alternative (regulatory) modes of dealing with sex work in Canada's cities.[88] Interestingly, some medical practitioners found themselves unable to decisively pick a side in the regulation debate, either because of moral considerations or due to the assumption that a regulatory framework, however desirable, would never be tolerated by the Canadian public. Such was the case for a *Dominion Medical Monthly* editor, who ended their article with a hint of resignation: "Public sanctioning of prostitution will probably never gain a foothold in

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[86] Cassel, *The Secret Plague*, 134-135.
[87] "Venereal Prophylaxis," *The Canadian Practitioner and Review* 29 no. 3 (March 1904): 150-151.
[88] "Comment from Month to Month: The Police Control of Prostitution," *Dominion Medical Monthly* 41 no. 5 (November 1913): 171-172.

this country. We therefore believe it is our duty to educate the people concerning the attendant dangers of venereal disease."[89]

Despite the uncertainty of doctors, reformers like Clark envisioned themselves as allies of an increasingly confident medical profession, though they did hold that healthcare alone could not eradicate venereal disease. Treating syphilis and gonorrhea as a medical issue could minimize, though not eliminate, the harm of such infections; the role of reformers in this grand struggle was to ensure that the social context which permitted sins of the flesh to occur was altered through moral education, reducing and eventually eliminating the need for medical treatment. This self-ascribed mission brought voluntary reform organizations in close cooperation with the state, which often found itself responding to the "expert" advice offered by purity groups and private philanthropic organizations. According to Valverde, apart from lobbying for legislative changes these disparate groups organized (and sought state funding for) early public health campaigns in the years immediately prior to the First World War.[90] Some of these campaigns were especially novel, such as the Women's Christian Temperance Union's "advanced sex lectures" circuit, which sent Arthur Beall (the organization's "Purity Agent") out to Ontario schools to discuss male anatomy and improper sexual conduct between 1905 and 1911.[91] Nevertheless, it is important to note that public education about venereal disease began only falteringly in the period before the First World War, and was typically devoid of much in the way of medical advice. The problem of sex and disease weighed heavily on the minds of moral reformers, though internal disagreements concerning what

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[89] "Venereal Diseases," *Dominion Medical Monthly* 16 no. 4 (April 1901): 202-203.
[90] Valverde, *The Age of Light, Soap and Water*, 52.
[91] Cassel, *The Secret Plague*, 114.

education and control ought to look like foiled the creation of an effective VD campaign: a crisis was needed to truly get the ball rolling.

The sputtering start of Canada's anti-VD campaign aside, it is interesting to note how in tune with international developments Canadian moral reformers were. When looking to discuss the sex trade and its perils, reformers were keen to look to other Western nations, hoping to glean from others' experiences some insight regarding how best to deal with this line of work. In considering legislative approaches to venereal disease control, reformers and medical officials alike turned an eye towards other parts of the British Empire and to the United States.[92] The vice commissions of major American cities (the first of which were established near the turn of the century) galvanized both Canadian and American moral reformers alike, demonstrating both the newfound importance of the expert medical testimony in assessing the scale of venereal disease and confirming reformers' presupposition that cities represented a veritable den of sin and sexual infection.[93] This focus on international venereal disease control and education created both intellectual and organizational links between Canadian reformers and their counterparts in other nations (particularly Britain and the United States), and it is these links which would prove useful in shaping nascent control and education campaigns.

Of course, it is impossible to discuss moral reformers and their campaigns against venereal disease without making mention of eugenics. While eugenics-based legislation would not become a reality in Canada until Alberta passed the Sexual Sterilization Act in

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[92] For a thorough look at British Imperial policies towards venereal disease control (including discussions of the contagious diseases ordinances), see Phillipa Levine's *Prostitution, Race and Politics: Policing Venereal Disease in the British Empire.*
[93] Allan M. Brandt, *No magic Bullet: A Social History of Venereal Disease in the United States Since 1880* (New York: Oxford University Press, 1985), 32-33.

1928, pro-eugenics rhetoric had begun to gain traction prior to this.[94] Inspired by eugenics advocacy in Britain and the United States, Canadian eugenicists became interested in promoting a form of societal purity born of racial and moral homogeneity.[95] Eugenics entered into the public discourse of moral reformers via the work of medical professionals and scientists, who themselves engaged with wider, international research on the subject. As early as 1890 presentations of a eugenicist bent were held in Canada, and by the 1910s eugenicists such as Dr. Carrie Derrick (a botanist and geneticist who would go on to found McGill University's Genetics Department) could reliably find willing audiences among reformers and social clubs.[96] Within more traditional reform circles, eugenicist rhetoric manifested as calls for a more acute focus on racial purity, particularly with regards to marriage and child-rearing. Valverde's example of the Woman's Christian Temperance Union is especially illustrative, and bears mentioning here. Using the language of "social motherhood," WCTU speakers posited that Canada's moral strength could only be improved by ensuring that upright, white couples married

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[94] Erika Dyck, *Facing Eugenics: Reproduction, Sterilization, and the Politics of Choice* (Toronto: University of Toronto Press, 2013), 3.

[95] Dyck, *Facing Eugenics*, 6-7. Dyck also explains that, despite holding similar aims, British and American eugenicists believed that social impurities arose from different causes. Whereas British eugenicists tended to obsess over matters of class, their American counterparts worried more about matters of race. Canadians, it seems, were more inclined to follow the example of their cousins to the south, though in time pro-eugenics rhetoric in Canada encompassed concerns about intelligence, parental fitness, etc.

[96] Sebastian Normandin, "Eugenics, McGill and the Catholic Church in Montreal and Quebec: 1890-1942," *Canadian Bulletin of Medical History* 15, no. 1 (1998): 67. Derrick's case is interesting, in that her audiences were primarily comprised of English-speaking women's groups in the Montreal area. Normandin argues that the Catholic Church and, at least to some extent, apathy towards what was largely an Anglo-Protestant phenomenon may have contributed to the lukewarm reception of eugenic thought in the province.

well and that mothers could raise their children to be model citizens. While the WCTU's feminism might have been beyond doubting, by the 1910s it was very much built upon a foundation that embraced eugenics as a solution to moral (including sexual) degeneracy.[97]

Eugenics advocates in the medical and scientific communities saw in this theory a method for addressing the same problems raised by lay moral reformers, including venereal disease (itself seen as a symptom of racial and spiritual degeneracy, not the cause of it).[98] Indeed, it is worth asking whether or not it is even possible or desirable to differentiate between moral reformers who were interested in eugenics and eugenicist scientists who felt as though their work improved the moral fabric of the nation. While there is a story of professionalization and modernism to be told regarding the latter group, they nonetheless held a fusion of moral and medical concerns which allied them to the former. If nothing else, favourable views among scientists and doctors regarding the value of eugenics in combating venereal disease represented a concrete manifestation of the moral-medical model on the eve of the First World War. In harnessing theories of scientific efficiency and good breeding to further the cause of social regeneration and progress, eugenicists demonstrated that medicine had the power to shape public sexual morality for the better.

The First World War and VD Control/Education

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[97] Valverde, *The Age of Light, Soap and Water*, 60.
[98] Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885-1945* (Toronto: McClelland and Stewart, 1990), 74.

The First World War brought to the fore the scale of Canada's venereal disease problem, both real and imagined. The mass mobilization of human bodies both for labor and military service impressed upon doctors, military officials, reformers and governments the importance of ensuring Canadians were healthy, both for the war and in the period of tumultuous rebuilding which would accompany peace. As a result of this mindset, venereal disease swiftly became a foremost medical and moral issue during the Great War, inspiring control and education campaigns both on the home front and overseas in Europe.

For the military in Europe, venereal disease control was a complex issue made all the more complicated by Canada's position as a Dominion of Britain and a nation embroiled in an international conflict on foreign soil. Officially, brothels were tolerated by the French forces on the Western front, which held to the conventional wisdom that attempting to regulate (heterosexual) liaisons between soldiers and sex workers was neither good for morale or a realistic goal in and of itself.[99] British officials, while comparatively not so carefree in theory, were also convinced that venereal disease was itself not a wholly avoidable issue, an opinion which did not sit well with the Canadian Government or those of other Dominion forces.[100] While pressure from its populace both at home and among the Dominions did eventually force (and shape) VD policy, this was a slow process which often led to disappointing results. For example, the creation of the British National Council for Combating Venereal Disease in 1916 was met with much

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[99] E.H. Beardsley, "Allied Against Sin: American and British Responses to Venereal Disease in World War I," *Medical History* 20, no. 2 (1976): 190.
[100] Lyndsay Rosenthal, "Venus in the Trenches: The Treatment of Venereal Disease in the Canadian Expeditionary Force, 1914-1919" (PhD dissertation, unpublished, Wilfrid Laurier University, 2018), 7.

enthusiasm, though its early campaigns did little to reduce the incidence of venereal disease among civilians and, by extension, among servicemen. Physicians ascribed this result to the NCCVD's unwillingness to promote modern medical prophylaxis; we again see the increased confidence of the medical profession rearing its head.[101]

Despite being caught in the middle of British policy towards VD, the CAMC did show initiative in formulating venereal disease policy within its own ranks. Initially, measures for controlling venereal disease were largely reactive; soldiers who were infected with either syphilis or gonorrhea were confined to hospital beds for intensive treatment and could, by the war's end, expect pay stoppages in the meantime.[102] Surprise inspections for venereal disease, sometimes refereed to as "short arm parades," could root out early infections while simultaneously humiliating men both healthy and infected into compliance.[103] Eventually prudence saw to it that men were issued with preventative kits before embarking on leave, which typically contained tubes of calomel ointment and potassium permanganate tablets; these drugs, applied before and after intercourse, were meant to prevent any potential venereal disease infection from taking hold.[104] Condoms were not typically issued to Canadian soldiers, though there is some indication that medical officers advised soldiers that their use was recommended. This is in stark contrast to the Australian Army, which made condoms officially available to soldiers at a price of three pence each.[105] The official reluctance to issue condoms was, according to Cassel, a reflection of the general anxiety surrounding the topic of condoning sexual

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[101] Beardsley, "Allied Against Sin," 191.
[102] Rosenthal, "Venus in the Trenches," 62.
[103] Cassel, *The Secret Plague*, 129.
[104] Rosenthal, "Venus in the Trenches," 67.
[105] Rosenthal, "Venus in the Trenches," 67.

activity among uniformed men. Whereas issuing condoms was seen as an explicit acceptance of sex, the availability of prophylaxis kits for preventative treatment could be framed as a medical measure born of necessity.[106] This cognitive dissonance ultimately would not be resolved during the First World War, and so "French letters" remained a barrier device that soldiers would have so seek out on their own if they thought it necessary.

Arguably it was in the field of venereal disease education that the CAMC demonstrated a willingness to truly take the initiative; Macphail's *Official History* claims that "education was considered the most important preventative measure" to combatting venereal disease.[107] To some degree this was enabled by the very nature of military service; enlisted men have little say in their day to day schedules and make the ideal captive audience because their preferences for subject matter are secondary to their obligation to follow orders. Also worth noting is Macphail's overall impression of the sexuality of Canadian soldiers which, despite having high venereal disease rates, he describes as generally moral and sexually orthodox, particularly when compared to the civilian population. Ian Ross Robertson contends that this apparently contradictory perspective was likely born of Macphail's own contemporary adherence to prudery and, as a former military man himself, a desire to protect the civilian reputations of returned soldiers.[108]

Regardless, lectures on venereal disease began to be organized from December 1914

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[106] Cassel, *The Secret Plague*, 129-130.
[107] Macphail, *Official History*, 288.
[108] Ian Ross Robertson, *Sir Andrew Macphail: The Life and Legacy of a Canadian Man of Letters* (McGill-Queen's University Press, 2008), 211-212.

onwards, the exact content of which varied between individual medical officers. Lantern slides showing the effect of venereal infections were used early in the conflict, and while Cassel argues that these were held to be of dubious utility by some officers it seems as though lecturers continued to request them even late in the war.[109] Lecturers were also encouraged to inform men of where they might find early treatment centres while on leave in England, and to stress that attending one of these centres after exposure was considered mandatory. The use of prophylaxis kits was framed as being only half of the solution, and that further chemical treatment and observation was to be performed discreetly at these medical centres in order to minimize the chances of infection with syphilis or gonorrhea. Following treatment, Canadian soldiers would be given a slip that verified the date and time they had reported to an early treatment centre, both to serve as a medical record and to absolve them of any accusations of negligence; soldiers who contracted venereal disease after visiting a prevention centre would be treated as a medical casualty, whereas those who were not in possession of a D.M.S. 1424 slip could be disciplined.[110]

Though these measures suggest a degree of progressive thought driven by necessity, it would be inaccurate to characterize the education and control scheme of the CAMC as wholly liberal. On the contrary, sample lecture syllabi confirm that the military was exceedingly clear in asserting its core assumption that immoral sexual conduct was not only potentially harmful, but unbecoming of Canadian soldiers. The *Syllabus of Lectures*

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[109] Cassel, *The Secret Plague*, 125-126; Letter to Colonel J.M. Almond, April 1st, 1918, LAC, RG 9-III-B-1 Vol. 863.
[110] Office of the Senior Medical Officer, Shorncliffe to Commandant Headquarters School, May 29th, 1918, LAC, RG9-III-B-1 Vol 863. File V-3-2.

on the Prevention of Communicable Disease, issued by the Director of Medical Services, emphatically stressed that venereal disease was more than just an illness: it was nothing short of a dereliction of duty in the face of the enemy. Lecturers were taught to remind soldiers that venereal disease had already caused "thousands of serious casualties," and that a man who fooled around "is a deserter in the presence of the enemy."[111] Further solidifying this appeal to duty and masculinity, the sample lecture provided in the *Syllabus* declared that "it is for each of us to do his share in [the war], like a man."[112] Appeals to masculinity were nothing new among Canadian soldiers, but with regards to venereal disease messaging one cannot help but sense that military educators were facing an uphill struggle.[113] While none doubted that "doing your bit" and soldiering well were markers of masculinity, so too was heterosexual prowess and desirability: the insistence that it was a "real man's job to keep clean" was intrinsically at odds with the vision of masculine discipline usually associated with life in an imperial army.[114]

Lecturers maintained that continence was the only sure form of protection from venereal disease, and that sex was in no way essential for bodily health, military effectiveness or happiness. Soldiers were also reminded to envision the war as a brief

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[111] Director of Medical Services, Canadian Contingent, *Syllabus of Lectures on the Prevention of Communicable Disease* (London: St. Clements Press, n.d. [mid-late 1917]), 14. A copy of this small booklet can be found in LAC, RG 9 III-A-1, volume 89.
[112] Director of Medical Services, *Syllabus*, 14.
[113] Amy Shaw describes the creation of masculine narratives about Canadian soldiers during the Boer War which, among other things, lauded their "pioneer" physiology and psychology. Shaw argues that the characterization of Canadian men as tall, rugged and healthy was accompanied by assertions that these qualities would render them fine warriors and a unique asset within the British Empire. See: Amy Shaw, "The Boer War, Masculinity, and Citizenship in Canada, 1899-1902," in *Contesting Bodies and Nation in Canadian History,* eds. Patrizia Gentile and Jane Nicholas (Toronto: University of Toronto Press, 2013): 97-114.
[114] Director of Medical Services, *Syllabus*, 14.

interlude to ordinary civilian life, and that their brief saga while in uniform was fraught with dangers more insidious than those presented on the battlefield. In time, soldiers once again became civilians ready to assume their true masculine duty: marrying and having healthy, morally upright children. The "anticipated delight" of promiscuity was described as a falsehood which threatened the true pleasure of becoming a father by creating "depression and shame and remorse."[115] Men at lectures were reminded to think of their female familial relations, such as their mother or sister, before doing anything which might be considered unseemly. Discourses of criminality were also mustered to dissuade men from having sex, the hope being that by labelling men who took a woman's virginity outside of marriage as nothing more than a criminal lecturers could keep their audiences on the straight and narrow.[116] Speaking further about familial relations, the *Syllabus* falls back on the time-honoured tradition of asking men how they would feel if it were one of the women in their lives laying with random soldiers, though whether this call for introspection would have been effective among men far away from home and among foreign women.[117]

The subject of race also featured in lectures, perhaps unsurprising given the rising popularity of pro-eugenics rhetoric in Canada and elsewhere in the period. Since soldiers were reminded that they were eventually going to return to Canada and become fathers, it was rather simple to further explain that this itself was not only an assumption about the course of their life, but a duty in and of itself. Audiences were told, in no uncertain terms,

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[115] Director of Medical Services, *Syllabus*, 14.
[116] Director of Medical Services, *Syllabus*, 14.
[117] Director of Medical Services, *Syllabus*, 14.

that one of the principal dangers of venereal disease was that it could "end your race."[118] This warning was not simply mentioned in passing or relegated to the grand speeches given at the conclusion of lectures, but was baked into even the more medically-oriented sections of venereal disease lectures. For example, in discussing the principal consequences of gonorrhea lecturers were instructed to mention how sterility was a common occurrence once the infection reached the testicles and impacted the spermatic ducts.[119] Soldiers were also provided with a brief description of how their own infection could unknowingly be spread to their wives, resulting in the birth of blind children and potentially rendering their spouse a lifelong invalid. In such cases, it was said, the woman could no longer fulfill her duty to the nation as a mother, for "as far as [an infected] woman is concerned the race is ended."[120]

The practice of employing movies to instruct audiences about this health threat was also beginning in this period. While still in its infancy, the genre of the sex-ed film was slowly becoming recognized as a viable alternative to more dated methods (such as the aforementioned magic lantern slides) of previous decades, and enthusiasm about its potential was not restricted solely to Canadian circles.[121] The primary film used among CEF personnel was *Whatsoever a Man Soweth,* produced in 1917 by the British War Office and intended for use among imperial troops.[122] This film tells the story of a

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[118] Director of Medical Services, *Syllabus*, 14.
[119] Director of Medical Services, *Syllabus*, 8.
[120] Director of Medical Services, *Syllabus*, 9.
[121] For French films, see: Christian Bonah, "'A word from man to man'. Interwar Venereal Disease Education Films for Military Audiences in France," in *Gesnerus* 72, no. 1 (2015): 15-39. For Maritime Canada (and a discussion of the USA) see: Gregory Canning, "*Damaged Goods:* Motion Pictures, Syphilis, and Maritime Audiences, *Canadian Journal of Film Studies* 28, no. 1 (2019): 25-43.
[122] I had to resort to purchasing this film in order to access it, since it was released in

Canadian soldier named Dick who, somewhat improbably, is approached in rapid succession by a series of women interested in sleeping with him. In his examination of the film, Brent Brenyo hypothesizes that the fact that Dick's would-be partners are never confirmed to be sex workers might reflect contemporary military anxieties about women of loose morals generally: professional sex workers might have been an especially maligned demographic of women, but the military broadly believed that "khaki fever" and "amateur prostitution" were also a persistent scourge.[123]

While Dick is successful in refusing the advances of the first lady to approach him (largely by recalling his mother's parting insistence that he behave honourably while overseas), the relentless onslaught of suggestive women tests his resolve such that even thinking of his sweetheart back home begins to fail. Luckily, the siege of Dick's virtue is lifted by repeated interventions by well-meaning parties, including two Patrol Women of the International Hospitality League and, in a twist, the brother of his sweetheart (himself a lieutenant). It would not be a stretch to suppose that—the absurdity of the film's scenario aside—the identity of the intervening parties was not concocted in a flight of fancy. Dick's female saviours were meant to broadcast more acceptable and rational displays of female sexuality, and the decision to have an officer come to Dick's assistance reinforced military hierarchies and posited the wisdom in listening to the sage

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recent years as part of a larger collection called *The Birds and the Bees: 60 Years of British Sex Education Films*. For those interested, a word of warning: the DVD is still available via some online retailers, but has been assigned a region 2 designation, meaning it is not ordinarily playable on North American devices (which have a region 1 designation). I will make no specific recommendations here, but software is available to get around this inconvenience.

[123] Brent Brenyo, "'Whatsoever a Man Soweth:' Sex Education About Venereal Disease, Racial Health, and Social Hygiene During the First World War," *Canadian Military History* 27, no. 2 (2018): 17.

advice of more distinguished (and morally intelligent) leaders. After getting clear of temptation, Dick follows the advice of the aforementioned officer/future brother-in-law and visits a physician in order to learn about venereal disease in greater detail. Unsurprisingly, the good doctor Dick visits provides him (and audiences) with an excellent explanation of how venereal disease is tested for and treated, and the film displays a series of statistics gleaned from *The Synopsis of the Final Report of the Royal Commission on Venereal Diseases.*[124]

All throughout *Whatsoever a Man Soweth* one sees a consistent message: foolishness is the purview of the lesser ranks, and the remedy to ignorance is heeding the advice of those higher up in the military and medical food chain. The dangers of venereal disease and the intricacies of its treatment were best understood by a select few, and the best course of action for the common soldier was to remain receptive to education and wary of deviating from the lessons he learned in military education courses. Besides reflecting the increasing confidence and authority of the medical profession, *Whatsoever a Man Soweth* was also a love letter to the moral-medical model of venereal disease control and education. Living morally was the soldier's duty, and while it was within his power to do just that, he nevertheless ought to respect the wider vision of moral and medical progress his educators were working to achieve.

The question remains, of course, whether using this new educational medium was seen as a success. While there is not a great deal of evidence to suggest how audiences reacted to *Whatsoever a Man Soweth*, there is some indication that Canadian medical

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[124] Brenyo, "Whatsoever a Man Soweth," 20. Brenyo's synopsis of the film is a little more detailed than that which is provided here, and his analysis of some of the symbolism of enlightenment used is worth noting.

officers were not wholly satisfied with the film after a time. In the closing days of the war the Director General of Medical Services G.L. Foster unceremoniously recommended against its use, despite the film eventually attracting the positive attention of Lieutenant-General Arthur Currie. Foster's core complaints with *Whatsoever a Man Soweth* revolved around two separate issues. First, Foster was of the belief that education "having the cloak" of entertainment rendered it ineffective, and that soldiers had been more receptive towards lectures.[125] Second, Foster thought that the film was overly optimistic with regards to the potential of curative and preventative methods of controlling venereal disease, and his vague assertion that the film had "much suggestion in the moral sense" may indicate that he found it salacious or otherwise insensitive.[126] In spite of Foster's reservations, however, film had made its way into the toolbox of military venereal disease educators, and come the Second World War its potential would be more fully realized.

Though men were encouraged to uphold high moral values when on leave, a great deal of blame for the rates of venereal disease in the CEF fell upon the heads of women, particularly those living in Britain. Fears that women were succumbing to "khaki fever" at the sight of well cut, uniformed young men ran through Britain and the Dominions alike, fuelling the suspicion that wartime conditions challenged the traditional moral structure of the Empire.[127] These fears were further amplified when conversations turned to the sex trade in Britain and the impact it had on Canadian soldiers. Sex trade workers

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[125] Major-General G.L. Foster to Lieutenant-General R.E.W. Turner, October 17, 1918, RG 9-III-A-1, volume 89.
[126] Foster to Turner, October 17, 1918.
[127] Philippa Levine, *Prostitution, Race and Politics: Policing Venereal Disease in the British Empire* (New York: Routledge, 2003), 147.

were an easy target to ascribe some of the blame for the CEF's extraordinary venereal disease rates, and women engaged in such work were (in an interesting subversion of masculine gender roles) frequently described as aggressive in the pursuit of their work.[128] CAMC officers stressed that sex trade workers were "sure to be infected," warning men that this group of women in particular were especially insidious on account of both the nature of their work and the "shiftless morality" required to join the "small army of prostitutes of the worst sort."[129] While Canadians frequently made demands that the British Government create policy to limit the sex trade, little real development occurred in this regard.[130]

Though policy proved to be unhelpful from the perspective of the CAMC, it was not wholly unable to punish women accused of spreading VD among Canadian troops. Contract tracing, a staple of period social service work in civilian circles, was practiced in the pursuit of locating, segregating, treating and disciplining women (in the sex trade or otherwise) who had slept with soldiers. Men who reported to a medical officer with a venereal disease infection were questioned, with the aim of recording the name, address, occupation and other pertinent information of women; this information was then forwarded to local law enforcement agencies, who could take into custody, test, treat and charge any woman found to be infected.[131] While this method of locating women was certainly intrusive, results were hardly as expected. Police and military officials alike

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[128] W.T.M. MacKinnon to A.D.M.S. Canadians, "Prevention of Venereal Disease," LAC, RG 9-III-B-1, vol. 863.
[129] General Carson to the War Office, December 10th, 1915, LAC, RG 9-III-A-1, volume 41.
[130] Rosenthal, "Venus in the Trenches," 167.
[131] Major Eric Armour to Canadian Headquarters, Shorncliffe, June 19th, 1918, LAC, RG 9-III-B-1, vol. 863.

complained that the information provided by men was imprecise, fragmented or unverifiable, hinting that soldiers often could not (or did not wish to) accurately identify their sexual partners.[132] Still, some women were caught in the net of contact tracing, and could suffer invasive medical procedures and legal ramifications for their relationships with Canadian soldiers. Such was the case for Lily Black, who was the first woman in the Shorncliffe Area to be convicted under Section 40(D) of the Defence of the Realm Act for infecting a Canadian soldier with gonorrhea and syphilis; her sentence of one month's imprisonment and a recommendation for deportation from the area was decried as overly lenient by the Canadian Headquarters at Shorncliffe.[133]

While the scale of the CEF's venereal disease problem throughout the First World War stunned Canadians serving in Europe and at home, the military necessity of recruiting and deploying (and eventually demobilizing) healthy men created fertile ground for action. Though the CAMC's responses to venereal disease could be slow coming and rife with moral judgements, a widespread control and education program was eventually devised in an attempt to reduce VD rates in the armed forces. This campaign saw limited expansion into civilian circles, but was crucial in outlining how syphilis and gonorrhea endangered the Canadian public in a time when bodily and spiritual health was deemed to be an urgent necessity, rather than a project to chip away at in dribs and drabs. Of course, the question remained as to whether the heightened awareness of venereal disease during the wartime years would serve any purpose with the coming of peace in

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[132] LAC, RG9-III-B-1 vol. 863 contains an example of confused correspondence related to contact tracing between the Superintendent of Police for Seabrook, Kent and Canadians at Shorncliffe.
[133] LAC, RG 9-III-B-1, Box 863.

1918. Certainly, recognition of venereal disease's physical, social and moral impact did little to engender sympathy among the state's pension-granting apparatus in the immediate aftermath of the war, and veterans living with venereal disease could expect greatly reduced or entirely withheld pensions.[134]

The Interwar Years

On April 11th, 1919 the House of Commons passed a bill to establish a federal Department of Health, a move which was described by N.W. Rowell (then President of the Privy Council) as "one of the most important features of the Government's policy during the period of reconstruction."[135] Of the ten divisions in this new Dominion Department of Health one was to be dedicated solely to venereal disease control, and the second largest budget in the department was allocated to this division.[136] It is important to note the importance of this act in establishing what was hoped to be the health legacy of the Great War. Enthusiasm towards the cause of "social hygiene" was high, and it was doubtlessly anticipated that this fervour could be tapped into (along with the general patriotic spirit born of the war) in order to expand a project which had, for the past few years, been thought of primarily in military terms. Indeed, many of the military physicians of the Great War went on to become prominent social hygiene advocates

[134] Cook, *Lifesavers and Body Snatchers,* 282.
[135] Canada, *House of Commons Debates*, April 4th, 1919 (N.W. Rowell), 1164, http://parl.canadiana.ca/view/oop.debates_HOC1302_02
[136] Cassel, *The Secret Plague*, 169.

during the interwar period.[137] The venereal disease division's primary role was to standardize venereal disease programs throughout the provinces and to provide a financial backbone for said programs, a significant objective which began one of the earliest cost-sharing healthcare schemes in Canada. In exchange for federal finances, provinces were expected to operate ostensibly standardized VD clinics that would diagnose and treat venereal cases without any charge to the patient, a significant development in the history of public health. Though many patients chose to consult their private practitioners when confronting venereal disease infections, it was recognized that treatment was an expensive affair, especially since the majority of those infected with syphilis or gonorrhea were relatively young.[138]

In addition to furnishing VD clinics to Canadians, provinces were expected to organize public education campaigns in order to raise awareness of venereal disease and its treatment. Theoretically provinces were encouraged to produce and distribute their own literature and curricula on this, though in practice budgetary and organizational concerns led many provincial governments to rely on the materials produced by the Dominion Department of Health.[139] This arrangement was challenged by federal budgetary policies in the mid 1920's, as the ruling Liberal government under Mackenzie King sought to balance the budget and reduce Ottawa's contributions to various grant-in-aid programs. Ottawa argued that such schemes were envisioned as temporary measures- meant to stimulate the implementation of provincial programs- rather than commitments

[137] Cook, *Lifesavers and Body Snatchers*, 282-283.
[138] Cassel, *The Secret Plague*, 178.
[139] Cassel, *The Secret Plague*, 215.

to indefinite funding.[140] This line of reasoning won out with the onset of the Great Depression, and by the mid 1930's the grants had ceased to exist entirely; even the federal Division of Venereal Disease Control was eliminated in 1934 in the pursuit of government belt-tightening.

While the provinces and Ottawa struggled to carry on their programs of venereal disease control and education, they were not without their allies in private spheres. Chief among these was the Canadian National Council for Combatting Venereal Disease, a national organization which came into existence as a result of resolutions passed at the 1919 Dominion-provincial VD conference. Led by Gordon Bates, the Council's primary objectives were to disseminate venereal disease education and to garner public support for government anti-VD measures; the CNCCVD also considered assisting with the conceptualization and drafting of venereal disease-related legislation one of its core contributions to public health.[141] To this end, the CNCCVD launched a significant public education campaign soon after its creation, and by 1920 a successful film tour (centered around *The End of the Road,* a silent film which will be discussed in detail later) had established its position as a foremost disseminator of VD education. By 1925 the Council was being allocated the entirety of Ottawa's funds for venereal disease education, a move which was contemporary with the period of provincial grant reductions. Indeed, it appears as though the federal Division of Venereal Disease Control hoped to rely almost

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[140] Cassel, *The Secret Plague*, 196.

[141] Gordon Bates, *The Health League of Canada: History of 50 Years' Service- Its Origin and Programme* (Toronto: Health League of Canada, 1970), 1. Note that this citation refers to material in LAC, MG 28-I332 file 1-1. This material can also be found in *The Canadian Journal of Public Health* from January, 1970, as the above citation refers to a "pocket history" of sorts which is simply a reprint of the journal article.

entirely on private organizations like the CNCCVD (though it no longer operated under this name after 1922, but as the Canadian Social Hygiene Council) to carry the torch of venereal disease education, establishing the precedent that the government could or would not stand alone against VD.[142]

Arguably the greatest contribution of the Canadian Social Hygeine Council/CNCCVD during the interwar period was in shining a spotlight on a topic hitherto absent from public discourse in Canada. While the war had aptly demonstrated that venereal disease was a problem, it also aligned this problem with considerations of military fitness and wartime public health. By continuing to insist that venereal disease was a concern in peace and war alike, the CSHC hoped to convince Canadians that medical and moral vigilance alike could stamp out these infectious diseases. Still, it is important to emphasize that progressiveness had its limits for the CSHC. While individuals like Bates enthusiastically maintained that education was a potent tool in the arsenal of anti-VD campaigners and that medicine had advanced in leaps and bounds in recent decades, the CSHC was decidedly not an amoral organization. Many of the educational materials it provided to Canadians were decidedly conservative in tone, stressing that moral defectiveness was a major factor in the spread of venereal disease. Some, like the oft-used 1933 pamphlet *Tell Your Children the Truth*, used the language of evolutionary biology and psychology to explain the dangers of venereal disease to one's family and "the race," revealing a marriage of eugenicist undertones and morality which was not

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[142] Renisa Mawani, "Regulating the 'Respectable' Classes: Venereal Disease, Gender and Public Health Initiatives in Canada 1914-1935," in *Regulating Lives: Historical Essays on the State, Society, the Individual and the Law,* ed. Robert J. Menzies et al. (Vancouver, University of British Columbia Press, 2002), 179-80.

uncommon in other materials.[143] The costs of venereal disease were measured on a societal level, though its spread among Canadians was still very much chalked up to individual moral failings.

While the CNCCVD/CSHC did carve out a position of prominence for itself in the Interwar VD campaign, it was not immune to the same economic turmoil which plagued federal and provincial venereal disease departments in the latter years of the period. The reduction and eventual cessation of grants to the CSHC made expansion difficult in the 1930's, though the organization did manage to remain afloat until its fortunes improved in the years immediately before the Second World War. This financial ebb and flow was made all the more worrisome by a wave of public apathy towards the venereal disease problem after 1924, the result of waning reforming passions and the drifting of crisis into memory.[144] Still, by the latter half of the Great Depression the CSHC (rebranded a second time in 1935, becoming the Health League of Canada) saw modest success in its campaigns, and the organization was prepared to tackle the problem of venereal disease if public interest could be revived again.

Conclusion

Prior to the First World War, venereal disease was a subject which was largely absent from public discourse save for the indictments cast by reformers concerned by the perceived moral decline of Canadian society. Though increasingly sophisticated medical understandings of syphilis and gonorrhea were developing alongside the professionalizing drive of science and medicine, the concept of a widespread control and

[143] LAC, MG 30 D 115, vol. 19 contains this and other interwar pamphlets.
[144] Cassel, *The Secret Plague*, 236-237.

education campaign was still in its infancy. While moral reformers and medical professionals alike called for action, particularly due to the association of venereal disease with sex work, the Canadian public at large was unmotivated to engage with VD control and education campaigns. It was the coming of war in 1914 which lent venereal disease control an air of urgency and laid the foundations for programs and policies in this area. Faced with the task of ensuring Canadians were fit to fight medicine and education became recognizable bedfellows, at least from the military standpoint. After the conclusion of hostilities in 1918, the project of civilian anti-VD campaigning came into focus both in government and among private organizations like the CNCCVD/CSHC. Despite this early optimism, however, the Interwar period was one of modest gains and constant obstacles for venereal disease activists and educational professionals. Waning public interest in the topic coupled with severe financial setbacks forced a partial dormancy upon elements of the anti venereal disease campaign while leaving others only falteringly afloat. Arguably, post-war concerns about looking after returning men (many of whom were forced to carry on with life physically and mentally scarred by the war) also forced sexual purity-based concerns into the background. Christina Simmons also writes that, during the early 20th century, new modes of thinking about sex and the white middle-class came to the fore. Whereas Victorian ideals broadly expressed abhorrence towards sexuality—women's sexuality in particular—"white liberal commentators" had begun to challenge traditional perspectives. While this new vision of sex and sexuality preserved male sexual dominance, it nevertheless conceded that the sexual interests of women were valid, so long as they worked to "respond to,

nurture, or support" male sexuality.[145] Whatever the causes of the anti-venereal disease campaign's waning, dormancy is not destruction, and the precedent set in the years prior to 1939 awaited reference; all that was required was another crisis to revive panicked public, professional, government and military interest in venereal disease control and education.

[145] Christina Simmons, "Modern Sexuality and the Myth of Victorian Repression," in *Passion and Power: Sexuality in History,* ed. Kathy Peisse (Philadelphia: Temple University Press, 1989), 17-18.

Chapter 2: Medicine for the Mases: The Health League of Canada and Wartime Venereal Disease Campaigns

Introduction

On November 23rd, 1944 Gordon Bates, the General Director of the Health League of Canada and a seasoned anti-venereal disease crusader, told delegates at the 25th annual meeting of the organization that preventative medicine relied on the continued interest of the Canadian public. Attitudes towards public health, according to Bates, favoured the procurement of curative facilities and services, leaving untapped the preventative medicine's potential and foiling the best (and long brewing) plans of the League to promote the health of Canadians during and after the ongoing Second World War.[146] For Bates and the League, there could be no paradigm shift in public health until Canadians sincerely desired this to be the case; until then, the League would continue its educational and advocacy work in earnest, as it had since the end of the First World War.

The term "preventative medicine" is one which continues to be employed in present times, and it connotes a proactive approach to healthcare that seeks to mitigate incidences of illness through education, modifying lifestyle choices and early diagnosis, all informed by a robust understanding of the environmental, socio-political and economic factors that are determinants of health.[147] The League's own measure of preventative medicine was ostensibly in line with this definition though, as Carstairs, Philpott and Whilmshurst

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[146] "Prevention is Stressed by Health League," *The Globe and Mail*, November 24, 1944, 17.

[147] Royal College of Physicians and Surgeons of Canada, *Objectives of Training in the Specialty of Public Health and Preventative Medicine* (2014, Revised 2018), 1-2. http://www.royalcollege.ca/rcsite/documents/ibd/public-health-preventive-medicine-otr-e.pdf&usg=AOvVaw2HsziRK55xxFH8s9yhAL1T

argue, it incorporated notions of citizenship, morality and individual culpability into its prophylaxis programs.[148] While the League broadened its interests in public health issues during the 1930's the Second World War provided the perfect occasion to revisit the matter for which it was founded: venereal disease control and education. In the name of ensuring the Canadian population was fit to fight, the League began a concerted effort to once again expose the "sinister diseases" lurking amid Canada's populace.[149]

The League's wartime anti-VD campaign was undoubtedly an ambitious and multifaceted affair, especially for a group of its size. The organization used printed media, radio broadcasting and public events in its fight against the suspected ignorance of Canadians towards the ravages of VD, and in doing so it cooperated with government, allied organizations, churches and medical practitioners. Entertainment was frequently used by the League in order to draw in Canadian audiences; film and lecture events represented the backbone of the organization's activities, and the most frequently used point of contact between it and the public. Why might this have been the case? Arguably the League understood that the most effective way to approach Canadians was under the guise of providing entertainment, though the matter may be more complex than this. Films allowed the League to use common narrative tropes to their advantage, in addition to lending faces their messaging which might otherwise only be seen in abstract by audiences.

The League was also eager to supplement its staple events with ostensibly novel

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[148] Catherine Carstairs, Bethany Philpott and Sara Wilmshurst, *Be Wise! Be Healthy! Morality and Citizenship in Canadian Public Health Campaigns* (Vancouver: UBC Press, 2018), 7-10.
[149] Gordon Bates, "Is Venereal Disease a Moral Issue?," *Health*, Summer 1941, 37.

approaches to public education, a mindset made readily apparent through its role in organizing "Stamp Out VD" week, the League's final wartime anti-VD drive. The League, despite frequently insisting that its public health work was purely of a medical nature, sought to inculcate in audiences a hybrid moral-medical understanding of venereal disease which prized sexual normativity (including heteronormativity). As Paul Jackson has noted, "sexuality, the way people fashioned their sexual lives, was not a taken-for-granted category during the war, and even the 'normal' sexual life was increasingly difficult to define."[150] Panicked by the perceived disruption of sexual norms—norms which were uncritically envisioned as being important to public health and morality—the League sought to use its platforms to push its vision of sexual normalcy. While Carstairs, Philpott and Wilmshurst argue that this conservative approach to sexuality was becoming unpopular with some government health departments, taking a deeper look at the League's activities (and comparing their educational materials with those found in the chapters which follow) complicates this view, suggesting that the League was not acting unusually in deploying the moral-medical model.[151] Furthermore, these events provide a lens through which one can see characteristics of public health campaigns in wartime Canada, such as the assumptions they made about Canadians' knowledge of both their own bodies and the role they played in the moral, medical and military battles of the nation.

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[150] Paul Jackson, *One of the Boys: Homosexuality in the Military during World War II* (Montreal and Kingston: McGill-Queens University Press, 2004), 30.

[151] Carstairs, Philpott and Wilmshurst, *Be Wise! Be Healthy!*, 80. Note that the authors indicate that it was the acting director of venereal disease control for British Columbia who most openly expressed discontent with the League's moral messaging. Other provincial departments had decidedly more mundane complaints regarding things like the League's salaries and its inability to operate efficiently with other public health bodies.

Early Days: Branding, Rebranding and Cautiously Expanding.

The Canadian National Council for Combatting Venereal Disease (CNCCVD) came to exist as a result of resolutions passed at the Dominion-provincial VD conference of 1919, meaning that the organization effectively shared a birthday with the federal Department of Health.[152] Evidently the CNCCVD was envisioned by its leaders as a crucial pillar in the fight against venereal disease in Canada, as its self proclaimed mandate was to improve public access to venereal disease education, drum up support for government anti-VD policies and, where possible, to assist with "drawing up legislation in the various provinces for making treatment compulsory for infected persons and for the tracing of contacts."[153] This sweeping and optimistic vision of a voluntary health organization's potential was to some extent enabled by the federal Venereal Disease Division's reliance on the CNCCVD's work in the interwar period, and monetary grants were provided to the CNCCVD by the Division soon after its inception.

In 1922 the CNCCVD was reorganized as the Canadian Social Hygiene Council (CSHC), though this rebranding initially did little to alter the organization's core objectives. The CSHC's primary aim, according to its new constitution, was still to "undertake such measures as may be necessary to prevent, reduce or assist in the control of venereal diseases," a pronouncement which was functionally identical to the first

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[152] Interestingly, Gordon Bates (the long-time director of the CNCCVD and its successor organizations) was very keen on pointing out the shared lineage of the Department of Health and his organization. See: Gordon Bates, *The Health League of Canada: History of 50 Years' Service- Its Origin and Programme* (Toronto: Health League of Canada, 1970), 1. Note that this citation refers to a pamphlet in LAC, MG 28 I332, file 1-1, though the same content in the form of an article can also be found in *The Canadian Journal of Public Health* from January, 1970.

[153] Bates, *The Health League of Canada*, 2.

article of the earlier CNCCVD constitution.[154] The CSHC constitution also included the more vaguely defined goal of promoting ideal environmental conditions and personal conduct, with the intention of safeguarding the family as a social institution.[155] The addition of this clause to the CSHC's constitution suggests its acceptance of contemporary eugenic ideals, albeit with an emphasis on the importance of good living and environments in ensuring racial purity, rather than strictly hereditary factors.[156]

Despite the CSHC's growing sense of self-importance in the fight against venereal disease in the years following the First World War, its activities were hampered by funding issues. While Ottawa allocated the entirety of its funds earmarked for VD education in 1925 to the CSHC (indicating a willingness to rely on the council as an educational torchbearer), the onset of the Depression led to a period of grant reductions. In 1931 the federal government's grants to the CSHC ceased entirely, heralding a period of financial woe for the council; ongoing film showings did bring in some much-needed income, but could not make up for the loss public funds.[157]

Regardless of these setbacks (or, indeed, perhaps in an attempt to counter them), the CSHC took it upon itself in the 1920s and 1930s to expand the range of public health issues it sought to address. Interest in venereal disease among the public waned after 1924, and while the CSHC continued to believe that VD control and education were of

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[154] "Constitution: The Canadian National Council for Combatting Venereal Diseases," June 1920, LAC, MG 28, I332, File 1-4; "Constitution of the Canadian Social Hygiene Council," n.d. [c. 1922], LAC, MG 28, I332, File 1-5.
[155] "Constitution of the Canadian Social Hygiene Council."
[156] Carstairs, Philpott and Wilmshurst suggest that the CSHC favored a "positive eugenics" approach to sexual and venereal disease education, as evidenced by the teaching materials they produced, borrowed and imported. See: *Be Wise! Be Healthy!,* 33-38.
[157] Carstairs, Philpott and Wilmshurst, *Be Wise! Be Healthy!*, 47.

the utmost importance it also began to campaign on matters such as milk pasteurization and childhood immunization against diphtheria.[158] The campaign against diphtheria in particular was ambitious, especially given the CSHC's fiscal troubles. In addition to the usual assortment of written educational material, beginning in 1932 the CSHC organized Toxoid Week in Toronto, a concerted effort to publicize the anti-diphtheria cause to the people of that city and to promote the cause of childhood immunization (in later years, these campaigns would spread to other cities and provinces as a disparate network of local events). A core feature of this educational campaign was the distribution of information through pamphlets, film and lectures (delivered both in person and via radio) to as wide an audience as possible. Radio stations throughout Ontario were given sample announcements to broadcast, schoolteachers were encouraged to discuss diphtheria with their pupils and clergymen were asked to announce at the pulpit and in church bulletins the importance of this great undertaking.[159] Prominent citizens such as Bill Stewart, then the mayor of Toronto, and other city councillors were enlisted to participate in public talks, the hope invariably being that some degree of star power would galvanize Torontonians.

According to Gordon Bates, the General Director of the CHSC (and its successor, the Health League of Canada), discussing Toxoid Week within public schools was considered the cornerstone of the campaign. The intent was for "pupils [to] carry to their homes the messages received in the schools concerning diphtheria-toxoid

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[158] Jay Cassel, *The Secret Plague: Venereal Disease in Canada 1838-1939* (Toronto: University of Toronto Press, 1987), 236-237; Carstairs, Philpott and Wilmshurst, *Be Wise! Be Healthy!*, 47-49.
[159] Carstairs, Philpott and Wilmshurst, *Be Wise! Be Healthy!*, 58-60.

immunization."[160] Folders containing talking points, daily lesson plans and a personal appeal to embrace the necessity of Toxoid-Week were given to teachers, who were deemed to be the most important group "in the task of educating parents to the necessity of protecting children against diptheria."[161] In addition to classroom instruction that largely consisted of presenting mortality figures for the city and reminding students that immunization was essential, students were given a number of materials to bring home and share with their parents. For the 1938 Toxoid Week campaign, this included a card imploring parents to take responsibility for their children's health (which included a "list [of] the city's immunization centres and the list of radio talks to be given during Toxoid Week") and a form where parents were to list the names of their preschool aged children and whether they had been toxoided.[162] Evidently, the goal of the campaign in schools was to eventually secure the obsolescence of Toxoid-Week by creating a status-quo in which no child began their schooling in Toronto without being immunized beforehand.

Carstairs, Philpott and Wilmshurst agree that the anti-diphtheria campaign begun by the CSHC was a marked success. The number of children toxoided dramatically increased in the early 1930's, and there is a noticeable overlap between the months of the year when parents most frequently chose to immunize their children and the CSHC's annual Toxoid Week campaigns.[163] Yet, these authors also assert that Toxoid-Week was at its core a campaign to create a sense of personal culpability and moral responsibility around matters of public health. Parents who failed to immunize their children were

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[160] Gordon Bates, "'Diphtheria-Toxoid Week' in Toronto," *Canadian Public Health Journal* 29, no. 12 (December 1938): 579.
[161] Bates, "Diptheria-Toxoid Week," 579.
[162] Bates, "'Diphtheria-Toxoid Week,'" 580-581.
[163] Carstairs, Philpott and Wilmshurst, *Be Wise! Be Healthy!*, 63-64.

deemed irresponsible, dangerous and the architects of their own potential misfortune. The imagery of pain wracked children gasping for breath in sight of their negligent parents was deployed, invariably attempting to create fear and sympathy in cases where moral suasion would not suffice.[164] While this approach to public health might seem horrifyingly direct, it is clear that the CSHC saw utility in using hyperbole and dread in the fight against diphtheria. As discussed later, many of the methods and messages of Toxoid-Week would see extensive use during the perceived venereal disease crisis of the Second World War. In short, Toxoid-Week might be imagined as a new experiment in public health education for Bates and his organization, and the lessons correctly and incorrectly learned as a result of its execution would inform their work in the war to come.

Amidst its newfound focus on a myriad of public health issues besides venereal disease the CSHC rebranded once again in 1935, becoming the Health League of Canada; this newer, more all-encompassing branding was seemingly the logical conclusion of the CSHC's more diverse goals. Prior to this name change the CHSC had also begun publishing a magazine, *Health*, which served as a mouthpiece for the organization and sought the "promotion of personal and community health."[165] *Health* provided readers with a brief overview of current CSHC/League campaigns, in addition to featuring editorials and articles from prominent members of the Canadian healthcare and medical research communities. Much like Toxoid-Week's rhetoric, articles in *Health* often stressed the personal responsibility Canadians held to become informed on matters of

[164] Carstairs, Philpott and Wilmshurst, *Be Wise! Be Healthy!*, 60.
[165] "Canadian Health," *Hamilton Spectator*, March 23, 1933.

public health or, if nothing else, to pay attention to public health campaigns and heed the advice of physicians and health officials. Personalities in areas of health research relevant to the League's activities were lionized, in an attempt to both enshrine these individuals in the mythos of health progressivism and to bulwark the League's self-appointed status as a leader in health education. For example, the inaugural issue of *Health* featured a brief editorial on the history of preventative medicine which celebrated the work of Louis Pasteur, a piece which must be considered in the context of the CSHC's ongoing pro-pasteurization campaigns.[166] While articles on venereal disease did not feature prominently in *Health* during the magazine's first few years of circulation, the creation of a League mouthpiece provided a platform to discuss this issue when interest in it was revived during the early years of the Second World War. If *Health* had any characteristics which made it a less than ideal source of League propaganda, it was the magazine's limited reach: the League was pleased to distribute its magazine to any interested parties, though physicians (who would them presumably display the magazine in office waiting rooms) were the League's most desired audience. This "top-down" approach to spreading the messages of *Health* meant that the magazine only had a 10,000 strong subscription base by 1935, declining to half that number by 1946 (due, in part, to material shortages caused by the war).[167] The decision to market their premier magazine to professionals hints at the League's mindset towards public health education, in that it presumed doctors were the best source of information on health matters and had the privilege—or duty, even—to disseminate this jealously guarded knowledge to Canadians more broadly.

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[166] "Canadian Health,"; Carstairs, Philpott and Wilmshurst, *Be Wise! Be Healthy!*, 47-48.
[167] Carstairs, Philpott and Wilmshurst, *Be Wise! Be Healthy!*, 53.

Though the CNCCVD and its successor organizations limped along during the interwar years, the organization as a whole demonstrated remarkable tenacity in continuing to spread its messages in spite of funding woes and waning public interest in venereal disease control. Part of this success might be attributed to the organization's willingness to pivot around its interest in public health, the better to avoid obsolescence in the 1920's and 1930's. The interwar period also gave the CNCCVD and its descendant groups the opportunity to continue developing its educational curricula and rhetorical strategies, such that by the beginning of the Second World War it was well acquainted with the use of radio, film and more traditional educational mediums. This, coupled with experiments in mobilizing Canadians through annual public health campaigns, provided an updated framework for a prospective anti-venereal disease crusade. All that was needed was a spark to reignite public interest in venereal disease control. Canada's declaration of war allowed the Health League to return to its inaugural mission with improved tools at its disposal, though without having broken away from the moral-medical model of public health education which had girded the organization's activities since its inception.

To War, Once More

Canada's entry into the Second World War on September 10th, 1939 provided the Health League with the impetus needed to once again sound a rallying call for Canadians in the fight against venereal disease: the churning gears of mobilization lent a newfound urgency to the cause of venereal disease control and education.[168] Once again, the League

[168] Cassel, *The Secret Plague*, 253.

hoped to assume its professed position as one of Canada's foremost providers of publicly available venereal disease information.

Exactly one month after Canada's declaration of war, the League (primarily via Gordon Bates' participation) found itself holding a seat at the Ontario Department of Health's venereal disease conference, held at the Academy of Medicine in Toronto. Though Bates did not present a paper at the conference (nor was he officially there in his capacity as the League's Director), he did participate in discussions regarding the control of venereal disease in cities where uniformed men might be present. Unsurprisingly Bates sought to impress upon his colleagues the importance of thorough education in the fight against venereal disease, insisting that both civilians and soldiers alike would benefit from this; this view had long been held by the League, and Bates' reassertion of it at the conference was very much in line with his organization's goals.[169] Bates also asserted at the conference that the sex trade had expanded during the interwar years, the implication being that this line of work was grievously injurious to the present cause of venereal disease control.[170]

Both of these arguments charted a course for the League's activities and mindset during the Second World War, and Bates was not going out of his way to dramatically reshape the organization's overall philosophy by publicly stating them. Providing educational materials and services was a core pillar of the League's work since its founding, and blaming the sex trade for Canada's venereal disease woes (in war or

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[169] A.L. McKay, "Suggested Measures for the Control of Venereal Disease in the Civilian Population in Areas in which Troops Are Mobilized," in *Proceedings of Venereal Disease Conference, October 10th, 1939* (Toronto: Ontario Department of Health, 1939), 5, AOO, RG 10-163, file 0-636.
[170] McKay, "Suggested Measures," 5.

otherwise) was conventional wisdom within its ranks. With regards to the sex trade and its perceived role in the spread of venereal disease, Bates was by this point a seasoned commentator; in 1917 he emphatically wrote in *The Public Health Journal* that "[the prostitute] is a menace to every innocent home in the country," and that controlling sex work was "a challenge to every citizen who cares for the welfare of his community."[171] For Bates and the League, draconian governmental involvement in the realm of policing sex work was a goal to work towards, especially in the context of a global war.

This is not to say that Bates was entirely unsympathetic towards sex workers, who he supposed were often the victims of economic circumstances created by conditions in industrialized Canadian cities.[172] Indeed, after the Second World War he even went so far as propose that equal educational and economic opportunities for women would help a great deal in eradicating the sex trade.[173] Yet, this apparent nuance still rested upon the presupposition that engagement in the sex trade was inherently immoral, and that women who made their living from sex were in need of saving. Furthermore, the transition from fallen and disease-ridden woman to virtuous Canadian was, according to the League, a process which entailed surrendering one's body and mind to police, social workers and physicians for purification. Sympathy was also limited by the circumstances of war, and paternalistic visions of women-saving crusades (in the style the moral reformers of previous decades had envisioned) would not limit the League's calls for enhanced persecution and alienation of sex workers in the name of limiting venereal disease's

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[171] Gordon Bates, D.T. Fraser and Maurice McPhedran, "Social Aspects of the Venereal Disease Problem," *The Public Health Journal* 8, no. 11 (November 1917): 291.
[172] Bates, "Social Aspects," 290-291.
[173] Wendy Mitchinson, *Body Failure: Medical Views of Women 1900-1950* (Toronto: University of Toronto Press, 2013), 103.

spread.

While Bates was quick to call for a renewed effort against venereal disease, the League was decidedly more sluggish in beginning its wartime anti-venereal disease activities. The closing months of 1939 were relatively quiet ones for the League on this front, though by April 1940 preparations were being made for the launch of significant campaigns in numerous Canadian cities. These preparations primarily entailed contacting potentially interested cinemas and local business leaders, in order to both secure venues for mixed film/lecture events and to ensure that the seats at said events would be filled.[174] The League evidently believed that the true value of such gatherings was in their capacity to entertain audiences while delivering sound medical information that would promote public health consciousness among attendees. While film and lecture events by no means represented the entirety of the League's activities, they were nevertheless lauded by the organization as one of its crowning achievements, and they therefore merit further consideration here.

"An Excellent Means of Instruction": The Health League and Early-War Film Events

Dedicated as the League was to launching a concerted anti-VD campaign in 1940, its decision to herald this undertaking with well publicized film viewings introduced a number of problems. Chief among these was the fact that the League was immediately faced with the task of acquiring a suitable film to show. While the League had access to *Damaged Lives*, a Canadian-American production that had seen extensive use in the

[174] An example from Manitoba: McRae to Gordon Bates, April 4, 1940, LAC, MG28 I332, vol. 139, File 11.

1930's, it ultimately decided against using this film with non-uniformed Canadians, perhaps because some degree of the medical information presented in the film had become obsolete.[175] Thus, while *Damaged Lives* would continue to be shown to troops, the League opted to open its first major anti-VD campaign of the war with the American film *The End of the Road*; this choice was ostensibly an odd one, given the film's age. Released to civilian audiences in 1919, *The End of the Road* was a silent film in the age of "talkies," films with synchronized sound. Furthermore, as pointed out by one reviewer in the 1930's, the fashions and mannerisms of characters in *The End of the Road* could appear almost comically antiquated to contemporary Canadian audiences.[176] Despite this, the League decided to hedge its bets on a revival of *The End of the Road*, and the film began screening at Toronto's Massey Hall on December 26, 1940.[177]

In spite of its age, *The End of the Road* largely conveyed the same core messages as those put forward by the League. The film tells the stories of two young white American women, Mary Lee and Vera Wagner, both of whom are beginning to navigate their own burgeoning sexuality. Mary, portrayed as the more morally upright and level headed of the two women, is educated in matters of sexual health and spiritual purity by her mother, and is therefore prepared to confront the corporeal temptations lurking in modern North American cities. By contrast, Vera is ignorant of the dangers inherent to premarital sex and takes great joy in entertaining the advances of her "regiment of admirers."

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[175] Carstairs, Philpott and Wilmshurst, *Be Wise! Be Healthy!*, 81. Note that this explanation does not account for the fact that the film chosen to take the place of *Damaged Lives* was even more venerable, and offered much less in the way of medical information.
[176] Carstairs, Philpott and Wilmshurst, *Be Wise! Be Healthy!*, 81.
[177] "Report on Showings of 'The End of the Road,'" n.d. [c. 1941], MG28 I332, vol. 139, file 11.

Exacerbating this youthful ignorance is the careless advice of Vera's own mother, who goes so far as to suggest that the teenaged Vera begin courting older and successful men, presumably in order to secure financial comfort for the Wagner family.[178]

Predictably to viewers then and now, Vera's immorality and ignorance prove to be her undoing. While working the counter at a department store, she falls for the charms of a white man described as a "hard worker in a non-essential industry- the sowing of wild oats." Their trysts result in Vera contracting syphilis, though the direness of her situation is alleviated somewhat when she meets with Mary (now a nurse) and Dr. Bell, who convince her to undergo medical treatment. The film ends with Mary and Dr. Bell meeting (and confessing their love for one another) in a war-torn Europe, both individuals being driven by patriotism to volunteer during the First World War.

Though this is admittedly a very barren summary of *The End of the Road's* plot, it nevertheless does help to outline several moments and characters in the film which served to forward the League's core anti-VD messages; chief among these is the importance of both a moral and medical education (delivered by an appropriate authority) in protecting Canadians from syphilis and gonorrhea. As discussed earlier, Mary benefits from an early exposure to the "facts of life" curated by her wizened mother; even as a child, Mary is aware of "where babies come from," and is shown to be frustrated when her peers repeat sanitized renditions of childbirth replete with storks and bereft of pregnancy. Precisely because she was educated in matters of sexual health and morality, Mary is not only able to navigate the veritable minefield of youth sexuality, but has the

[178] At the time of writing, "The End of the Road" can be accessed freely via the National Film Preservation Foundation's website, www.filmpreservation.org.

prescience and drive to educate and assist those around her; she is the very model of health citizenship espoused by the League, a representation of what Canadian audiences ought to be. Though Mary does not neatly fit into one of the character archetypes outlined by film historian Eric Schaefer, her role as a recipient of education is one audiences were expected to occupy as a result of their participation in League campaigns.[179]

If Mary's character is one the League hoped Canadian's would aspire to emulate, Vera's is more a representation of how the League envisioned the masses of uneducated Canadians. As a poorly educated and largely ignorant young woman, Vera's misfortunes in the film are expected, if not entirely deserved. A near perfect rendition of the "innocent" archetype, Vera's function in the film is to be another recipient of venereal disease education, though unlike Mary her schooling is reparative in function, rather than preventative.[180] As a victim of misinformation and poor upbringing, audiences were expected to feel sympathy for Vera's plight, while also understanding that they (without the help of public health educators) occupied "a precisely identical position of ignorance and moral corruptibility."[181] Vera's mother, on the other hand, was expected to be an object of the audience's scorn and derision. As a character fitting both the "corrupter" and "parent" archetypes, the mother's primary role in the film is to provide false information and immoral suggestions to impressionable characters, indirectly orchestrating their downfall at the hands of immorality and disease.[182] Vera's mother is

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[179] Eric Schaefer, *Bold! Daring! Shocking! True! A History of Exploitation Films, 1919-1959* (Durham: Duke University Press, 1999), 30-31.
[180] Schaefer, *Bold! Daring!*, 30.
[181] Annette Kuhn, *The Power of the Image: Essays on Representation and Sexuality* (London: Routledge and Kegan Paul, 1985), 102.
[182] Schaefer, *Bold! Daring!*, 30.

also meant to convey to audiences the notion that silence on matters of sexual health and morality is antiquated, and therefore has no place in a medically modern society. This message strongly complemented the League's own rhetoric, which only became more critical of perceived prudishness during the wartime years.

A final character (and the message they personify) worth noting here is that of Dr. Bell, the eventual partner to Mary and the wellspring of wisdom both her and Vera come to rely on. While Dr. Bell falls somewhat short of entirely satisfying the health "crusader" archetype, largely because his work is tied to the personal suffering of Vera instead of society more broadly, he nevertheless unequivocally acts as a filmic depiction of health organizations like the League and physicians like Gordon Bates. Dr. Bell's paternalistic interest in Vera and Mary's sexual and moral wellbeing presents a flattering view of male physicians engaged in public VD control and education, advancing the idea that these individuals are selfless champions of public health and beacons of modernity's possibility. Though Dr. Bell does not engage with any "quack" doctors during the film (this archetype is entirely absent from *The End of the Road*) he does confront "corrupter" characters, even going so far as to physically intimidate one of Vera's ill-intentioned suitors; this dedication to Vera's health and display of masculine prowess both help reaffirm the leadership role and masculinity of what is otherwise a middle class professional. By writing Dr. Bell as a manly, indefatigable and wise physician, the film's creators very clearly desired to express to their audience the importance of trusting in the moral and medical leadership of health professionals.

The End of the Road evidently was a serviceable film in terms of supporting the League's call for renewed interest in VD education and reinforcing its insistence that, as

an organization with a strong professional bent, it has a significant part to play in the war to come. Where the film fell short was in providing any useful medical information about syphilis and gonorrhea to its audience, despite earlier advertisements stressing its value as a source of "true information concerning venereal diseases, their causes, effects and prevention."[183] At no point during its sixty-nine-minute run time are the early symptoms of either infection meaningfully discussed (beyond labelling primary syphilis rashes as "queer"), nor is any mention made of what testing and treatment for venereal disease entailed.

The film's most significant depiction of VD's impact on the human body comes from a scene where Dr. Bell and Mary are attempting to convince Vera to submit to treatment for syphilis. Wandering the grounds of an asylum tending to syphilitic patients, Vera is horrified to see open syphilitic lesions; the camera lingers on these for a few moments, giving audiences the opportunity to share in Vera's revulsion. This scene stirred up controversy when the film was due for release to civilian audiences in 1919, and some early reviewers accused the film of being overly graphic.[184] Accusations of tasteless filmmaking notwithstanding, these scenes were undoubtedly intended to capitalize on the visceral fear of audiences, thereby securing their support for the anti-VD cause and its various campaigns. Still, it would be incorrect to posit that *The End of the Road* was a rich source of medical information regarding venereal disease; as discussed later, the League would have to rely on supplemental material to complement the moral messages

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[183] "'The End of the Road,' Powerful Portrayal of Sex, Perils," *Toronto Daily Star*, March 27, 1920, 11.

[184] Schaefer, *Bold! Daring!*, 29-30. Schaefer does mention that *The End of the Road* and other films of the time were supposed to be heavily censored, but there is some indication that this was not the case.

of the film.

In the League's estimation, the initial revival of *The End of the Road* in Toronto was a rousing success. Over 15,000 of the city's residents saw the film between December 26th, 1940 and January 11th, 1941, a number that the League supposed would be greater still if not for the fact that this date range fell between Christmas and New Year's, when families were busy and leisure time was in short supply.[185] There may have been some validity to this presumption, given that attendance was at its lowest on December 26th, December 31st and January 1st.[186] The League's report on the showings also mentions that a number of complimentary admissions were extended to soldiers, nurses, police officers and patients in provincial venereal disease clinics, an indication perhaps that the League believed educating those more likely to encounter VD and contend with its effects (either personally or professionally) was a winning strategy.[187]

Despite the League's insistence that Torontonians should make every effort to descend on one of the film's many screenings at Massey Hall, *The End of the Road* was primarily shown to gender segregated audiences. Of the inaugural campaign's twenty-eight screenings only eight catered to mixed audiences, and half of these occurred on New Year's Eve and New Year's Day (perhaps to boost attendance figures, unsuccessfully in this case).[188] The obvious explanation for the League's choice to limit the number of mixed screenings is that the subject matter at hand was deemed sensitive in nature. Yet, another possible explanation is that the supplementary content which accompanied

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[185] "Report on Showings."
[186] "Report on Showings." December 26th was especially quiet, with scarcely 200 people coming out to see the film.
[187] "Report on Showings."
[188] "Report on Showings."

screenings included material that more acutely targeted men or women, making segregated screenings desirable to organizers. Of course, these two explanations are not mutually exclusive, and it is likely both factored into the League's decision to primarily sponsor segregated screenings of *The End of the Road.*

Interestingly, the League did not permit youths under the age of sixteen to attend screenings, again likely due to perceived sensitivity of the topics under consideration. This decision was somewhat ironic, given *The End of the Road's* self-proclaimed focus on VD as a problem primarily plaguing younger individuals and its focus on young adult characters. The League almost certainly believed that educating parents was the most acceptable and fruitful approach to furthering its cause, with the aim being to send savvy parents home equipped with the tools they needed to speak with their children about VD and sexual morality. This assumption placed a great deal of trust and obligation upon parents to be the moral and medical shepherds of their children, while also allowing the League to strengthen the narrative that VD education was simultaneously a moral and medical issue that required reinforcement at all levels of Canadian society.

"The Finest Means of Delivering Messages": Mid-Late War Film Events

In spite of the film's perceived utility in launching the League's first Second World War anti-VD campaign, *The End of the Road* was long enough in the tooth that the organization quickly began its search for a more modern film to show at its events. By the end of 1941, the League began to consider the possibility of adopting *No Greater Sin* as the primary film for its educational campaigns, in part due to the recommendations of

liaisons from other (both American and Canadian) organizations.[189] Another matter factoring into the League's debate over adopting *No Greater Sin* were the accommodating terms offered by Columbia Pictures, who assured the League that it would not be liable to pay for the film if it did not bring in the $27,500 it was purchased for.[190] These considerations, coupled with a pressing need for a contemporary "talkie" film, persuaded the League that *No Greater Sin* was the right pick for its increasingly ambitious wartime VD campaign, and by March 1942, the organization was ready to bring it to Canadian cinemas.[191]

While *The End of the Road*'s plot is tangentially a wartime one, *No Greater Sin* is a film that explicitly deals with the perceived dangers of venereal disease during a time of global conflict. The film is set in an unnamed American city that sits near a military base, reinforcing to viewers that the line between civilian and military fitness is porous. Into this environment strides Dr. Cavanaugh, a physician with a talent for venereal disease education that has recently been made a municipal health commissioner. Dr. Cavanaugh, a progressive professional of the "crusader" archetype, is appalled by the city's syphilis problem, especially given its proximity to a military base. The good doctor is also incensed that a local mafia-run brothel is covertly operating as a dance hall, and that this establishment (later revealed to be a key cause of the city's health woes) has escaped the attention of the law and citizenry due to prudishness and a desire to leave alone what is

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[189] "Conference re 'No Greater Sin'," November 3, 1941, LAC, MG28 I332, vol. 139, file 3; F.E. Fronczak to Bob Murphy, October 16, 1941, MG28 I332, vol.139, file 3. Other pieces of correspondence between Americans interested in the film (which influenced the League's thinking on it) can be found in the same file.
[190] "Conference re 'No Greater Sin.'"
[191] "Report on 'No Greater Sin'," n.d., LAC, MG28 I332, vol. 139, file 4.

"over there." Cavanaugh vows to bring down this establishment, and believes that the introduction of strong moral and medical guidance will see the town through this crisis of health.

Running parallel to this plot is a secondary story centered around the relationship woes of Bill and Betty, two working-class white folks eager to settle down and start a family. While Bill and Betty are shown to be a great match for one another, their potential marriage is seemingly spoiled by the news that Bill has contracted syphilis from previous carousing; afraid of telling Betty about his infection, and hoping to salvage his marriage prospects, Bill consults with a quack physician who promises a quick (and expensive) cure. Feeling ashamed and afraid Bill squanders his life savings on a false cure and, fully convinced he is well, goes through with his plans to marry Betty. When Bill and Betty both exhibit symptoms of a syphilis infection they finally approach Dr. Cavanaugh, who is stern and sympathetic in equal measure. Cavanaugh suggests the newlyweds begin treatment immediately, but the matter is complicated when Bill's rage drives him to confront the quack doctor. Mortified at the prospect of being publicly exposed as a scammer, the quack attempts to murder Bill in his office, but is himself killed in the ensuing struggle. Ashamed of his infection and unwilling admit to his prior immorality Bill falsely maintains that he murdered the quack doctor, though a trial establishes both his innocence and his illness. Despite going free, Bill disappears for a time to undergo proper treatment for his infection, eventually reuniting with Betty and living happily ever after.

Undoubtedly, *No Greater Sin* is formulaic in its use of typical character and plot archetypes for films of this sort. While a gulf of over twenty years separates *No Greater*

Sin from *The End of the Road*, the former effectively tells the same story as the latter, making use of the same "crusader," "innocent" and "corrupter" personas to drive across largely unchanged moral and medical messages. Indeed, the fact that *No Greater Sin* played it safe with its core connotations likely made it attractive to the League, which itself had not compromised on its moral principles despite expanding the scope and scale of its activities. In positing that premarital sex was immoral, public education was important and that the sex trade was a dangerous scourge in modern society *No Greater Sin* comes across as a film that could have very well been produced by the League itself.

What *No Greater Sin* ostensibly did better than its predecessor was to provide legitimate medical information to audiences. Unlike *The End of the Road*, which largely confined its medical message to simple exhortations to get treated in case of infection, *No Greater Sin* did put some effort into ensuring audiences knew what medical procedures they might encounter should they stray from the path of righteousness and require treatment for venereal disease. Viewers are told what a Wasserman test entails and assured that the process of taking blood samples while administering the test is quick, painless and effective.[192] Through the misfortunes of Bill and his experiences with a quack doctor, the film reminds its audience that over the counter remedies for venereal disease do not exist, and they should not fall prey to those who would suggest otherwise; though this message did serve the interests of increasingly professional medical practitioners, it also was sound advice that reflected the realities of VD treatment at the time.

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[192] For a very brief description of the test's history, see: Allan M. Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880* (New York: Oxford University Press, 1985), 40.

By portraying Bill and Betty as sympathetic (though, in Bill's case, not entirely guiltless) sufferers *No Greater Sin* also sought to destigmatize VD treatment and testing or, at the very least, posit that the genuinely repentant could still live as healthy, respectable citizens. This message was common enough in previous VD education films, though it was taken a step further in *No Greater Sin*, where Dr. Cavanaugh's crusade includes a call for every citizen in the area to take a Wasserman test regardless of their character or class. "Dragnet" approaches to testing had been attempted in American cities, with mixed results. In 1937 Chicago began offering free tests to individuals after questionnaires indicated overwhelming support for this measure, resulting in a dramatic reduction in syphilis rates.[193] Yet, Chicago was an exceptional case, and more typical measures included passing legislation which required prospective couples to produce a negative Wasserman test before being granted a marriage licence. Poor enforcement, differing requirements based on gender and uneven standards rendered these laws only passingly effective, while greatly elevating the role of the state in family life.[194] Regardless, the League was itself in favor of premarital VD testing laws within Canada, and the call for Wasserman testing's acceptance in *No Greater Sin* complemented the organization's goal to see the provinces enact such laws.[195]

Still, it would be misleading to praise the educational value of *No Greater Sin* without caveat. While the film did demystify blood testing, it also offered little in the way of other medical advice besides avoiding immoral sexual relationships and promptly

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[193] Brandt, *No Magic Bullet*, 151-153.
[194] Brandt, *No Magic Bullet*, 150.
[195] Robin Pearse, "Report of the Medical Committee (Venereal Disease),"June 15, 1941, LAC, MG30 D115 vol. 19, file 19-7, 3.

contacting a legitimate physician if one failed in this regard. Further still, in one instance the film offered medical advice that was blatantly incorrect. In a scene where Dr. Cavanaugh is attempting to impress upon prominent citizens the importance of being candid in discussions regarding VD, the matronly head of a women's organization proclaims that her son's moral upbringing rendered these sorts of conversations irrelevant. In response, Dr. Cavanaugh states that syphilis "isn't a moral issue," since it could be spread innocently "on the edge of a drinking glass." Effective though it might have been for inciting hysteria this scene stood in stark contrast to contemporary medical knowledge and conflicted with the other educational materials provided by the League.[196] Dr. Cavanaugh's insistence that syphilis was not a moral issue also stood at odds with *No Greater Sin*'s unsympathetic depiction of the sex trade, which is blamed for military unfitness and civilian woe.

[196] Sample lectures often reference that fears over the non-sexual transmission of VD are unfounded and unhelpful. For an example, see: "Specimen V.D. Talk," n.d. [c. 1940-45], City of Toronto Archives, box 140521, file 4, 3.

Figure 2.1: Advertisement for a League-sponsored showing of *No Greater Sin* in Welland,
Ontario. Note the emphasis on the shared guilt of husband and wife, despite the latter being wholly innocent in the film, and the lack of any real reference to venereal disease. LAC, MG 28, I 332, vol. 139, file 11.

Being a cornerstone of the League's wartime education plan *No Greater Sin* was shown far more widely than *The End of the Road*, which saw little use after its initial 1940-41 run. Between March 1942 and May 1943 League records indicate that over half a million Canadians had seen the film at its sponsored showings, though the League

claimed a number closer to three-quarters of a million when accounting for free admissions and military personnel.[197] Screenings were held throughout Canada, and while most of the League's efforts were directed towards Ontarians *No Greater Sin* also brought out thousands in other provinces.[198] The League advertised screenings as aggressively as their means would allow by buying advertisements in local newspapers and printing "pay stuffers" (which doubled as a coupon for reduced admission) for companies to distribute to their employees.[199] Yet, the League's preference was to mitigate spending on advertising by contacting local health authorities, clergymen and prominent citizens ahead of their screenings, the better to both generate publicity and to enlist the support of enthusiastic volunteers. The League also sought the assistance of theater owners by asking that they provide staff for literature sales booths during their events, though in smaller venues this was often an unsuccessful bid.[200] Where theaters could not or would not provide staff for literature sales, the League turned to other voluntary groups for assistance. Women's organizations such as the Imperial Order Daughters of the Empire were frequent helpers at League film events, though their engagement also included providing chairpersons or lecturers, especially for female audiences.[201]

If attendance is any indication, Canadians appreciated the League's choice in *No*

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[197] "Report of Admissions to 'No Greater Sin,'" n.d., LAC, MG28 I332 vol. 139, file 4. Given that Canada's population at the time was less than twelve million people, this represents a noteworthy achievement.
[198] "Report on Admissions." It appears that Prince Edward Island was the only province that did not see any League-sponsored screenings in 1942-43.
[199] "Plan for Massey Hall Engagement re: 'No Greater Sin'," July 31 ,1944, LAC, MG 28 I332, vol. 139, file 12.
[200] Bates to Jule Allen, May 6, 1942, LAC, MG28 I332, vol. 139, file 4.
[201] Farris to C.W. MacMillan, September 2, 1942, LAC, MG28 I332, vol. 139, file 3.

Greater Sin, though the film was not without its critics. Dr. Charles Appelbe, the Medical Officer of Health for Parry Sound, wrote to his colleagues and the League that the film was an excellent attempt to generate interest in VD control, but that young people in his audience felt it lacked any concrete information about the symptoms and effects of syphilis infection.[202] Some venues were quite reluctant to show this sort of film, leading the League to occasionally beseech local health authorities to intercede and persuade obstinate owners that the film was not salacious and benefitted public health.[203] In Stouffville, Ontario, one proprietor conceded that these films were important and admitted to having shown them before, but emphatically stated that he would no longer do so because the "silly remarks" of the audience were embarrassing to his wife and daughter, who worked alone on the ground floor of the venue.[204] Despite the League's insistence that their events were of the utmost importance some audiences were willing to have fun at the organization's expense, and this may have occasionally made booking theaters difficult.

Internal criticism from League members was also forthcoming, and usually centered around how the film was presented, rather than the film itself. Mabel Ferris, the Assistant Director of the League, felt that the advertisements for the film might have overly stressed the educational aspects of the presentation, reducing interest among Canadian audiences that were "not anxious to be educated."[205] A report from the League's Social

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[202] Appelbe to J.T. Phair, n.d. [May/June, 1942], LAC, MG28 I332, vol. 139, file 4.
[203] For an example of the League contacting health officials for this purpose see: Bates to C.B. Kelly, June 4, 1942, LAC, MG 28 I332, vol. 139, file 4.
[204] Freel to Gordon Bates, January 4, 1943, LAC, MG28 I332, vol. 139, file 11.
[205] Mabel Ferris, "'No Greater Sin' -Massey Hall, October 2-11, 1944," n.d. [late 1944], LAC, Mg28 I332, vol. 139, file 14.

Hygiene Division disagreed with this assessment, going so far as to claim that the advertisements circulating in newspapers were already too "theatrical" in nature and expressing concern that the emphasis on "sin" in the film's title and advertisements was antithetical to the League's campaign goals.[206] While it is difficult to say which side of this debate had the right way of things (the addition of a murder plot to the film does certainly give it a theatrical bent), such divisions help reveal conflicting internal sentiments regarding how best to approach film and lecture events, though it is obvious that the League generally saw *No Greater Sin* as a success: it would continue to use this film in civilian circles for the remainder of the war, and there is very little indication that the League attempted to source other films regularly.

"The Most Important Part of the Whole Performance": Lectures, Pamphlets and Supplementary Information at League Events.

Even a cursory examination of the films shown at League events confirms that they were, at best, shallow sources of information about VD. While both *No Greater Sin* and *The End of the Road* stressed the dangerousness of VD and the importance of trusting the sage advice of healthcare professionals, neither of these pictures offered much scientific information to its lay audiences, perhaps betraying a desire on the part of filmmakers to cultivate concern rather than understanding. However, examining the films on their own does not provide a full picture of what the League hoped to accomplish with its cinema events, which were a staple of its anti-VD curriculum. Through the medium of film, the

[206] Social Hygiene Division, "Observations and Recommendations RE showing of 'No Greater Sin' in Massey Hall as Opening of Our Toronto-Wide Anti-VD Campaign," October 17, 1944, LAC, MG28 I332, vol. 139, file 14.

League hoped to draw in Canadian audiences looking to be amused and shocked: via lectures and pamphlets, it sought to provide more substantive information to attendees after the credits finished rolling.

The tradition of pairing films with an accompanying medical lecture was not particularly novel, nor was it new to the League. When *The End of the Road* was used to kickstart the 1920 educational drive of the CNCCVD, there was no expectation among organizers that the film would be shown without a lecture.[207] Indeed, even before film was widely used in VD education campaigns lectures and visual aides (usually "magic lantern" slides or posters) went hand in hand. Occasionally, brief lectures would be held during the intermission of a "double header" showing; this was the case in 1942 when *No Greater Sin* showed at Toronto's Imperial Screen theater, and it was perhaps a strategy to ensure that the audience sat through lectures.[208]

The lecturers themselves were primarily professional volunteers drawn from the medical community (themselves often, but not always, League members), though occasionally individuals in law enforcement or social work circles were invited to give presentations.[209] The focus of lectures was only partially dependant on the gender makeup of the audience, and surviving sample lectures help in reconstructing what information these lectures were meant to convey. These lectures began with a brief address by an appointed chairman, usually a prominent citizen who was themselves not a

[207] Cassel, *The Secret Plague*, 210-211.
[208] "No Greater Sin," *The Globe and Mail*, September 18, 1942.
[209] "The End of the Road: Daily Programme of Chairmen and Speakers," n.d. [December 1940], LAC, MG28 I332, vol. 139, file 11.

physician or directly involved in anti-VD work, introducing syphilis and gonorrhea.[210] Though these introductory remarks were more a list of the social and familial consequences of VD this was sufficient to drive home the second half of the address, which stressed the need for Canadians to support the League's call for widespread blood testing and increased attention to the moral character of the Dominion.[211] With these talking points duly delivered, the chairman was expected to introduce the medical lecturer for the event and settle down for a decidedly lengthy presentation.

Regardless of whether they were for men, women or mixed audiences, the League's medical lectures typically began with a crash-course in human reproductive anatomy. Large diagrams of human genitalia would accompany this lesson, the purpose being to establish what "normal" organs looked like and how they served the function of reproduction.[212] These parts of the lecture differed little between audiences, though there is some indication that lecturers were expected to adjust the content of sample lectures to better suit the crowd they were addressing.[213] Despite the allegedly professional tone of these presentations, and one sample lecture asserting that it has "nothing to do with the moral phases of this problem," this introductory section was meant to show what exactly "illicit sexual contact" stood to disrupt.[214] Nevertheless, the medical information which followed was far more substantive than that which was contained in films employed by the League. A description of gonorrhea and syphilis' most common symptoms,

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[210] "Suggested Speaker's Address: No Greater Sin, Massey Hall, October 1944," October, 1944, LAC, MG30 D115, vol. 19, file 19-6, 1.
[211] "Suggested Speaker's Address," 2.
[212] "Men's Lecture Film," n.d., LAC, MG30 D115, vol. 19, file 19-6, 1.
[213] E.A. Hardy, "Film: 'No Greater Sin,'" October 26, 1944, LAC, MG30 D115, vol. 19, file 19-6, 1.
[214] "Men's Lecture Film," 3, 9.

accompanied by images for reference, warned Canadians what to look out for if they should stray from the path of righteousness and find themselves wondering over their health.

Perhaps most useful of all to audiences were talking points meant to demystify the process of VD treatment. Unlike *No Greater Sin* and *The End of the Road*, which relegate treatment to the background and use it as shorthand for a character's enlightenment and moral rebirth, lectures explained what the process of being treated for VD looked like for men, women and children. Audiences were reminded that with proper and prompt medical attention VD cases were usually resolved with ease, though lectures featured warnings aplenty about the dangers of deferring treatment to the point where syphilis or gonorrhea infections became more serious.[215] Couched in terror-inducing warnings to remain moral and avoid becoming "human wreckage" was genuinely practical (if not wholly extensive) medical advice; through these lectures, Canadians encountered a tangible manifestation of the moral-medical model.[216]

Despite the prominence of lectures as the premier accompaniment to League-sponsored film viewings, reports on these events also stressed the importance of literature sales to the overall success of the anti-VD campaign. This habit of holding the sale of educational pamphlets and booklets in high regard was at least partially motivated by financial considerations. The League stood to make a tidy profit from selling educational materials, given that they sold in bundles of three pamphlets for twenty-five cents that cost the organization only ten cents to produce.[217] While ticket sales accounted for the

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[215] "Men's Lecture Film," 9-10.
[216] "Men's Lecture Film," 10.
[217] "Literature Sales," n.d., LAC, MG28 I332, vol. 139, file 12.

lion's share of the income derived from sponsored film events, pushing supplemental material was lucrative enough to warrant attention. For example, over one-sixth of the nearly $5,100.00 brought in by the initial wartime revival of *The End of the Road* was the result of literature sales.[218] Healthy literature sales figures also helped the League assure its allies, patrons and the public of the campaign's ongoing success. The uncertain circulation of materials after they left the League's hands allowed for vague assurances that the reach of the program went beyond theater doors.

Though the League had access to a swathe of pamphlets and brochures, it distributed three particular items during its film and lecture events: "An Open Letter to Young Men," "Healthy, Happy Womanhood" and "Tell Your Children the Truth." Of the three, "Tell Your Children the Truth" was the only pamphlet produced by the League; "An Open Letter to Young Men" and "Healthy, Happy Womanhood" were reprinted with permission from The British Social Hygiene Council and the American Social Hygiene Association respectively.[219] As might be ascertained by their titles each pamphlet catered to a specific demographic of Canadians rather than providing more generally applicable information about VD, though the fact that they could be purchased together does suggest that the League thought families would benefit from perusing them as a package.

"An Open Letter to Young Men" begins with an earnest plea for its reader to reflect on the spiritual purpose of marriage and how sex within its confines separates human beings from animals.[220] Dr. Douglas White, the pamphlet's author, proceeds to equate

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[218] "Report on Showings."
[219] Though "Happy, Healthy Womanhood" was itself not produced by the ASHA, but by the United States Public Health Service.
[220] Douglas White, "An Open Letter to Young Men," n.d., distributed for the showing of *Damaged Lives*, LAC, MG30 D115, vol. 19, file 19-4, 3-4.

sexual self-restraint with civility and manliness, accusing men who show no sexual restraint or believe that sex is necessary for physical health of participating in a vice that was "always ruinous to the moral health of a man, and all too often. . .to his physical health as well."[221] Evidently, the League sought to impress upon men in its selected publications that virility and overall health were not threatened by living chastely, an argument that is frequently repeated in other men's health materials.[222]

White's moral pleas further ask men to consider how their activities stain both their own honor and that of young women, and he even goes so far as to extend some sympathy towards sex workers: "every man who goes with a prostitute helps to degrade her further. . .it is his duty to help her out."[223] In positing a prescriptive, paternalistic outlook on how men ought to care for the well-being of the women around them, White reinforces the older, Victorian notions of the gendered dynamic of sex that places the "active" role in partnering on men.[224] When White does finally address the issue of VD (about one third of the way through the rather verbose twenty-eight-page pamphlet), his description of signs and symptoms of infection does not pull any punches. White, while offering little in the way of knowledge regarding treatment, thoroughly describes the common signs and symptoms of both syphilis and gonorrhea infection among men and briefly alludes to their impact on women and children.[225] Yet, this information is in

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[221] White, "An Open Letter," 8.
[222] For example, *The Bright Shield of Continence* (frequently circulated in military education programs and used occasionally by the League) repeats that there is no link between physical health and frequent ejaculation. A copy of the pamphlet can be found in LAC, MG28 I332, vol. 140, file 14.
[223] White, "An Open Letter," 10.
[224] Wendy Mitchenson, *The Nature of their Bodies: Women and their Doctors in Victorian Canada* (Toronto: University of Toronto Press, 1991), 102.
[225] White, "An Open Letter," 11-16.

service to White's overall thesis that moral living negates the need to fear VD, and that a man's bodily and spiritual "rock bottom" can be found in the arms of sex workers. "An Open Letter to Young Men" ultimately reads somewhat like an anti-prostitution tract, rather than an anti-VD one. While this was entirely consistent with the League's stance on sex work, it is nonetheless puzzling that this pamphlet was the primary piece of literature intended for the male audiences at the organization's film and lecture events.

Unlike its equivalent for men, "Happy, Healthy Womanhood" at no point mentions sex work or its supposed impact on Canadian public health. Though both pieces are very much products of the "advice literature" genre, "Happy Healthy Womanhood" more explicitly reads as guidance from a seasoned, matronly woman offered to girls coming of age.[226] The pamphlet proudly states its thesis without much delay: that "upon healthy womanhood depends to a large extent happy motherhood."[227] Health, according to the pamphlet, is largely an alchemical blend of understanding one's body and their moral and civic duty to bear healthy children for the continuity of the race. It is on matters of physical wellness that the author first turns to, and innocently enough they choose to first describe the benefits of exercise, a balanced diet, "erect carriage" and wearing loose fitting, comfortable clothing.[228] A brief diversion to explain the merits of beauty and popularity is also offered, though these two things are said to come naturally as the result of physical fitness and cleanliness; this emphasis on peer-acceptance and attractiveness further reinforces the "coming of age" qualities of this particular publication, though the

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[226] Interestingly, the identity of this advice-lending woman is not mentioned at all in League printings of the pamphlet.
[227] The American Social Hygiene Association/The United States Public Health Service, "Happy, Healthy Womanhood," 1920, LAC, MG30 D115, vol. 19, file 19-4, 3.
[228] "Happy, Healthy Womanhood," 4-5.

fact that League film events typically admitted none under the age of sixteen raises the question of how much this message would have resonated with audience members in their twenties or older.

Nevertheless, the pamphlet's discussion of sexuality and VD proper begins with an outline of menstruation and female anatomy. Sex, according to the author, "will bring to the individual and to the race the greatest joy," if used correctly, though if used incorrectly "it will not only fail to produce this result, but it will also probably lead to serious suffering and unhappiness."[229] The effects of VD infection are not thoroughly explored, though their impact on the wellness of babies is emphasized, furthering the notion that the greatest suffering a woman can undergo is that which is inflicted upon her child. Fascinatingly, unlike the League's pamphlet for men "Happy Healthy Womanhood" does actually refer to the existence of public VD clinics and urges those who have need of their services to visit them without delay, though this useful reminder comes at the cost of information regarding the signs and symptoms of infection.[230] In fact, misinformation concerning how VD is spread appears in "Happy, Healthy Womanhood," which repeats as fact that sharing drinking cups or utensils with individuals may result in the transmission of VD.[231] In the end, what might be said of "Happy, Healthy Womanhood" is that it assumed less of women's knowledge regarding matters of sex and its dangers (both moral and medical) than its equivalent pamphlet for men, while simultaneously foisting upon them duty to become mothers and maintain the forward progress of the race.

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[229] "Happy, Healthy Womanhood," 14-15.
[230] "Happy, Healthy Womanhood," 17-18.
[231] "Happy, Healthy Womanhood," 17.

The final pamphlet typically deployed by the League at its film events addressed parents, seeking to equip them with the tools needed to carry on the fight against VD on the home front. "Tell Your Children the Truth" revels in the fact that it is a Health League/CSHC publication, as evidenced by its introduction outlining the aims, achievements and allies of the organization. The interwar pedigree of the pamphlet is made manifest in the way it seeks to explain the merits of eugenics as a public health consideration, though the distinction should be made that the eugenicist rhetoric employed here is very much of the "positive eugenics" variety.[232] Like "Happy, Healthy Womanhood," "Tell Your Children the Truth" supposes that "healthy" is a state of being achieved by the alignment of physical and moral wellness and cultivated by good habits and proper guidance. The role of parents, therefore, is to ensure that their children "inherit" (in compliance with the lingo of eugenics) none of the "socially undesirable instincts" that make for unhealthiness.[233]

In terms of advice for parents in the matter of discussing sex with their children, "Tell Your Children the Truth" unhelpfully recommends telling children enough to allay any natural curiosity while avoiding any further details. If additional information was called for, parents were encouraged to familiarize themselves and their children with the "scientific vocabulary" of sex, avoiding the use of common names or euphemisms for genitals; readers are further advised that this scientific approach might benefit from the acquisition of pets in order to show the act of sex in an inoffensive way.[234] A great deal

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[232] "Be Wise! Be Healthy," 33-38.
[233] The Canadian Social Hygiene Council, "Tell Your Children the Truth: A Social Hygiene Booklet for Parents," 1933, LAC, MG30 D115, vol. 19, file 19-4, 8.
[234] "Tell Your Children," 18-19.

of faith is placed by the author(s) in the ability of modern, sterilized and biological language to illuminate Canadians, an assumption that marks this pamphlet as a product of the CSHC/Health League's principles. Irrespective of this fact, this publication offered parents little else to work with. Venereal disease is only mentioned in passing, and any advice beyond having fathers speak to sons and mothers to daughters about this topic is not forthcoming. In this regard, "Tell Your Children the Truth" was the least informative of the League's three pamphlets. Accompanied by lectures and films it was, at best, a gentle push for frankness on the part of parents; on its own, it did little to help realize the League's call for an open dialogue about VD at all levels of Canadian society.

"Stamp Out VD" and the Closing Months of the War.

While film and lecture pairings served as the backbone of the League's public education efforts, other events and publicity drives were conceived in order to further broaden its reach in Canadian society, and the organization often sought out allies in order to set its plans in motion. As mentioned previously, the League regularly sought the patronage of newspapers throughout the war, and by the late-war period it proudly touted its reputation as a guide for "a growing number of Women's Institutes and other organizations."[235] Certainly, there was some merit to the League's assertion that it occupied a position of leadership among the ranks of voluntary organizations concerned with VD control and education. The Junior Chamber of Commerce of Canada, a crucial ally of the League and a very active presence in Canadian anti-VD campaigning, received

[235] C. Smith, "Social Hygiene Division: A Review of 1943-1944 Program and Activities," in *Report on the Proceedings: Conference of Representatives of the Branches of Ontario, Toronto, April 19, 1944*, 2, LAC, MG30 D115, vol. 19, file 19-7.

a great deal of guidance and material support from the League.[236] Other groups, such as the Trades and Labour Congress of Canada and the Canadian Federation of Labour, gladly accepted campaign kits and other educational assistance from the League, which were typically provided freely or at cost.[237] In short, the League was undoubtedly eager to provide interested parties with an assortment of educational tools, allowing it to reach audiences it might not otherwise have access to.

Yet, by early 1945 the League was eager to try its hand at fostering new alliances and testing new methods of public outreach on the national scale. In truth, the League-sponsored National Social Hygiene Day of 1944 and 1945 (held in February) had already demonstrated that the League could coordinate national projects, though many of the activities planned for National Social Hygiene Day were already staple tools in its educational repertoire. For "Stamp Out VD" week, the League intended to speak to the Canadian public not only via the tested mediums of film showings, newspaper articles and radio broadcasts, but also through the windows and across the counters of their local drugstores. The premise behind this new approach was relatively straightforward: even if one cared not for radio broadcasts, flipping open a newspaper or going to the cinema, if they went to the drugstore or passed one while going about their business, they would be exposed to the League's messages.

In order to make Stamp Out VD week a reality, the League needed to secure the cooperation of the Canadian Pharmaceutical Association. The CPA had a reputation for

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[236] Very closely, by 1943, since the head of the Junior Chamber of Commerce's national anti-VD campaign worked out of the League's offices! See: Carstairs, Philpott and Wilmshurst, *Be Wise! Be Healthy!*, 83.

[237] W.T Burford to C. Smith, December 14, 1943, LAC, MG28 I332, vol. 140, file 15; Gordon Bates to J.A. D'Aoust, November 25, 1943, LAC, MG28 I332, vol. 140, file 15.

willingly working alongside other groups prior to 1945; in British Columbia, it joined the provincial Department of Health's 1937 anti-VD campaign, and in 1940 the CPA and Saskatoon Young Men's Board of Trade organized a window-display scheme similar to that which was planned for Stamp Out VD week.[238] Additionally, the fact that Health Departments, the National Film Board, the CBC and numerous periodicals were going to join in the League's campaign meant that the CPA was not signing up for a fringe undertaking. Perhaps it is unsurprising, then, that the CPA agreed to partner with the League for its latest initiative, and the week of May 21st was chosen to serve as Stamp Out VD week.

The actual display units themselves were sizeable, meant to fill the entirety of a drugstore's storefront window. These central cardboard posters for each display were standardized, the better to both simplify distribution and to ensure that a homogenous message was sent to prospective audiences. The *Canadian Pharmaceutical Journal's* April, 1945 issue contained instructions for druggists regarding how they ought to set up their displays, including how they might capture a certain "proper pharmaceutical atmosphere."[239] Participating druggists were told to scatter beakers, mock prescriptions and other such paraphernalia of the profession about the display, though this guidance was accompanied by a firm insistence that "NO COMMERCIAL ITEMS" be put out, likely to avoid consumer confusion and to discourage notions that Stamp Out VD week was a commercial endeavour. Since only the core of each display was standardized, druggists were reminded that their own ingenuity was a key component in ensuring that

[238] Joseph Lichstein, "Pharmacy Fights VD," *Health*, Spring 1945, 14.
[239] A clipped version of the article can be found in LAC, MG28 I332, vol. 233.

their storefront captured the attention of customers and window gazing passersby alike. Furthermore, since provincial departments of health were supplying most of the smaller posters which made up the display, participating stores were warned that their display might not resemble to mock-up circulated in the CPJ and other trade periodicals.

The fact that individual initiative and provincial variation were factors influencing the exact makeup of each display creates difficulties in establishing what exactly Canadians were being told when they visited their local drugstore during Stamp Out VD week. Luckily, there is some indication that specific materials were recycled from earlier campaigns and that the League provided provincial health departments with recommended posters in both French and English. As aforementioned, a constant feature in every display was the central poster that contained a simple message: "Canada Needs Strong Men and Women: You can help by guarding against Syphilis and Gonorrhea."[240] This piece was itself not new, but had been used by the League throughout the war. While not explicitly referencing the ongoing hostilities, it is difficult to imagine that viewers would have not linked this exhortation with notions of military and economic preparedness, especially this late in the Second World War.

Perhaps surprisingly, many of the other posters provided by the League to health departments bore a less militaristic message. One poster specifically targeted young Canadians anticipating marriage, warning them that venereal disease could have dire consequences for their unions. The poster states that undetected and uncontrolled syphilis and gonorrhea put the health of unborn babies at risk, and testing and treatment protect

[240] A copy of this poster can be found in LAC, MG28 I332, vol. 233.

"your marriage and your children *against* Venereal Diseases."[241] The obvious implication is that, besides compromising the health of children, syphilis and gonorrhea also resulted in the failure of marriages (likely because a marriage which produced no children was deemed to be an unsuccessful one). The prophylaxis against these marital and parental woes was premarital blood testing or, at the very least, blood testing for expectant mothers. While the emphasis in this instance was on voluntary blood testing (the League itself had long been a proponent for compulsory testing laws in the provinces), in portraying the consequences of venereal disease infection as being a threat to happy married life, the League was certainly driving home the point that for responsible Canadians, vigilance against the venereal threat was anything but voluntary.

A second poster provided to health departments targeted not only parents, but the adults and leaders of Canadian society more broadly. The poster lays out "a challenge" to "parents, teachers, church and youth-leaders," warning that the supposed innocence and hope of youth was threatened by the fact that "75 percent of venereal infections occur in young people under thirty years of age!" The challenge, the poster continues, is to ensure that youth have access to a "wholesome home life," itself complemented by a good education and "constructive leisure activities."[242] This poster places little emphasis on the medical benefits of rising to its challenge; the emphasis here is squarely on the importance of shaping the youth of Canada into responsible, moral and family-minded citizens. So focussed were the poster's creators on this message of health citizenship that

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[241] Again, this poster can be found in LAC, Mg28 I332, vol. 233.
[242] Both French and English-language versions of this poster (and a largely blank version of the poster, likely for content tailoring and/or layout purposes) are in LAC, MG28 I332, vol. 233.

the word venereal disease only appears once on the entire poster!

While there was a fair bit of emphasis in Stamp Out VD displays on protecting the health and moral wellbeing of Canada's future generations, this was not the only lesson drugstores attempted to impart via this campaign. The entirety of Stamp Out VD week was also a show of professional solidarity and of the way in which groups like the League and the CPA felt that they held exclusive stewardship over discourses of public health and medicine more broadly. Indeed, the very nature of the display scheme presupposed that Canadians "on the street" not only required education in matters of public health, but that this education was best delivered in a safe, sanitized and professionally run environment. The drugstore's spatial construction as a site of learning and healing, a world apart from the dangerously ignorant public, was capitalized on in an attempt to both generate interest in venereal disease education and to remind the public that this education was curated and delivered by a body of specially sanctioned professionals holding the keys to wellness in matters moral and medical alike.

This premise was most explicitly referenced in a pair of posters employed in some of the stores participating in Stamp Out VD week.[243] The first of these two posters concerned doctors, and reminded Canadians that their physician was "the cornerstone of health in your community- *his ideals of public service* make him worthy of the trust and

[243] It should be noted that the posters discussed here were not provided in all of the Stamp Out VD week display kits, though they were used in the images of the model kit circulated in the CPJ and other periodicals; druggists interested in using either or both posters were urged to seek out printers willing to produce them. Some stores, like Smith's Drug Store in Toronto (the display from which was photographed as the "model" display for the campaign) did just this, and an article in *Health* suggests that the CPA did in fact more widely furnish these two posters for druggists. See: Joseph Lichstein, "Pharmacy Fights VD," *Health,* Spring 1945, 14.

faith which his profession enjoys." The second poster concerned druggists, lauding the ways in which they cooperate with doctors and stating emphatically that "*his many services entitles him to your* goodwill."[244] It is worth noting that neither poster makes any mention of venereal disease, and stood apart from the other materials surrounding them in drugstore venereal disease displays. Their primary purpose was not to raise awareness of twin perils of syphilis and gonorrhea, but to assure Canadians that it was a civic obligation to express gratitude and trust in the organizers of Stamp Out VD week and other public health campaigns. While the civilian populace had a part to play in the fight against venereal disease, that part was to be determined by educated (and primarily male) professionals.

Despite the unremarkable characteristics of materials used in Stamp Out VD week, the League's commitment to priming the Canadian public for its campaign was noteworthy. Arguably its most energetic advertising consisted of short radio talks on the topic of Canada and venereal disease delivered primarily on May 19th via a CBC sponsored trans-Canada broadcast, though the League also broadcast its message on smaller stations.[245] The CBC broadcast featured a panel by Gordon Bates, Nora Lea (executive director of the Canadian Welfare Council) and H. C. Rhodes (assistant director of the Department of National Health and Welfare's Information Service), the purpose of which was to impress upon Canadians the severity of the Dominion's venereal disease problem and to provide basic details about the campaign to come.

While opting to hold a panel of this sort in an effort to drum up support was

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[244] Both posters can be found in LAC, Mg28 I332, vol. 233.
[245] Joseph Lichstein, "RE Canadian Druggists' 'Stamp Out VD' Campaign- May 21-26, Preliminary Report," June 8, 1945, LAC, MG28 I332, vol. 233.

undoubtedly worthwhile, there was some indication that the messages provided by the speakers were taken by the Canadian Press to be controversial, or at least sensationalistic. In particular, Nora Lea's statements received noticeable attention in newspapers beginning on the Monday after the broadcast. Articles were especially keen to quote Lea's assertion that venereal disease rates among young girls were on the rise in recent years, though the rates themselves or the defined age range were not discussed.[246] Furthermore, and perhaps more contentiously, some newspapers featured articles which reported on Lea's assertion that Canadian parents played a part in worsening the nation's venereal disease woes. *The Montreal Herald*'s article on the broadcast was simply titled "Parents Blamed for VD Spread," and it opens on Lea's insistence that "lack of responsibility on the part of many parents for the training of their children in sound moral principles is a factor in the spread of venereal diseases."[247] *The Sun-Times* featured a similar article capitalizing on the scandal inherent in Lea's statements, and both articles reported on her assertion that living conditions contributed "to promiscuous behaviour and, hence, to the spread of venereal disease."[248] Still, it should be noted that even those articles which capitalized on the headline potential of Lea's statements (neither of the other speakers, both men, seemed to have their words deployed in this way) were not explicitly critical of the panel, or of the League's upcoming campaign.

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[246] This point was especially well covered in the press. LAC, MG28 I332, vol. 233 contains numerous clippings from English-language newspapers discussing Lea's assertion that venereal disease was especially becoming a problem among younger women. For example, *The Globe and Mail*, *The Sentinel Review*, *The Toronto Evening Telegram* and *The Brantford Expositor* all reported on this.
[247] "Parents Blamed for VD Spread," *The Montreal Herald*, May 21, 1945.
[248] Though, this particular phrase was even deployed in newspapers which featured less alarmist headlines. "Parents Blamed for VD Spread;" "Parents are Blamed as V.D. Rate Higher," *The Sun-Times*, May 21, 1945.

In addition to the CBC sponsored radio broadcast, Stamp Out VD week was heralded in numerous magazines and periodicals. Some publications, like those circulated within medical circles, may have garnered professional support for the event, but were in all likelihood not widely relevant to most Canadians. Yet, more calls for action were also made in more widely available sources, the content of which was flavoured by the nature of the publication itself. For example, the *Canadian Home Journal* featured an article penned by Rica McLean Farquharson entitled "The Anti-VD Fight." Aimed at the CHJ's readership of Canadian housewives, Farquharson's article beseeched Canadian women to understand that their home duties should not distract them from the importance of the stand against venereal disease represented by Stamp Out VD week. "Because of [venereal disease]," Farquharson writes, "institutions are filled with unfit. . .[venereal disease] makes true the wail of many ailing children and adults."[249] For Farquharson, women were called to be purveyors of the moral prophylaxis health and governmental authorities warned was necessary to actually see long term results in the fight against venereal disease. Part of this moral instruction included internalizing the notion that the search for "sex happiness," which Farquharson claims stems from "half-informed" people's reading of Freud, was inherently problematic. Rather than concern themselves with exploring their sexuality, Canadian women ought to realize (and teach their communities) that a happy marriage brought the "highest form of contentment."[250]

Churches also played a role in publicizing Stamp Out VD week, turning to their official organs in order to get the message out to their congregations. *The United Church*

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[249] Rica McClean Farquharson, "The Anti-VD Fight," *Canadian Home Journal*, May, 1945. A clipping of the article can be found in LAC, MG28 I332, vol. 233.
[250] Farquharson, "The Anti-VD Fight."

Observer praised the efforts of the League, and was especially keen on noting that "it takes a position not always taken by social agencies," namely that "venereal disease is a moral problem with a medical aspect, not a medical problem with a moral aspect."[251] This admiration was accompanied by a reminder to readers that this was fundamentally the Church's own position, and that its Board of Evangelism and Social Service recently passed a resolution decrying the "pagan ideals" of self-indulgence that threatened life on the home-front and overseas alike.[252] Interestingly, the *Observer* evidently hoped that the efforts of the League and its allies would continue unabated despite the recent cessation of hostilities in Europe, since "now that the soldiers will be returning, all sorts of temptations will be thrust their way."[253] Unlike the *Observer*, the Anglican Church's *Canadian Churchman* sought to generate support for the ongoing Stamp Out VD week observances by reminding its readership that subsidized treatment for venereal disease could (and must) be had by any afflicted person. While the *Churchman* sought to address fears surrounding acquiring venereal disease in a hospital setting (reminding readers that venereal patients were kept apart form their peers), it shied away from discussing the moral implications of infection.[254]

In the aftermath of Stamp Out VD week, the League was pleased to reflect on the perceived success of the entire undertaking. The organization's preliminary report conservatively estimated that sixty percent of the nation's 3,865 drugstores participated in Stamp Out VD week, displaying 32,000 pieces of window-display materials and handing

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[251] "Venereal Disease," *The United Church Observer* 7, no. 6 (1945).
[252] "Venereal Disease."
[253] "Venereal Disease."
[254] "Health League Campaign," *The Canadian Churchman*, May 24, 1945.

out roughly 100,000 pieces of literature.[255] The League also expressed gratitude towards its allies, noting that at least 22 publications (aside from newspapers) featured articles supporting the campaign.[256] In turn, others took to touting the success of Stamp Out VD week and recognizing the part the League played in its organization. In Montreal, Station CFCF broadcast an episode of the Paul Service Stores' *For Distinguished Service* program dedicated to the Health League and celebrating its recent campaign.[257] In Windsor, the medical officer of health reported that Stamp Out VD week had inspired a flurry of activity among Windsorites that has hitherto been unseen. Venereal disease films shown in conjunction with the campaign were pulling in high attendance figures, and the medical officer bemoaned the fact that it was "quite impossible to meet all the requests for setting up films in the smaller club groups."[258] Certainly, reports of this sort contributed to the League's belief that Stamp Out VD week was a resounding success.

Despite being an ostensibly new approach to public health education, Stamp Out VD week's primary scheme did not break the mould used to form much of the League's wartime anti-VD activities. Though securing a partnership with the CPA was certainly an organizational achievement, the actual content of the drugstore displays deployed during the campaign offered little over from the League's film and lecture events. Like those attending public screenings of *The End of the Road* and *No Greater Sin*, Canadians participating in Stamp Out VD week did not stand to learn very much from taking in

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[255] Lichstein, "Preliminary Report." Frustratingly, the League makes no mention of what constituted "pieces of literature." Did this include simple counter cards, or were pamphlets and booklets of the sort used at film and lecture events widely distributed?
[256] Lichstein, "Preliminary Report."
[257] R. Novak to Miss Fontaine, May 30, 1945, LAC, MG28 I332, vol. 233.
[258] "V.D. Drive Interest Here," *The Windsor Daily Star*, May 26, 1945.

drugstore window displays. Seemingly none of the posters or leaflets used throughout the campaign discussed at signs and symptoms of venereal disease infection, and (perhaps even more alarmingly) there does not appear to be any evidence that the League suggested druggists create displays which pointed out the existence or location of venereal disease treatment clinics. Germ theory and discussions of microbes were left to the side in favor of generalized advice to trust one's medical providers. While enterprising druggists or stores might have thought to include more detailed information as part of their display, the fact that there was no guidance from the League on specific educational details suggests that it did not think scientifically informing the citizenry was an important component of the Stamp Out VD week curriculum. Similar to the League's film and lecture events, much of Stamp Out VD week's purpose was to raise awareness of venereal disease's existence and the socio-moral conditions which purportedly assisted in its spread. Though counter cards might have asked interested customers to inquire after additional literature, morality-based messaging seemingly carried the week of May 21st, 1945.

Conclusion

Despite the popularity and pre-eminence of the League's wartime activities, it is clear that they are best summarized as having generated mixed results, a fitting appraisal for an organization that itself has been remembered as both a champion of public health education and the promoter of a narrow-minded view of wellness.[259] Undoubtedly, the League's film and lecture events dragged VD out into the public spotlight, raising

[259] Carstairs, Philpott and Wilmshurst, *Be Wise! Be Healthy!*, 204-208.

awareness about its prevalence and offering some hope regarding its prevention. The League, while sometimes criticized for its Ontario-centric perspective and leadership, was evidently more than capable of establishing a rapport with Canadian audiences through its willingness to engage in "edutainment." Yet, by consulting the materials used at these events it also becomes abundantly clear that the information proffered to Canadians was anything but strictly clinical. In reminding their audiences that sex was only morally and medically viable within the confines of heterosexual marriage, the League condemned those who did not abide by this standard. While venereal disease was envisioned as a societal woe, the League was content to operate under the assumption that personal failings were the root cause of public woes. Furthermore, the League's insistence that sex work was a key factor in spreading VD helped bulwark campaigns to persecute women in that trade, and challenged the League's own attempts to teach that men and women alike were equally culpable in cultivating good health and morality. Women, as was often the case in wartime anti-venereal disease messaging, were held to be uniquely culpable for the medical and moral degeneration of the Dominion, and those who worked in the sex trade were especially guilty.

When the League did turn to discussions of VD's symptoms and treatment, it favoured providing just enough information to cause concern. The impact of VD on a person's ability to become a parent (and its likelihood of creating healthy children) certainly played on the emotions and ambitions of young Canadians, though it did little to help an individual identify whether or not they themselves might be infected. Similarly, while the League never shied away from the fact that VD was often treatable, especially in cases where it was diagnosed promptly, there is little indication that its events offered

directions to clinics or any indication of what treatment entailed.

Even the League's late war efforts demonstrated little growth in its perspectives on the root of the venereal disease problem. While Stamp Out VD week was a success in terms of its publicity and scale, the information proffered by drugstore window displays was tended towards shallowness. Whereas audiences at film and lecture pairings might have received some useful information during the latter half of the event, Canadians passing by a drugstore display learned little about the signs, symptoms and treatment of venereal disease. The overall emphasis of Stamp Out VD week was on protecting youth, the white race, the heteronormative family unit and Christian morality.

In the end, the League's activities certainly raised awareness about aspects of the VD problem, though they less often provided Canadians with any further insight into the matter. In many ways, this flimsy education captured the core spirit of the moral-medical model: Canadians needed to know just enough about VD and sex to understand that living an upright life was the best prophylaxis of all.

Chapter 3: The "Unseen Sniper": Military Venereal Disease Control and Education for Men

Introduction

Just as was the case in civilian circles, venereal disease control and education in Canada's military during the Second World War was the continuation of a project embarked upon during the Great War. As before, the nation was going to war on a scale hitherto unknown in the Dominion, and the old foes- syphilis and gonorrhea- were expected to enlist against Canada as they had a generation earlier. Yet, the medical officers and commanders in Canada's Second World War had the benefit of prior experience on their side, and knew full well that venereal disease was an undeniable factor in calculating military efficiency. Known too were the preferences and predilections of Canadian soldiers who, if they were anything like their fathers, would not be so easily dissuaded from seeking out sex when the opportunity arose to do so. While Canada might have embarked on a new conflict on September 10th, 1939, the complication of venereal disease was by this point an old one.

However, it would be inaccurate to imply that continuity in this matter was not accompanied by change. Treating venereal disease was easier and more efficient in 1939 than in 1914, and would become even more straightforward as innovation reared its head and antibiotics made their grand entrance onto the military stage. Furthermore, the tools of education were becoming more advanced, allowing for increased audience engagement and more sophisticated pedagogy. Medical officers did away with the silent films and magic lantern presentations of their predecessors, instead embracing the medium of "talking films" in order to better convey medical and moral messages which

could be couched in more complex and entertaining plots. While venereal disease education had been developed during the Great War, new mediums and methods ensured that its Second World War equivalent was undoubtedly more sophisticated.

Nevertheless, the topic of venereal disease control and education for Canada's uniformed men in the Second World War is not so simply summarized as a more complex version of something which came before. For instance, the existence of parallel civilian control and education schemes (something which was very much less common during the First World War) means that comparisons can be drawn between what uniformed men and civilian audiences were taught, and what "control" looked like. Having just discussed the brand of education forwarded by organizations like the Health League of Canada, some of the lessons taught to Canada's soldiers come across as noticeably different, while still adhering to the general features of the "moral-medical" model of venereal disease control and education.

To what extent panic guided the thinking of those responsible for providing military sexual education for men is, of course, subjective, but it is certainly viable to surmise that persistent worries about the sexual habits of uniformed men prevailed throughout the war. Some of the panic felt within military circles was founded upon fears that the very real personnel and material losses venereal disease caused left Canada economically and militarily disadvantaged: the "panic of numbers" was straightforward enough to justify when total war was at hand, and when questions surrounding how best to secure recruits for overseas service risked tearing the Dominion apart. It would be impossible to argue that questions of manpower and military efficiency were not at the forefront of the military's anti-venereal disease campaign, and helped shape a treatment regime which

came to be focussed on quickly and discretely getting soldiers back into active service.

Yet, the evidence gleaned from examining military anti-venereal disease campaigns suggests that moral panic also played a significant part in shaping sexual education. Besides appeals to resist an ill-defined moral decay, educational materials sought to render dangerous the female body, especially that belonging to the sex worker. Contained within the Canadian military's medical curriculum was a prevailing sense that war could very well compromise moral integrity, resulting in sexual deviancy and venereal disease (the two being, in the minds of educators, intrinsically linked) carrying the day. Of course, that is not to say that moral considerations were at odds with more results-orientated approaches to the military's venereal disease problem. On the contrary, there was little issue with treating venereal cases as regrettable from both a moral and a military efficiency perspective. In the long term, the sexually active soldier was poised to become a morally dubious citizen and a poor father figure, while in the short term his infected body could not contribute properly to the war effort, and was a drain on the nation's precious resources.

One obvious difference in the matter of venereal disease control between the wars was the increased presence of women in the nation's armed services during the Second World War. While women played significant auxiliary roles in the First World War, particularly in the conventional social role as caregivers for the wounded, the creation of specific branches for female volunteers meant that, for all intents and purposes, women's sexual health and morality was now a part of the military's jurisdiction. However, there was enough of a difference between the content of men and women's military venereal

disease education that the latter is not discussed here, but will instead appear in the following chapter.

The Measure of the Problem

As aforementioned, the scope and scale of the Canadian Expeditionary Force's venereal disease problem during the Great War vexed physicians and military officials. While heady notions of Canada's proud and lofty place in the Empire might have carried the day in the opening days of the conflict, it was readily apparent early in the conflict that the CEF was mired in a losing struggle against syphilis and gonorrhea. By 1915 the number of venereal disease cases in the CEF was equal to nearly thirty percent of its enlisted men; while this rate would decline before the end of the Great War, it would not be inaccurate to describe the CEF's venereal disease problem as exceptionally dire.[260] Though a select few other nations (most notably, Australia and New Zealand) also struggled with unusually high venereal disease rates within their armed forces, Canada's reputation in this regard was such that the first volume of the *Official History of Canadian Forces in the Great War* made note of it.[261] While attempts were certainly made to curtail the prevalence of venereal disease within the ranks of the CEF, the problem was not wholly under control by the time the war came its close in November,

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[260] Cassel, *The Secret Plague*, 123.

[261] Macphail, the author of the official history, does attempt to "soften the blow" of Canada's startling figures by first discussing at length the rates and practices of other nations' efforts to combat venereal disease, rather than simply stating them plainly. See: Macphail, *Official History*, 282-289. Regarding venereal disease in Australia and New Zealand, see: Antije Kampf, "Controlling Male Sexuality: Combating Venereal Disease in the New Zealand Military During Two World Wars," *Journal of the History of Sexuality* 17, no. 2 (May 2008): 235-258; Judith Smart, "Sex, the State and the 'Scarlett Scourge': Gender, Citizenship and Venereal Diseases Regulation in Australia During the Great War," *Women's History Review* 7, no. 1 (1998): 5-36.

1918.

How, then, did uniformed Canadians fare in the Second World War? By and large, while venereal disease remained a serious problem for the Canadian military during the conflict, it did not see the same startling infection rates as it had during the Great War. In 1942, for example, the Canadian Army Overseas' venereal disease infection rate was 34 per 1000.[262] While this rose slightly to 38 per 1000 in 1943, these figures were far removed from the (admittedly, likely somewhat inflated due to poor statistical methodology) CEF's overall infection rate of 158 per 1000 during the Great War.[263]

For uniformed Canadians still in the Dominion, the story could be somewhat more complex. While infection rates still paled in comparison to those of the previous world war, the degree of variance between military districts and provinces was noteworthy. In the opening months of 1944, the average infection rate within the domestically stationed Canadian Army was 27 per 1000.[264] During this time Military District 4, headquartered in Montreal, returned a venereal disease infection rate of 64 per 1000, nearly doubling the rate of the next highest district.[265] While this figure troubled military officials (and lent severity to their responses, as seen in Chapter Five), it is important to note that the overall incidence of venereal disease among Canadian troops on the home front declined over the course of the Second World War. Between 1940 and 1944 the infection rate per 1000 among army troops stationed in Canada was effectively halved, a reduction achieved

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[262] D.H. Williams, "Venereal Disease Control and the Canadian Army Overseas: A Preliminary Report," 22 March, 1944, LAC, RG 24-C-2, box 12610, file block 11, 3.
[263] Again, the Great War infection rate is derived primarily from Macphail's *Official History*.
[264] "Venereal Disease in the Canadian Army," n.d. (1944), LAC, RG 24-C-2, box 12610, file block 11.
[265] "Venereal Disease in the Canadian Army."

through number of programs ranging from educational to medical. In short, taken alone the declining infection rate among Canadian troops during the Second World War ostensibly indicates that this was a problem that was under control, rather than an unchecked epidemic worsened by neglect.

However, it is important to note that this was not necessarily the viewpoint adopted by Canadians, uniformed or otherwise, and that the cost of venereal disease in the Canadian army was undoubtedly noticeable. In the context of a global war, which made tremendous demands of Canadians and their nation's resources, the inefficiencies caused by venereal disease among troops proved a vexing obstacle for military officials. While other illnesses among soldiers were often regarded with an air of inevitability, those derived from unsanctioned sexual forays were instead branded as a "needless wastage of military efficiency, of preventable hospital care and of unnecessary costs."[266] Doctors, chaplains, journalists and military officials baulked at the fact that venereal disease was a problem in the first place, despite the gradual decline of the venereal disease rate and the relative success of control, education and medical technology in reducing the severity of this scourge within the ranks.

Certainly, there was plenty of evidence to support the alarm-raising of those who were nervous about the impact of venereal disease on the battle readiness of Canada's uniformed men. While venereal disease rates among the Dominion's troops did indeed decline over the course of the Second World War, it nonetheless remained as one of the chief sources of non-combat casualties throughout the conflict. For example, in 1941 the leading cause of military noneffectiveness within the domestically stationed Canadian

[266] Williams, "Venereal Disease Control," 6.

army was venereal disease, with nearly a third of all working days lost being the result of a sexually transmitted infection.[267] Given that the Canadian government at this time was seriously considering the possibility that manpower shortages could necessitate an expansion on conscription, it is not unreasonable to assume that having so many men incapacitated due to venereal disease was especially frustrating. Between January 1940 and the June 1943, the Navy, Army and Air force in Canada had reported a combined total of 35,036 venereal disease cases, with the Army holding a substantial lead in infection rates.[268] Statistics suggested that there was some degree of regional variation within the domestically stationed Canadian forces. As a general rule, men of all services in the East of Canada (especially in Quebec) were dramatically more likely to contract venereal disease than those stationed in the West, and naval personnel were especially prone to infection.[269] Interestingly, it appears as though many of the statistics circulated within the military only accounted for infections among male personnel, despite there being significant concerns about venereal disease control and education among women in uniform.

Overseas, the situation was not a great deal better. While the domestic venereal disease rate was higher in 1942, by 1943 Canadians men sent overseas were more likely to contract venereal disease than soldiers back home. The rate of syphilis infections was especially worrying to medical officers; while syphilis was never more commonplace

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[267] Keshen, *Saints, Sinners and Soldiers*, 135.
[268] "Venereal Disease in the Armed Forces in Canada," n.d. (1943-44), LAC, RG 24-D-1-C, box 8038, file 1188-395.
[269] Rates between 1940 and 1943 did still decrease within the Navy in Canada as a whole, though in 1943 (when rates in most branches of service hovered between 20 and 30 per thousand) the Navy East rate was 65 per thousand. See: "Venereal Disease in the Armed Forces in Canada."

than gonorrhea its effects were far more serious, and treating a syphilis infection cost more in terms of time and money.[270] Furthermore, Canadian troops seemed to have a knack for running afoul of venereal disease when out on campaign. In February 1945, for example, the 3rd Canadian Infantry Division reported an increase in venereal disease infections attributed to 48 hour leaves in Brussels, Ghent and Nijmegen, which resulted in a combined syphilis and gonorrhea rate of 57.7 per thousand for that month.[271] Operating in the same vicinity, the 4th Canadian Armoured Division's report for the same month also showed that these cities were contributing to the formation's high infection rates while in the field.[272] These "in the field" venereal disease cases were especially problematic when compared to those acquired when in Canada, or on leave in the United Kingdom. While the latter sort of cases were considered wasteful in an abstract sense, men requiring evacuation from the field directly impacted a unit's fighting strength during critical campaigns, a fact which was driven home (as discussed later) by educational materials which equated becoming a venereal case with "letting the lads down."

Alarming statistical reports about personnel "wastage" were often accompanied by related reports regarding the fiscal cost of venereal disease treatment within military units. Though it is unlikely many soldiers worried a great deal about the cost of their treatment, handwringing over costs was to be expected from the upper echelons of

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[270] Williams, "Venereal Disease Control," 3.
[271] R.B. Kay, "V.D. Report," February 1945, LAC, RG 24, vol. 12613, file 11, 1-3.
[272] Though, the rate of 71.8 per thousand reported for February, 1945 is undoubtedly inflated due to statistical oddities. For example, the postal unit for the 4th Canadian Armoured Division returned an infection rate of 500 per thousand with only a single syphilis infection: one of the two individuals in this unit was infected. This formation's report can be found in RG 24, vol. 12613, file 11.

Canada's military. According to a 1944 Royal Canadian Army Medical Corps report on venereal disease in the Army overseas, the combined cost of medical treatment and lost training time for each individual venereal disease case could be valued "at a conservative estimate of ten dollars a day," meaning that the 161,208 days lost in 1943 alone ran up a bill of over 1.6 million dollars.[273] Domestic statistics suggest that the estimates made regarding the cost of venereal disease treatment overseas were broadly applicable back home as well. The 697,259 days lost due to venereal cases between 1940 and 1943 cost Canada nearly eight million dollars, or roughly 11.4 dollars for each day a soldier spent under treatment.[274] Though these figures represented the tiniest fraction of the total expenditures Canada racked up during the Second World War, the "total war" mindset was not permissive of perceived inefficiency or immorality. The fact that statistics concerning cost, days lost and infection rates were all treated as interrelated expressions of the same issue serves as a telling reminder that discussions of syphilis and gonorrhea in the military were fundamentally underlined by a prevailing sentiment that to lose the battle against venereal disease was to jeopardize Canada's odds of winning the war.

Medical officers themselves did not complain about the particular toll on the military healthcare apparatus, at least within the context of anti-venereal disease propaganda: their complaints were largely made in abstract, echoing the military's broad concerns about healthcare and efficiency. This is surprising, given that just over 35,000 served in the Royal Canadian Army Medical Corps by the end of the war, meaning that venereal

[273] Williams, "Venereal Disease Control," 3.
[274] "Venereal Disease in the Armed Forces in Canada."

disease cases must have put a significant strain on military practitioners.[275] One possible explanation for this state of affairs is that it was not believed that messaging about the strain venereal disease caused on military healthcare in particular was an effective line of rhetoric. Patients were used to their doctors expressing concern, and garnering sympathy for the labours of uniformed doctors fighting venereal disease was perhaps seen as less effective than more vague assertions that preventable illness was a direct threat to Canada's military might. Of course, a more ambitious explanation for the lack of doctoral complaint might be that physicians were simply aware of the fact that venereal disease was a part of military life. Like typhoid or the common cold, venereal disease was to be found where people gathered in large numbers, and the primary concern remained keeping men fit for the fight, rather than hand-wringing over the moral dimensions of venereal disease. If nothing else, this explanation would account for the fact that treating venereal disease was becoming increasingly straightforward in the period; syphilis and gonorrhea had, thanks to medical innovations, become one of the host of afflictions treated by physicians, and while they might express worry about how infection rates impacted military preparedness on the whole, military physicians were not especially inclined to believe that venereal disease cases were somehow a waste of their time.

Besides concerned military officials, others too took note of the financial toll venereal disease had within Canada's armed forces. In its March, 1944 issue, *Maclean's* magazine published an article entitled "This is What VD Costs!" outlining how venereal disease threatened the coffers of Canada's war effort. The author, admitting that the overall cost

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[275] Bill Rawling, *Death their Enemy: Canadian Medical Practitioners and War* (Longueuil: AGMV Marquis, 2001), 226.

of venereal disease treatment and control within the armed forces paled in comparison to overall wartime expenditures, nonetheless prevails upon readers "the seriousness of the venereal disease situation."[276] "Much could have been done with that money had it been spent in other fashions," the article proclaims, bemoaning how each individual branch of service within Canada's military could have put the money spent on treating venereal disease to better use: "The Army could have equipped completely 32,000 men. . .[furnishing] him with everything from underwear to gas respirator. A Browning machine gun costs $250. An impressive number of these guns could have been purchased by the Air Force with the money spent on venereal disease."[277] Itemizing equipment costs and describing how venereal disease related expenditures could have been put to better use acquiring said equipment was an effective way to convince readers that victory and anti-venereal disease efforts (in the military and elsewhere) were intrinsically linked with one another.[278]

Civilian knowledge of the financial woes caused by venereal disease was a leery subject for military officials, who feared that statistics could be used to paint military health management in an unfavourable light. While some maintained that publishing venereal disease statistics was inevitable, given the media attention devoted to the issue, others held that doing so risked giving Canadians the impression that venereal disease was running rampant among the sons, husbands, brothers and fathers they had entrusted

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[276] "This is What VD Costs!" *Maclean's,* March 1944, 7.
[277] "This is What VD costs!" 46.
[278] Maclean's was especially keen at this time on publishing articles concerning VD and the inefficiencies it created; just two weeks earlier, it's February 15th issue featured an article entitled "VD. . .No. 1 Saboteur" by Blair Fraser, which also discussed how venereal disease cost Canada (in civilian and military circles) a great deal in lost production/training time.

the government to watch over.[279] Would recruitment suffer negatively if the Canada's armed forces gained a reputation as an uncaring, immoral and medically dangerous institution? Those in favour of publishing the statistics eventually carried the day, but the fear that civilian writers would begin using statistics to extrapolate and formulate all sorts of dire scenarios was not unfounded. Surgeon Captain McCallum of the Royal Canadian Navy went so far as to suggest that writers might even do things like divide the total cost of a war vessel by the number of crew it carried in order to figure out the cost incurred by a single individual on that ship missing a day due to venereal disease. For soldiers like McCallum, this was an unsophisticated way of running the numbers, and served more to satisfy "a writer's ambition to put a story across," rather than to carefully explain the nature of the matter from a military perspective.[280]

Though medical officers were keen on understanding as much about the incidence of venereal disease among troops as possible, they also sought to gather information about the people who were purportedly the ever-overflowing wellspring of infection: women. In the First World War, the Canadian military relied on contact tracing reports in order to both understand who its men were "falling prey" to, and to locate women who were allegedly a danger to the war effort. Come the Second World War, contact tracing interviews with men under treatment for venereal disease infections remained the primary means by which the military gleaned information about soldiers' sexual escapades, information which could be used as justification for confining, testing and punishing

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[279] LAC, RG 24-D-1-c, volume 8 contains discussions regarding the censorship of venereal disease data, making specific reference to inquiries by staff at Maclean's.
[280] McCallum to Deputy Minister for Naval Services, 24 January, 1944, LAC, RG 24-D-1-c, volume 8.

women in Canada and abroad. Furthermore, the statistics compiled from contact tracing reports informed decisions about the sorts of locales and establishments soldiers were permitted to visit while on leave, and where to locate treatment centres for those occasions when men failed to exercise chaste restraint.

Though individual units and branches of service did things a bit differently from one another the information sought through contact tracing was, broadly speaking, consistent. Men were asked by medical officers to identify who they had slept with, including providing interviewers with the suspected age of their partner where possible. Interviewers also asked questions regarding where the couple had met (or if they knew one another previously) and where they ultimately ended up having sex; occasionally, men were also asked if they knew the profession of their partner, though this question seems to have been less common. Also sought was confirmation as to whether or not any money had changed hands during the encounter, since sex work was deemed especially worrisome.[281] Ostensibly, this line of questioning was meant to collect information for the purposes of controlling venereal disease in the civilian population, the reasoning being that infected women with a reputation for sleeping with soldiers were a serious threat to the military effectiveness of Canadian forces. Though this aspect of contact tracing will be discussed later, for now it is important to note that contact tracing reports were also one of the main tools the Canadian military used in order to assess the scope and scale of its venereal disease problem.

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[281] An example of a form used for contact tracing (in this case, a naval one) can be found in LAC, RG 24 D-1-C, vol. 34279. Note that the "Venereal Disease and Naval Policy" material appears to be restricted at the time of writing, and was accessed via an interim box.

What story, then, did the statistics tell medical officers? First, data revealed the majority of Canadian soldiers infected with venereal disease did not acquire it from professional sex workers. For example, the 2nd Canadian Corps (an overseas unit) reported that for the month of December, 1944 only 14 of the 60 women recorded as "contacts" worked in a brothel, and only eight out of 61 men interviewed reported paying for sex.[282] Likewise, the 3rd Canadian Infantry Division's February, 1945 report (again, also for an overseas unit) stated that only 28 out of the 134 women reported to medical officers by their partners were sex workers, with 16 men admitting they had paid for sex.[283] A frequently noticeable disparity existed between men who reported having encounters with sex workers and men who admitted to paying for sex, suggesting perhaps that not paying for sex was a point of pride for soldiers, or that interviewers were lax in inquiring as to whether or not men were shelling out pay for pleasure. Regardless, it would have been difficult at the time to argue based on the numbers alone that Canadian soldiers were primarily acquiring venereal disease from professional sex workers.

While statistics hinted that sex work did not account for the lion's share of the venereal disease problem, they certainly did suggest to venereal disease control officers that the same could not be said for alcohol. When asked whether or not their nights out on the town involved drinking, men were likely to answer in the affirmative. In the closing months of the Second World War, one report from the First Canadian Army noted that "among soldiers contracting V.D., 74% admitted drinking and consequently, to a variable

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[282] "Venereal Disease Control: Monthly Report for December 1944- 2 Cdn Corps Troops," n.d. (Jan, 1944), LAC, RG 24, vol. 12613, file 11.
[283] "Venereal Disease: Synopsized Contact Report," n.d. (Mar, 1945), LAC, RG 24, vol. 12613, file 11.

degree, were under the influence of alcohol at the time of exposure."[284] While most reports failed to note the degree to which soldiers who contracted venereal disease indulged in alcohol, conventional wisdom held that "alcohol. . .tends to excite to varying degrees the sexual desires of an individual," and "progressively diminishes the judgement and ability to carry out self-protection during and after exposure to V.D."[285] In the minds of venereal disease statisticians and control officers, the link between drinking and the likelihood of contracting venereal disease were plainly established beyond a reasonable doubt.

A third revelation purportedly shown by contact tracing statistics was that, despite fears around the menace of sex work, Canadian soldiers were typically engaging in sex with women who were classified as "pick-ups" or "old friends." Between July and December, 1944, just over 90% of Army men who contracted venereal disease reported that their escapades were with women classified as either casual acquaintances ("pick-ups") or friends (including "friend of friends").[286] Interestingly, men with venereal disease were more likely to report their "method of contact" as marriage than both solicitation or meeting at a brothel, though all three numbers combined still paled in comparison to the percentage of men who simply reported that they had become exposed

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[284] Major Layton, "Analysis of the V.D. Problem in the Canadian Army Overseas," n.d. (Mar-June, 1945), LAC, RG 24, vol. 12613, file 11, 1.
[285] Layton, "Analysis," 2. Note that some units did eventually begin collecting information regarding how drunk a soldier was at the time of intercourse, though this seems to have been an uncommon consideration until very late in the war. For an example of a report which does distinguish between degrees of drunkenness, see: Major Layton and M.H. Brown, "Report on V.D. Control- Cdn. Army (Overseas)," February 16, 1945, LAC, RG 24, vol. 12613, file 11.
[286] Layton and Brown, "Report," table VI

while out on the town, as it were.[287]

The numbers gleaned from contact tracing reports also suggested that Canadian soldiers were typically fraternizing with women (reports did not allow for any other partner) relatively close to their own age. The aggregate statistics for the Canadian Army Overseas in the second half of 1944 state that 22% of the women reported through contact tracing were either 24 or 25 years old, and roughly two-thirds of the women recorded were in their twenties.[288] There was little suggestion that Canadians were sleeping with women much older or younger than themselves, though it is difficult to determine whether aggregate figures regarding age were based on the actual age of a woman or the age her partner believed her to be.[289] In terms of the age of the men themselves, thirty-seven to forty-three percent of those who fell afoul of venereal disease were between twenty-two and thirty years old, with research suggesting that this age bracket was more likely to become infected than their younger peers.[290] Married soldiers represented roughly sixty percent of venereal disease patients in the Army, though the blame for this was sometimes laid at the feet of wives or girlfriends, whose "severe provocation" drove men to lay with a "sympathetic" casual acquaintance: accusations of

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[287] Layton and Brown, "Report," table VI. Note that this statistic seemingly contradicts one given later in table VII, which states that sex workers represented a more common source of infection than spouses. Some of this disparity might be due to poor statistics gathering in one section or another, though it is still overwhelmingly clear that neither sex work or the marriage bed were the chief problem, from a purely statistical perspective.

[288] Layton and Brown, "Report," table X.

[289] In the case of this specific report, the latter seems more likely, given its admission that the figures concerned the "estimated age of all contacts."

[290] Major G.O. Watts and Major R.A. Wilson, "A Study of Personality Factors Among Venereal Disease Patients," *The Canadian Medical Association Journal* 53, no 2 (1945): 120.

unfaithfulness or unwomanly conduct were thusly described by military officials as understandable enough reasons for a soldier to himself entertain infidelity.[291]

In terms of meeting partners, the two most common locations soldiers reported were public houses (taverns, cafes) and parks, with these two categories of places accounting for over 70% initial meeting sites. When the time came to actually have sex, most Canadians reported having sex in either the home of their partner or publicly in parks. Few reported exposure at a hotel or rooming house, and men were eight times more likely to report having sex at an air raid shelter than within the walls of a brothel, though neither scenario was especially commonplace.[292]

Concluding this brief exploration of how the Canadian military used statistics gleaned from contact tracing, it is important to take note of two matters. First, it is abundantly clear that the statistics cropped from contact tracing reports can be extremely suspect. The questions posed by interviewers sought to obtain very specific information that would later become aggregate data, which necessitated forcing women and soldiers alike into clearly delineated categories that did not account for the particulars of either party's side of the story. For example, the term "pick-up" (used to describe the vast majority of women who had sex with Canadian soldiers) did nothing to clarify why a woman chose to have sex with a Canadian soldier besides implying that she was "easily available" or, as it was sometimes disparagingly termed, suffering from "khaki fever." Furthermore, interviewers frequently struggled with the very real complication of men choosing to

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[291] Watts and Wilson, "A Study of Personality Factors," 121. The sort of "severe provocation" suggested by the authors included "running around," spending money and neglecting children.

[292] Layton and Brown, "Report," table XII.

report false or only partially accurate information regarding their escapades. Just as they had exercised their agency in choosing to ignore the rigid doctrine of chastity officially recommended by the military, soldiers too could and did choose to withhold information from interviewers. Some may have felt that the details of their sex life were embarrassing or likely to get them in further trouble with authorities; others may have simply felt a desire to protect their partners from punishment or humiliation, something interviewers were indeed warned was a common enough motivation to withhold information.[293] Much of the military literature on venereal disease also neglected to mention sexual violence in any capacity, for when coercion was mentioned the explicit assumption was that women were the guilty party, not men. Apparently little attention was paid to sexual violence and its relationship with venereal disease, though as Mary Louise Roberts has demonstrated the subservient status of liberated populations in the eyes of soldiers could create an expectation that women owed their liberators sexual gratification (in exchange for their rescue), and that men were perfectly within their rights to take it.[294]

Second, the accuracy of these statistics notwithstanding, information derived from contact tracing had a very real effect on anti-venereal disease control and education. The

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[293] Summary notes from a venereal disease treatment conference confirm that interviewers were often deceived by soldiers hoping to protect their partners. In these cases, interviewers were advised to impress upon these men that they would be doing a kindness to a woman by handing over her information, since she would undergo treatment and be able to live healthily afterwards. Apparently, this did sometimes help persuade reluctant interviewees. For the summary notes, see: *Conference of Hospital Medical Officers on Treatment of Venereal Disease in the E.T.O.* (London: Royal Society of Medicine, 1943), 5.

[294] Mary Louise Roberts, *What Soldiers Do: Sex and the American GI in World War II France* (Chicago: University of Chicago Press, 2013), 8-9. Part three of Roberts' work explores sexual assault in further detail, including its relationship with venereal disease among American troops in France and the racialization of sexual assault within the American military.

fact that the majority of men who contracted venereal disease reported that they had been drinking shortly before having sex meant that educational materials were devised which warned men to avoid drinking on leave, or to only do so in moderation. Since the majority of women mentioned in contact tracing reports were reportedly not involved in sex work, an increasing number of materials maintained that there was no such thing as the "clean looking" woman; promiscuity in and of itself was to be deemed synonymous with venereal disease. Locations which were mentioned to soldiers by interviewers could be investigated and declared "out of bounds" for soldiers on leave, creating another layer of surveillance over soldiers and civilians alike.

In summary, while the Canadian military's method of deriving statistics from contact tracing interviews was methodologically flawed, this fact should not be taken to mean that military officials declined to make anything of them. On the contrary, flawed or otherwise these figures were used to shape a campaign both moral and medical in nature. In the event that statistics did not support pre-existing assumptions about venereal disease—for example, by clearly demonstrating that sex work was not the beating heart of the military's venereal disease problem—they could be ignored and minimized, or the minor issues they did show could be blown wildly out of proportion.

"Victory over Disease": Principals of Venereal Disease Control

One advantage Canada had in the fight against venereal disease in its military was the harsh tutelage of prior experience. As aforementioned, the Great War laid bare the degree to which venereal disease could compromise Canada's ability to wage war, and dealing with the spread of syphilis and gonorrhea through the ranks was already on the minds of

military officials during the opening months of the Second World War. Presenters at a conference organized by the Ontario Department of Health in October, 1939 reflected on the measures adopted to combat venereal disease in the military between 1914 and 1918, touting in ways in which these measures were effective but ultimately conceding that Canada was "badly handicapped" by venereal disease during the Great War.[295] While the cautiously optimistic may have maintained that Canada was better equipped to fight against venereal diseases precisely because it had suffered so acutely from their bite a generation earlier, it was also plainly obvious that there was no time to waste; Canada was once again at war, and men in uniform were ready to go about their old ways.

Fundamentally, the Canadian military's venereal disease control plan during the Second World War was based on guiding principals laid out during the Great War. The two primary pillars of this scheme were treatment and education, though it is important to mention that neither pillar was envisioned as existing on its own, and both were made up of constituent parts. While each will be considered as somewhat distinct entities here, where possible the ways in which treatment and education were interconnected will be discussed.

Perhaps the most important distinction which might be made with regards to the treatment component of the Canadian military's venereal disease control plan is between early preventative treatment (E.P.T.) and treating existing cases. While the military accepted that some number of soldiers would require hospitalization and a full round of treatment for venereal disease, much of its plan centered around the notion that

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[295] A.L. McKay, "Suggested Measures for the Control of Venereal Disease in the Civilian Population in Areas in which Troops are Mobilized," in *Proceedings of Venereal Disease Conference* (Toronto: Ontario Department of Health, 1939), 4.

prevention or early intervention was preferable (from a fiscal, strategic and medical perspective) to ordinary treatment. E.P.T. measures called for men to actively take measures soon after a sexual encounter in order to lessen the odds that they would become infected with a venereal disease. One core assumption ingrained in E.P.T. was that any woman willing to engage in premarital or extramarital sex was inherently likely have a venereal disease infection, and men therefore had to operate under the assumption that they had been exposed to possible infection regardless of their appraisal of their partner's health or character.

E.P.T. could take one of two forms for Canada's uniformed men. First, after having sex, a man could report to a treatment facility (called early treatment centres or prophylaxis centres/stations) for assistance. The procedure adopted in early treatment centres did not vary much throughout the war, and primarily sought to disinfect a man before venereal disease could take hold. Upon arriving at an early treatment centre, a soldier was asked how much time had elapsed between having sex and reporting for treatment; officials hoped that men would arrive for E.P.T. immediately after their encounters, since the passing of time made any potential infection more likely. After, a visitor to the early treatment centre would accompany an orderly to a washing room where he would be treated. The actual treatment itself was partly self-administered and partly carried out by the supervising orderly. For the patient's part, he was to urinate, wash his genitals and the surrounding area and apply an ointment (typically calomel cream, which contains mercury) to any areas previously washed, "giving special attention

to the coronal sulcus (collar) frenulum (bridle string) and meatus (mouth of pipe)."[296] The orderly, besides providing assistance when needed, was primarily responsible for injecting a solution into the patient's urethra (Argyrol, most commonly), which was retained for a short while before being expelled.[297] The entire treatment did not take very long, and if done promptly and correctly, was deemed to be fairly effective in preventing a venereal infection.

For soldiers who could not or would not visit an early treatment centre, a portable E.P.T. option was devised. Called a prophylactic kit or a "v-kit," this small package contained similar ointments and solutions to those employed at an early treatment centre and a set of instructions for their use.[298] Soldiers on leave could ideally obtain a kit from their medical officer before embarking on leave, and were instructed to use them immediately after exposure. Commonly "mechanical prophylaxis" (i.e., condoms) was meant to complement this chemical treatment, providing two layers of protection for those who would not remain chaste while on leave and representing a point of departure (at least in terms of official policy) from the Great War anti-venereal disease campaign. Why the military changed its stance on the distribution of condoms is difficult to say, as it would be difficult to argue that "rubbers" (though, by the 1930's latex was in use) had

[296] Major-General R.M. Luton to D.M.S. "Treatment of Venereal Disease," n.d., LAC, RG 24-C-2, box 12610, file block 11.
[297] "Treatment of Venereal Disease."
[298] Occasionally, even treatment centres defaulted to using v-kits. This seems to have been more common in smaller treatment centres, such as those attached to individual units. See: "Venereal Disease Control Programme- Canadian Army (Overseas)," n.d., RG 24-D-1-C, boxes 34279/34280, 5-6. Again, these materials were found in interim boxes (hence the lack of a proper file or specific box number), and are restricted at the time of writing.

somehow shed their association with sex workers and extramarital affairs.[299] One feasible explanation is that, quite simply, the Great War had taught harsh lessons: men were going to misbehave, and the moral or reputational implications of distributing condoms were far outweighed by the strategic gains made through reducing venereal disease rates.

Despite the theoretical effectiveness of E.P.T., its widespread implementation in the midst of a global conflict was not always straightforward or without complications. While venereal disease was a pressing issue, both in reality and in the minds of those tasked with checking its spread, the complicated business of waging a global war meant that venereal disease control and education was often limited by administrative hitches. One of the more pressing concerns was not only creating early treatment centres in appropriate locations, but also ensuring men knew where to find them. Posters and smaller leaflets provided to men about to go on leave in London listed the addresses of early treatment centres available to Canadians; in theory, this was a suitable remedy. Yet, medical officers feared that prospective patients might struggle to find early treatment centres after dark, since blackout measures could make navigating the streets of London a daunting task.[300] Furthermore, the tendency for soldiers on leave to drink before having sex worsened this problem, leading medical officers to conclude that, even with a robust network of early treatment centres, facilities went underutilized.

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[299] Angus McLaren, *A History of Contraception: From Antiquity to the Present Day* (Oxford: Basil Blackwell, 1990), 235.
[300] *Conference of Hospital Medical Officers*, 3.

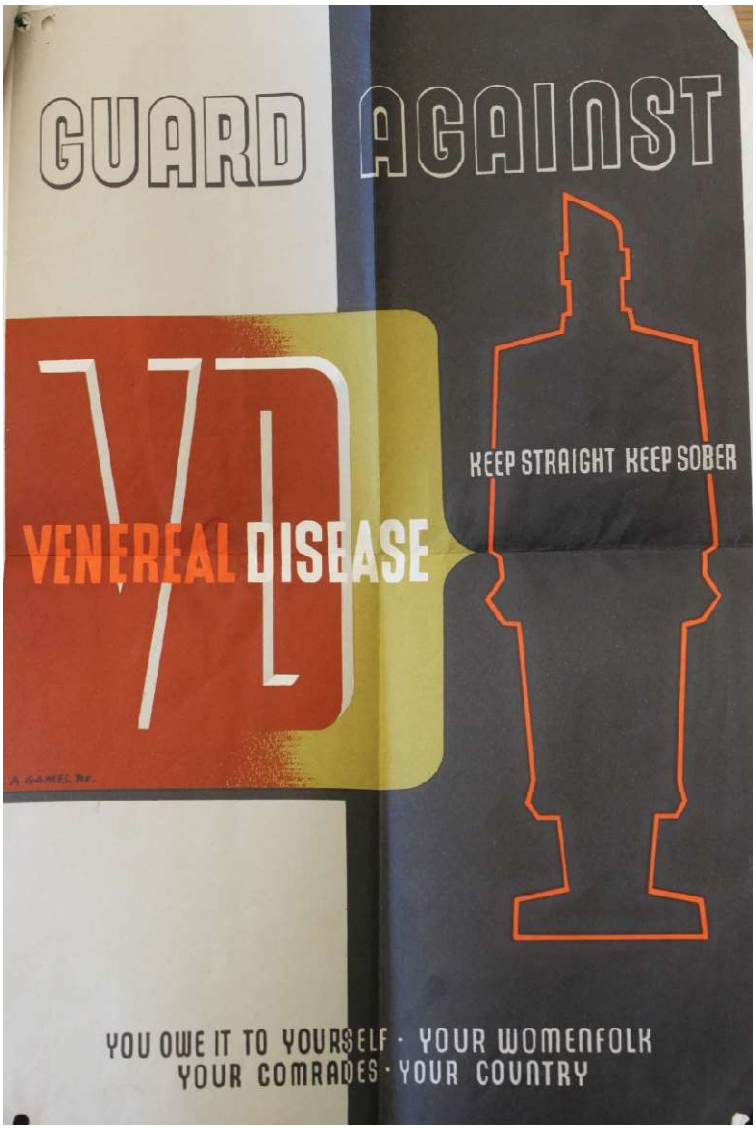

Figure 3.1: This poster was in use by 1943, and summarizes well the sort of duty-based appeals—to the country, to women, to fellow soldiers and to the self—used in the military. LAC, RG 24-C-2, box 12610, file block 11.

Early treatment centres also had to be furnished, supplied and staffed if they were to be a serious part of the military's anti-venereal disease scheme. Finding a sufficient number of medical officers and properly trained orderlies proved to be a challenge, and when staff were found it was not uncommon for higher-ups to question the thoroughness of their training. In all fairness, frontline staff at early treatment centres were not alone in

making mistakes. Staff in hospital venereal disease clinics were apparently prone to spoiling blood samples from tests, possibly due to poor sterilization of collection instruments.[301] On occasion, misapplied or missing sticker labels also caused specimen mix-ups, and unclear handwriting did sometimes leave medical officers without the slightest idea of where a sample arrived from.[302]

Training woes did not always revolve around orderlies either. The work of medical officers themselves was not above scrutiny, and some held that the root cause of treatment breakdown could often be misconduct on their part. This sentiment led Major Paul Padget to conclude at an allied meeting of hospital medical officers that treatment was "at the present time not good- often very bad indeed."[303] Major Padget went on to explain that the treatment of venereal disease, especially gonorrhea, was based on a "cut and dry" series of routine orders that, if followed to the letter, were simple to carry out.[304] For Major Padget, difficulties arose because, quite simply, "there [was] something about venereal disease that seems to make utter individualists out of the average doctor or M.O."[305] Padget's insistence that venereal disease offered medical officers a chance to "go off the rails" was not accepted without rebuke (some officers, for example, complained they had to make do with whatever supplies they had to hand), though it does raise an interesting issue. Was venereal disease thought of so differently from other illnesses that physicians felt comfortable taking matters into their own hands when

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[301] C.P. Fonwick to HQ. First Canadian Army, 7th December, 1943, LAC, RG 24-C-2, box 12610, File block 11.
[302] Fonwick to HQ.
[303] *Conference of Hospital Medical Officers,* 2.
[304] *Conference of Hospital Medical Officers*, 2.
[305] *Conference of Hospital Medical Officers, 2.*

dealing with venereal cases? Some of Major Padget's peers submitted that this was not the case, instead suggesting that the interwar norm of sending venereal cases to clinics meant that many physicians simply did not gain much experience dealing with syphilis and gonorrhea in private practice.[306]

It is also essential to remember that E.P.T. also relied on the willing participation of men on leave, and that their own individual preferences and concerns remained an often underappreciated factor in venereal disease control. As aforementioned, the availability of clinics alone could not guarantee men would visit them, especially if complications like London blackouts rendered the entire task too arduous to bother with. Even the widespread availability of v-kits (something itself not always guaranteed) did not guarantee that men would make use of this resource, and statistics suggest that the majority of soldiers diagnosed with venereal disease did not use them.[307] Even condoms, arguably the simplest component of E.P.T., may not have been especially popular with soldiers, though nearly one in five soldiers diagnosed with venereal disease maintained that they had used a condom.[308] Soldiers, despite being trained about the value of E.P.T., could and did often choose to take risks with their own health, much to the frustration of

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[306] *Conference of Hospital Medical Officers,* 3-4.

[307] Obviously, there are some issues inherent in relying on military statistics here. The most significant problem is that they do not tell us how many men used any of the E.P.T. options available, but instead show how many men who were later diagnosed with venereal disease used E.P.T. Therefore, anyone who used E.P.T. but did not show symptoms of venereal disease infection would not be accounted for.

[308] Layton and Brown, "Report," table IV. Some units did indicate they distributed considerable quantities of condoms, however. For example, the 2nd Canadian ADMS distributed over a million condoms in a four-month period. See: William John Pratt, "Prohylaxis and Prostitutes: Venereal Disease, Surveillance, and Discipline in the Canadian Army in Europe, 1939-1945, *Journal of the Canadian Historical Association 26*, no. 2 (2015): 116.

medical officers.

When E.P.T. failed, either due to misuse, a lack of use or simply because of bad luck, venereal disease cases required treatment in hospitals. Though laborious and time consuming compared to E.P.T., hospitalizing venereal disease cases was nevertheless a necessary measure if soldiers were to be put back on the line, since both unchecked gonorrhea and syphilis (especially the latter) would eventually render a soldier utterly incapable of fighting. How did a hospital visit for venereal disease play out for the average Canadian soldier? The answer depended somewhat upon which illness they were infected with, though there was some common ground for all venereal cases.

Soldiers undergoing treatment for venereal disease in the opening years of the war could expect to be away from their units for some time, though the duration of their stay would depend on their illness and how complicated their individual case was. Hospital stays typically began with further testing to confirm the patient did indeed have venereal disease and to identify the severity of their individual case. Once the nature of a patient's illness was identified, an appropriate course of treatment could begin, depending on whether they had syphilis of gonorrhea. In either case, until the mid-war period, both illnesses were treated within a hospital, and patients could expect to be segregated from non-venereal patients for much of their stay.[309] While this forced segregation was eventually done away with, one cannot help but wonder whether or not it was a tactic meant to shame men with venereal disease, since its medical value was questionable, and to what extent a desire to protect the privacy of infected men prevailed.

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[309] B.D.B Layton, "Venereal Diseases," in *Official History of the Canadian Medical Services 1939-1945: Volume 2, Clinical Subjects,* ed. W.R. Freasby (Ottawa: Queen's Printer, 1953), 111.

Individuals with syphilis could typically expect that their hospital stay to be lengthy, owing to the complexity (and strain) of treatment. Arsenic-based therapies using bismuth and mapharsen, were the norm for much of the Second World War, and while mapharsen was much less toxic than other alternatives, it was still nevertheless a potent treatment with well-known side effects. By the mid-war period soldiers in Canada or those with latent (long term) syphilis were treated according to a 26 week schedule; while lengthy, this treatment was effective enough that it remained the gold standard until nearly the end of the war.[310] For soldiers overseas, however, the 26 week treatment schedule was deemed too lengthy, and an abridged 20-day massive arsenotherapy routine was adopted; this treatment was devised after a brief experiment with 6-day therapy, which was deemed too detrimental to patient health to continue (four out of just over 800 patients treated in this manner died due to adverse side effects).[311] While the 20-day treatment became the preferred manner for treating syphilis cases overseas, it still left soldiers in hospital for an average of 25 days, which "became a problem when manpower was badly needed."[312] Physicians were, in effect, doing the best they could with the chemicals available to them, and while treatment was relatively effective (if unpleasant) the days and weeks it required still represented a serious drain on manpower.

Gonorrhea was decidedly simpler to treat than syphilis, though for the first few years of the Second World War cases were nevertheless evacuated to hospitals for treatment. Eventually, advances in medicine made field treatment of gonorrhea possible, thanks in

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[310] Layton, "Venereal Diseases," 111.
[311] H.C. Hair, "Syphilis in the Canadian Army," in *Official History of the Canadian Medical Services 1939-1945: Volume 2, Clinical Subjects,* ed. W.R. Freasby (Ottawa: Queen's Printer, 1953), 116-117.
[312] Hair, "Syphilis," 117.

no small part to the adoption of sulphathiazole tablets. These pills, administered in regular intervals for two days after a diagnosis, were found to be effective "in the large majority of cases," though the Official History of the Canadian Medical Services states that in-field treatment was only effective roughly half of the time; the other half of soldiers would require evacuation to a hospital for more complex treatment.[313]

Gonorrhea treatment in particular was revolutionized by the introduction of penicillin, though its inclusion as a regular part of in-field and hospital treatment was gradual, given its initial novelty. Penicillin was first widely available for use by the Canadian military in early 1944, and its initial introduction in terms of venereal disease control was as a core component of new gonorrhea treatments. There is some indication that demand for penicillin far outweighed supply for much of 1944, though by 1945 it appears to have become a standard part of gonorrhea treatment, and to good effect. When used in the field (ambulatory application), penicillin cured nearly 90% of gonorrhea cases, significantly reducing the need for hospitalization caused by gonorrheal infections and simplifying treatment.[314] These improved numbers could not have come at a more fortuitous time, since 1945 saw a noteworthy increase in venereal disease infections among overseas forces, a situation attributed to increased leisure time due to the war coming to a close.[315]

Syphilis treatment also benefitted from the introduction of penicillin, albeit slightly more sluggishly. While gonorrhea was increasingly addressed with penicillin treatment in the late-war period, it was not until supplies of the antibiotic stabilized in early 1945 that

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[313] W.R. Freasby, "Army Medical Statistics: Venereal Disease," in *Official History of the Canadian Medical Services 1939-1945: Volume 2, Clinical Subjects,* ed. W.R. Freasby (Ottawa: Queen's Printer, 1953), 443.
[314] Freasby, "Army Medical Statistics," 443.
[315] Freasby, "Army Medical Statistics," 443.

it was widely used in treating syphilis; the *Official History of the Canadian Medical Services* suggests that soldier serving overseas were treated a bit earlier (beginning "later in 1944") than this, however.[316] Certainly, the decision to favour using penicillin for gonorrhea cases before syphilis cases was the product of calculations meant to optimize treatment efficiency, thereby getting as many men back in the field as soon as possible. Gonorrheal infections could be resolved quickly in the field with penicillin, whereas syphilis cases were still handled using a more specialized combination of antibiotic and arsenical treatment, owing to the relatively high relapse rate of patients treated with penicillin alone. Further still, syphilis was typically far less common a problem than gonorrhea purely from a statistical perspective, suggesting that the military medical thinking of the day prioritized treating the greatest number of soldiers in the least amount of time in the name of continued combat efficiency.

Men undergoing treatment were provided with advice literature to help them to both understand their treatment and to cooperate with the instructions of physicians and orderlies. Universally, soldiers were instructed to avoid having any further sexual intercourse while under treatment for venereal disease, straightforward and sensible advice in and of itself.[317] Less useful were the occasional references to the importance of soldiers refraining from sharing eating utensils, drinking glasses and the like while under treatment.[318] Besides serving to brand patients as unclean or unhealthy, this sort of advice also defied contemporary medical knowledge of venereal disease, which understood that

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[316] Hair, "Syphilis," 116-117.
[317] *Instructions to Soldiers and Airmen Suffering from Syphilis,* n.d., LAC, RG 24-C-2, box 12610, file 11.
[318] *Instructions to Soldiers and Airmen Suffering from Syphilis*.

casual contact between individuals was not a typical mode of transmission.

Another piece of common advice was to avoid marriage until treatment was complete, a rejoinder which evolved into an injunction in the latter years of the war, when policy dictated that a patient would need to be syphilis free before leave to marry was granted.[319] Soldiers were warned that marrying before being deemed fit to do so would endanger the wellbeing of their wives and children, a suggestion that touched upon gendered notions of a man's duty to protect his own family (or the family he was expected to one day head). One leaflet for men in hospital with gonorrhea pulled no punches, warning soldiers that marrying before their gonorrhea infection was cured "will probably convey the disease to your wife and cause her to become a chronic invalid."[320] As for children, this same pamphlet warned that "your children's eyes may become infected in such a way as to cause blindness," a dire consequence backed up with a stern reminder that, if such a thing were to happen, "you will be to blame."[321]

Otherwise, the advice provided to soldiers was tailored to the specific infection they were under treatment for, and ranged from warnings about what symptoms to look out for to regular pleas to heed the advice of medical officers and avoid taking any action without their affirmation of a clean bill of health. Soldiers were also advised that the process of venereal disease treatment took time, and that continued surveillance of their

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[319] Layton, "Venereal Diseases," 112. Note that this policy was seemingly enforced by some units even earlier than this. For example, in September, 1942 one Private Paris from the Royal Montreal Regiment petitioned for a marriage licence, which the D.D.M.S. was considering withholding on account of the possibility that he required treatment for syphilis. See: P.A.T Sneath to J.A. Linton, 26 September, 1942, LAC, RG-24-C-2, box 12610, file block 11.

[320] *Instructions to Soldiers and Airmen Suffering from Gonorrhea*, n.d., LAC, RG 24-C-2, box 12610, file 11.

[321] *Instructions to Soldiers and Airmen Suffering from Gonorrhea.*

bodies (especially in the case of syphilis infections) was a necessary part of their medical battles. While there was some wisdom inherent in telling soldiers that their road to recovery would not necessarily be a brief one, the overall impression one receives from looking at the informational materials provided to infected men is that they were expected to stoically and obediently abide by their medical officers' advice. Moral and medical negligence, it appears, could only be atoned for by a period of penitence.

Mentoring the Men: Pamphlets, Lectures and Films

In many ways, the educational tools of military medical officers were no different than those deployed in civilian circles. Much like civilians, uniformed men could expect that their venereal disease education would consist of some combination of live lectures, sexual education films and supplementary reading materials, typically pamphlets or briefer tracts. Indeed, some of the materials presented to soldiers (especially films or literature) were identical to those used on the home front in Canada and, given that many Canadian materials were in fact British or American in origin, elsewhere. That said, the array of materials used by the Canadian military was vast and varied, and individual medical officers had some leeway in how they structured their curricula. While individual units reported differing results, in the ideal scenario enlisted men's venereal disease education began shortly after enlistment in Canada, and would continue during training and right through their career as a soldier, overseas or at home.

Turning first to the matter of lectures, the Canadian military began to provide guidance to medical officers fairly early in the Second World War, eager to get ahead of the nascent venereal disease problem it was expecting to confront. By February, 1940 the

Canadian Military Headquarters in London was making inroads with the British Social Hygiene Council, and lecture materials were forwarded for use by medical officers.[322] While the BCHC was primarily interested in civilian education, it evidently was eager to also play a part in military sexual education, as the lecture notes provided to the Canadian military were newly made by the then Medical Secretary of the organization, Sir Drummond Shiels.

Shiels's lecture is somewhat light on medical information and instructions for prophylaxis use (intentionally, since this material was deemed easy to deliver by medical officers), it does manage to nevertheless touch upon a number of useful points. First, Shiels stresses that medical officers need to strike a balance between promoting caution among soldiers, while also avoiding creating undue anxiety surrounding sex and venereal disease.[323] "This is best achieved," Shiels writes, "by stressing the fact that both diseases are curable, and that none of the possible results need happen if the case is reported early."[324] Second, Shiels cautions lecturers against spreading misinformation regarding sex and venereal disease, and sounds a call for medical officers to dispel unhelpful myths regarding sex in order to promote sexual health. Shiels particularly rails against the misconception that frequent sex is required for physical health, and that casual contact between individuals is a vector for the transmission of venereal disease.[325] While this component of Shiels' lecture certainly served to reinforce the notion that doctors were the

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[322] Shiels to Col. Luton, February 19, 1940, LAC, RG 24-C-2, volume 12609, file 11.
[323] Drummond Shiels, *Hints on the Method of Approach to the Subject of Sex in the Case of the Serving Soldier, Sailor and Airman* (London: British Social Hygiene Council, 1939), 1, LAC, RG 24-C-2, volume 12609, file 11.
[324] Shiels, *Hints*, 1.
[325] Shiels, *Hints,* 1,3.

sole keepers of a new, genuine and exclusive medical wisdom, it was nevertheless a useful series of talking points to provide to medical officers interested in tackling misconceptions which might vex Canadian soldiers.

That said, Shiels also insists that brothels are veritable hotbeds of venereal disease, and impresses upon medical officers the importance of stressing in their lectures that they ought to present sex as an object of "wonder and reverence" in the right contexts (i.e. within the confines of heterosexual marriage).[326] Shiels also reaffirms that uniformed men have a special duty to perform in remaining chaste, since their status as national heroes renders them "naturally attractive to women," and they perform a disservice to the young women of Canada by taking advantage of this.[327] As is discussed below, this line of reasoning- that being in uniform signifies an acceptance of duty, and sexual health and appropriate chastity is intrinsically part of this duty- was commonly deployed in venereal disease and sexual health materials.

By the later years in the war, when the entire matter of venereal disease education had become somewhat more formalized and standardized, the content and structure of lectures had become more well established. Issued by the Canadian Military Headquarters in 1944, the "Precis of Lectures, Protection Against V.D." provided medical officers with a series of lectures that, when given consecutively, were meant to equip soldiers with the knowledge they needed to avoid infection or, at the very least, receive proper treatment should they become ill. The emphasis on these lectures being part of a larger curriculum, in addition to the notes offered to lecturers in each outline,

[326] Shiels, 2, 4.
[327] Shiels, 4.

suggests that the military was hoping to leave behind a patchwork approach to education. While the content of each sample lecture was still customizable by whoever was delivering it, this shift towards standardization was nevertheless a significant development and an excellent example of the way in which the veritable engine of rigid standardization that was the military approached what remained a relatively sensitive topic.

The introductory section of the "Precis" lays out the basic rules and assumptions lecturers ought to abide by, in addition to laying bare some of the assumptions made by its authors. Besides insisting that the lectures be delivered by medical officers in the proper order and without straying too far from their content, the authors also insist that lecturers consistently leave sufficient time for soldiers to ask questions. While this might be seen as sensible enough, it is noteworthy that lecturers are also cautioned to avoid answering "highly technical queries, which may only confuse the listeners and should be avoided."[328] No real indication of what constitutes a "highly technical" question is provided, though given the content of the lectures it is difficult to envision what exactly might have bothered asking that would truly flabbergast a speaking medical officer. Regardless, what this warning does indicate was that medical officers were given permission to perpetuate the continued and increasingly vast divide between professionals and laypeople, and that this delineation was somehow important in order to avoid confusing the masses. The introductory content of the "Precis" also stresses the importance of getting unit officers involved in training, though only in their capacity as

[328] Canadian Military Headquarters, *Introduction*, in "Precis of Lectures, Protection Against V.D.," [n.d., c. 1944], 1, LAC, RG 24, box 12612, file 11/HYG V.D./6.

symbols of military authority and punishment, if need be. The presence of officers was meant to ensure that soldiers considered venereal disease education "part of their military training, and that they will be held responsible by the Commanding Officer for failing to acquire the desired and necessary knowledge regarding V.D."[329]

The lectures proper begin with an introduction to venereal disease, though at this stage the information provided was more of the cautionary sort. Soldiers were to be informed, without reference to specific illnesses, that venereal diseases were afflictions which stood to disrupt three core aspects of their lives. First, catching venereal disease was akin to "letting the team down," since too many cases would render a unit "unfit for action."[330] Second, venereal disease was a mark of shame which "wives and sweethearts rarely 'understand'," and which a soldier could easily pass on to his spouse or unborn child, the implication obviously being that the soldier's own shameful mark could become one which singled out his entire family.[331] Third, venereal disease could make a man's life generally unpleasant, since infections had symptoms and could eventually render them disabled.

Evidently, the purpose of the opening salvos of the first lecture in the "Precis" was to reaffirm that manhood, especially the sort of manhood expected of soldiers in service to their country, was under siege by venereal disease. Men who became ill were failing in one of the duties expected of them, and were rendered somehow less whole as a result.

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[329] CMHQ, *Introduction,* 1-2.
[330] Canadian Military Headquarters, *What is VD and How Caught?* in "Precis of Lectures, Protection Against V.D.," [n.d., c. 1944], 1, LAC, RG 24, box 12612, file 11/HYG V.D./6. Note: I have preserved the original spelling of this lecture's title, despite the obvious grammatical error.
[331] CMHQ, *What is VD*, 1.

The man who fell victim to venereal disease might not fight properly and, upon returning home, may be unable to start a family or hold down a job in order to provide for themselves or their loved ones. In this way, Canadian soldiers were taught that their experience while at war was not isolated- they were expected to serve well while in uniform, and continue to distinguish themselves once the war was inevitably over.

Besides outlining what was at stake, the introductory lecture presented in the "Precis" also primed listeners to accept as conventional wisdom other assumptions of the military's anti-VD scheme. Warnings regarding the sinister influence of alcohol and "easy to make" women (both amateur and professional) reflected what had by 1944 become conventional wisdom to military officials, since the purpose of these lectures as a whole was to transmit to soldiers the core assumptions derived from venereal disease statistics.[332] Only one brief section of the first in this series of lectures was devoted to actually considering the different types of venereal disease, and at this point soldiers were only told that there were distinct differences between each illness.

The second lecture departs from the rhetoric of its predecessor, focussing instead on outlining the symptoms of both syphilis and gonorrhea in remarkable detail. Syphilis is handled first, and the degree of practical advice on offer is impressive. Lecturers are instructed to tell their audiences that syphilis infections have three distinct phases, and that each phase has different symptoms that they ought to look out for. For example, the lecture describes the most common symptom of a first stage infection as being a lump or sore appearing on the genitals or near to them, and reassures listeners that it is never a bad idea to check with medical officers if any new marks or lumps appear on their

[332] CMHQ, *What is VD*, 1-3.

body.[333] This was for all intents and purposes practical advice, and while the usefulness of this material cannot be lauded without recognizing that previous talks would have firmly established less objective assumptions about venereal disease, there is no denying that for many Canadian soldiers this would have been their first exposure to sexual health education.

When the lecture turns to gonorrhea, the content is once again replete with useful information. Little space is devoted to terrifying soldiers- that having been accomplished earlier- and when the infection's effects on matters such as reproductive function are mentioned the language is concise and stated matter-of-factly. Once again, symptoms are discussed in detail, and the audience is apprised of an important distinction between acute and chronic gonorrhea, namely that the latter is difficult to detect due to the frequently mild symptoms which accompany it. As is the case with the section on syphilis, the lecture also plainly states that the only realistic way to catch gonorrhea is to have sex with an infected woman; no mention is made of sharing drinking glasses or sitting on despoiled toilet seats.[334] Of course, Paul Jackson reminds us that the social biases of the time are plain to see in the language used in these lectures; by telling soldiers that "infected women" were the only sources of infection, medical officers left gay men in the dark with regards to their own sexual health.[335] No direct reference was ever made to non-heterosexual relationships in period anti-venereal disease materials, and reading

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[333] Canadian Military Headquarters, *The Effects of VD on the Body*, in "Precis of Lectures, Protection Against V.D.," [n.d., c. 1944], 1-2, LAC, RG 24, box 12612, file 11/HYG V.D./6.
[334] CMHQ, *The Effects*, 3.
[335] Paul Jackson, *One of the Boys: Homosexuality in the Military During World War II* (Montreal: McGill-Queen's University Press, 2004), 60.

against the grain likewise turns up little real recognition of gay servicemen.

Entering lecture three, then, soldiers were expected to have some grasp of the differences between syphilis and gonorrhea, in addition to having been inundated with a degree of scorn against "loose" women and the "unmanly" misfortune of having a venereal disease. The third lecture therefore turns to the matter of treatment proper, and it begins with a reminder that "a rapid and permanent cure" depends entirely on the willingness of a soldier to cooperate with medical officers and voluntarily submit to their guidance at the earliest possible opportunity.[336] The lecture reminds soldiers that, once treatment has begun, it must continue uninterrupted for the best possible results. To this end, they would be provided with a document (Pubs 32/CFA 272) summarizing their progress in treatment to date, which they would carry with them and present to their medical officers (either their familiar one, or another if they transferred units or the like) in as a "progress passport" of sorts.[337] There is no real detail provided in this lecture regarding what treatment would entail, another sure sign of the prevalent notion that such heady matters ought to be the purview of professionals alone.

What soldiers were told, both in the third lecture and fourth lectures, was that prevention was entirely preferable to treatment. To this end, the subject of E.P.T. is formally introduced in great detail, beginning with a discussion of condoms. While the lecture does not specify that condom use ought to be demonstrated, it would not be a stretch to wager that some lecturers did indeed take the opportunity to familiarize soldiers

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[336] Canadian Military Headquarters, *Treatment and Prevention of VD*, in "Precis of Lectures, Protection Against V.D.," [n.d., c. 1944], 1, LAC, RG 24, box 12612, file 11/HYG V.D./6.
[337] CMHQ, *Treatment*, 2.

with the proper use and removal of a condom- as discussed later, some of the films which the military employed did so as well. Yet, audiences were warned against relying solely on a condom for protection, since the limits of the barrier device meant that "while affording protection, [it] is by no means ABSOLUTE."[338] This naturally transitioned into a discussion of early treatment centres, including a breakdown of the timeline after intercourse and how effective E.P.T. was at each stage of it. For example, lecturers are encouraged to tell soldiers to think in two-hour increments, with visits to a treatment centre in the first two hours offering "very good" protection, visits after four hours yielding "fair" protection and so on.[339] Despite having access to a veritable trove of statistics by the late-war period, lecturers were at no point encouraged to actually share these and help quantify what "very good" or "fair" protection actually meant.

E.P.T. was also the subject of the final lecture in the "Precis," albeit in much greater detail. The lecture explicitly outlines the procedure one ought to follow after having sex, including remarkably detailed instructions regarding how to urinate properly, and operation which "should always be carried out following possible exposure to VD" in order to flush out any germs in the urinary canal.[340] Most useful for audiences was the guidance regarding proper V-Kit use, since lecturers were advised to bring kits and demonstrate their use when circumstances allowed for it. Finally, the "Precis" advises leaving soldiers with a simple acronym, RUSK, which they could use to remember the

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[338] CMHQ, *Treatment*, 3-4.
[339] CMHQ*, Treatment*, 4.
[340] Canadian Military Headquarters, *Use of Protective EPT*, in "Precis of Lectures, Protection Against V.D.," [n.d., c. 1944], 2, LAC, RG 24, box 12612, file 11/HYG V.D./6.

steps necessary to protect oneself against venereal disease.[341] If the lecturer saw fit, they could also distribute a simple "true and false" type quiz which came with the "Precis," featuring questions such as "[is it] easy to spot a victim of V.D.?"[342]

Figure 3.2: Poster demonstrating proper use of E.P.T. kit (in this case, one administered specifically in an early treatment facility under the supervision of an orderly). Besides being medically relevant, explicit instructions served to familiarize men with unusual procedures, such as the urethral insertion of a cleaning solution. LAC, RG 24, box 12612 file 11.

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[341] RUSK standing for "rubber condom," "urinate," "soap and water" and "kit." CMHQ, *Use of Protective EPT,* 6.

[342] Canadian Military Headquarters, *V.D. Quiz for Canadian Soldiers*, in "Precis of Lectures, Protection Against V.D.," [n.d., c. 1944], LAC, RG 24, box 12612, file 11/HYG V.D./6.

One might notice that the curriculum outlined in the "Precis" undulated between moral chastisement and medically informed education. The larger pattern which exists in the text is to begin a lecture with worrying claims, only to assuage listers with practical knowledge in the following lecture. While the grasp of the moral-medical model on this educational format is plainly obvious, the lectures were overall an informative asset for Canadian soldiers. One might go so far as to suggest that the military's approach in venereal disease lectures sat on the more liberal side of contemporary venereal disease education, due to the extent to which the audience was assumed to be sexually active, freely imbibing alcohol and in dire need of upfront advice regarding their options after potential exposure. Military necessity, despite having grim implications around the deployment of men's bodies for mass warfare, saw to it that morality and social norms were only useful up to a point: if men were eager to seek out sex against all wisdom, the military had to be prepared to account for the consequences. In the end, the Canadian military's primary concern was to place the greatest number of men deemed healthy at its disposal, and to this end the sexual misadventures of men in uniform had to be tolerated, and venereal disease prevented.

Lectures, however, were but a single component of the military's approach to venereal disease control and education. As was the case for civilian educators, medical officers often sought to employ films to simultaneously impart health information and provide entertainment. The array of films used by medical officers was varied; a 1945 survey compilation in which soldiers voted for their favourite venereal disease film mentions

nine separate films.[343] The military largely turned to films purpose-made for soldiers, though this was not universally the case; "No Greater Sin," beloved by the Health League of Canada, is an example of one film shown to civilians and uniformed men alike. Regardless of the robust collection of films available to Canadian medical officers, there were undoubtedly some which were more frequently employed than others, a pair of which will be examined here.

In *Sex Ed: Film, Video, and the Framework of Desire* Robert Eberwein describes *Sex Hygiene* as "the most famous and most viewed of all the training films made during the War."[344] While Eberwein's statement is made in reference to the American military, there is evidence to suggest that *Sex Hygiene* was one of the "go to" films in Canadian units as well.[345] Produced in 1941 by Twentieth Century Fox and running roughly half an hour, *Sex Hygiene* was the cutting edge of venereal disease educational films, and it is unsurprising that the Canadian military was happy to utilize it despite the film's unabashedly American overtures.[346]

Sex Hygiene begins with a group of (white, as was usually the case for these films) American servicemen unwinding with a game of billiards, though one of their number expresses discontentment with the "recreation gig" and decides to set off to spend an evening with a sex worker. Later, a notice informs the soldiers' unit that they are to

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[343] Research and Information Section, *Venereal Disease: Unit Practice and Opinion* (March, 1945), 7, LAC, RG 24, box 12612, file 11/HYG V.D./6/3.
[344] Robert Eberwein, *Sex Ed: Film, Video, and the Framework of Desire* (New Brunswick: Rutgers University Press, 1999), 64.
[345] Williams, "Venereal Disease Control," 4. While Williams' report only concerned the Canadian Army overseas, it is telling that *Sex Hygiene* was the only film mentioned in it.
[346] While the film was only distributed by the U.S. Signal Corps, the versions shown to American soldiers seemingly credited the Corps as the producers as well.

attend a screening of a sex hygiene film "not only for the benefit of [their] own personal good health, but for that of [their] entire unit." The fictional film begins with a medical officer reminding soldiers that, despite abstinence being the best option for protecting one's health, several options exist to assist those who would not follow this conventional wisdom. The bacteria which cause syphilis and gonorrhea are described as "persistent and evil," with the capacity to "destroy your life." In assigning a moral alignment to bacteria, the film's creators simultaneously assign human motives to microorganisms and provide audiences with a framework for therefore understanding bacterial foes as another one of the enemies arrayed against their personal and national wellbeing.

Following the introductory remarks, the "film within a film" delves into significant detail regarding the causes and symptoms of infection with a venereal disease. Quite unlike some of the materials presented to civilian audiences, descriptions are frequently accompanied with depictions of bodies displaying various symptoms; one of the soldiers in the audiences is visibly disgusted when a scene depicting a pair of hands pointing out a sore on a penis is shown. The film pulls no punches in terms of depicting the signs and symptoms of venereal disease, though it practically cautions men against even casual contact with a person exposed to gonorrhea. Furthermore, the medical officer depicted in the film is quick to remind audiences during a demonstration of how to use a condom that they ought to take care when removing a used condom, since "if the woman has gonorrhea or syphilis- as she generally has- there will be million of the germs on the rubber." The assumption that any woman besides a wife willing to have sex with a soldier is a veritable reservoir of venereal disease is strongly reaffirmed, even when the film turns to purely instructional content, establishing what Eberwein calls a "moral

dichotomy between mother and whore."[347]

The final sections of both the film and the film being shown to its characters concerns E.P.T., the process of which is shown in great detail. As a teaching aide, it is difficult to deny the utility inherent in *Sex Hygiene*, though the explicit content within encapsulates the dualistic struggle (or, perhaps, strategy) of past educational films. On one hand, what is shown would have been useful in helping soldiers identify any potential illness their activities wrought. On the other hand, stark images of afflicted bodies in their entirety bred powerful feelings of fear and disgust, encouraging an "othering" of women and infected peers.

Despite its potential, *Sex Hygiene* was far from the perfect training film for Canadian soldiers. For starters, its curious "film within a film" approach rendered it little more than a recorded lecture, not entirely dissimilar from those which were delivered by medical officers in-person. The film essentially lacks a plot (even the initial characters in the pool-hall are largely neglected a few minutes into the film), and its entertainment value is derived entirely from the spectacle of showing the audience grisly images. In this way, the novelty of *Sex Hygiene* was bound to wear off on audiences. If the aforementioned surveys are any indication men much preferred other films to *Sex Hygiene*, which did not rank among the top films used for venereal disease education. These surveys seem to indicate that those films which had more developed plot lines and characters, such as *Pick-Up* and *Three Cadets*, were most beloved by Canadian soldiers, though their overall messages were not far removed from those of *Sex Hygiene*.

Both *Pick-Up* and *Three Cadets* follow the temptations and decisions of American

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[347] Eberwein, *Sex Ed*, 69.

servicemen with time to spare and urges to satisfy. Of the two, *Pick-Up* was the more popular with Canadians, and it is easy to see why, since it features a human, witty (if a bit naïve) protagonist: Corporal John "Johnny" Greene. Corporal Green's primary dilemma comes in the form of a young woman named Anne, who shares a night out on the town with him and, according to Greene, is "clean; you can see that." Unfortunately, despite his confidence in Anne's "cleanliness" and the insistence of one of his colleagues that he ought to "take a pro," Greene neglects to report for E.P.T. and contracts gonorrhea; of note is Greene's state by the end of the night, plainly drunk, which reinforces the notion that drink clouds the soldier's mind and causes him to underestimate the threat of casual sexual encounters. The captain Greene reports to reaffirms a core message present in Canadian and American venereal disease education alike: "most of you men have the sense to let the women who look like real tarts alone- but it's the clean kids who worry us. That's our problem today, to keep you men from playing around with the so called 'nice girls.'" With such dialogue, *Pick-Up* attempts to convince its audience that a man's inherent perception of women cannot be that they are "good" or "clean," but rather that any kind of indication of promiscuity is itself a symptom of infection; while Anne is not a sex worker, her willingness to have casual sex renders her just as dangerous, and perhaps a good deal more insidious to boot.

Pick-Up does a decent job of presenting venereal disease accurately over the course of its nearly forty minute run-time; thankfully absent are the allusions to illness gleaned from drinking cups or kisses. *Pick-Up* does take a page from *Sex Hygiene*'s script, in that it features graphic depictions of infected genitalia and, in one particularly disturbing scene, an infant wracked with illness. Yet, the aspect of the story which was perhaps the

most likely to resonate with audiences relates to Greene's ultimate fate. While he is successfully treated, the delays caused by his hospital stay cause Greene to miss out on furlough, rendering him unable to visit his family before heading overseas. One of the final scenes of the film depicts Greene calling his mother, clearly shaken by being unable to visit his family before heading off to war proper. In this way, *Pick-Up* attempts to scare soldiers by implying that choosing to recklessly have sex (or neglect E.P.T.) puts the comfort of a home visit in jeopardy, and ultimately hurts those they love.

Three Cadets is perhaps the most honest of these films in admitting that, at the end of the day, it was assumed that men would misbehave and seek out casual sex regardless of how risky or morally wrong it was deemed. While it is briefer than the previously mentioned films at just over twenty minutes of run-time, it does succeed in cramming three "micro-narratives" into its script, each outlining the choices (some wise, some poor, according to the film's writers) soldiers had laid before them after a night on the town. All three of the air-cadet protagonists indulge in extramarital sex while in training (only one of their sexual relationships is shown, with a casual acquaintance) a tacit admission on the part of the film's creators that young men in uniform were expected to misbehave to a degree. While the merits of chastity are hardly thrown out the window in the film, the decision to have none of the cadets serve as an embodiment of purity is an interesting one. Yet, the audience is told that remaining chaste is only the best option; being prudent is a close second-place, and being prudent with a delay is still preferable to utter negligence. This ranking system is shown by the outcome each cadet faces after having sex. The first, who chooses to wear a condom and report to an E.P.T. centre in a timely fashion, suffers no misfortune and graduates from training without delay. The second

cadet, who refuses E.P.T. but consults with a medical officer after experiencing worrying symptoms, still graduates, albeit with some delay which causes him to miss out on joining his fellows. The third cadet, who turns to a quack for a quick remedy, is in the cockpit when either venereal disease or the tonic he imbibes flares up, resulting in a crash which leaves him seriously injured and barred from ever flying again.

Three Cadets does feature some explicit imagery, though not to the extent of the aforementioned films. When the second cadet reports for treatment, he is shown the instructional sheet of a prophylaxis kit, accompanied by flashing images of the kit in use. Still, *Three Cadets* avoids overly shocking content, relying instead on allusions to guilt and shame instead of disgust and fear. Eberwein points out that this film is also unique in that it charges officers with the responsibility to ensure their men have a working knowledge of venereal disease and its treatment, supporting the notion that life in the military was one where the chain of command's paternalistic and authority-driven structure reigned supreme.[348] While this was ostensibly the attitude the Canadian military hoped to foster, as John Parascandola has written about the American military, the reality was that the "prophylactic campaign was largely aimed at enlisted men rather than officers."[349] In the end it was the common soldier, with his misbehaviour and expectation of lower moral standards compared to his superior officers, over which hands were constantly wringing with concern.

Like films, the Canadian military had access to a considerable number of pamphlets for use in its venereal disease education program, itself not a surprising revelation when

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[348] Eberwein, *Sex Ed*, 75.
[349] John Parascandola, *Sex, Sin and Science: A History of Syphilis in America* (Westport: Praeger, 2008), 105.

one considers the comparative ease with which written materials could be gathered, printed and distributed. These pamphlets could be retained by treatment centres, and were often provided for men before leave or as part of lectures. It is possible to divide pamphlets into two broad categories: those that were created for audiences of any sort, and those which were created explicitly for armed personnel. While the latter category would seem the more important for the Canadian military, materials intended for civilians also saw common use.

Perhaps the most common pamphlet intended for civilians which saw widespread use in the military was *Victory over Disease*. Certainly, the signs that *Victory over Disease* was not originally a military publication are easy to see; only jingoistic references to combat, camaraderie and the War exist within its pages, none of which seem directly aimed at Canadians in uniform. In its thirteen pages no images or drawings of genitals or anything which might be conceived of as taboo can be found; the only real images are simple drawings of a (healthy, happy) baby, a slouched over outline of an individual walking with a cane due to being hobbled by venereal disease, and an individual turning away from the temptations which can lead to sexual and moral illness, including as women and alcohol. *Victory over Disease* opts to approach the matter of venereal disease awareness in a matter which frames the eponymous "victory over disease" as a national goal worth pursuing for the betterment of Canada as a whole. In this sense, *Victory over Disease* comes across as shockingly optimistic, going so far as to argue that the elimination of venereal disease will result in a moral reawakening that creates a nation of well fed, warm, happy families living harmoniously (with one another and with the justice system, since the persecution of sex work as an "unsavory community condition"

is a chief goal of anti-venereal disease work as presented here).[350] For all this optimism, however, the pamphlet is also short on any real information about syphilis and gonorrhea. Syphilis's symptoms are (deliberately) presented as being extremely vague, and the pamphlet warns readers that "under the cloak of headaches, skin rashes, jaundice, influenza, sore throat, sore eyes, syphilis lies hidden."[351] Gonorrhea is indeed described as causing genital discomfort and discharge, but the focus is primarily on the way in which "the fire of gonorrhea may destroy a person's ability to have children," or the ways in which "the flames may spread throughout the body, licking at the heart and joints with consequent crippling."[352]

Nevertheless, it is difficult to see what exactly was on offer in *Victory over Disease* that soldiers would not have learned about (and, in greater detail) in the military's own education program. Much of the wording in *Victory over Disease* is aimed at those on the home front, and many of the consequences of untreated venereal disease that are presented (the inability to have children, unemployment, etc.) would not be wholly relevant to a soldier during their period of service. Then again, this might have been the point in choosing to deploy this civilian-oriented pamphlet in the Canadian military. In showing soldiers the importance of avoiding venereal disease in civilian life, soldiers were reminded that military life itself was going to be a fleeting thing for all but the minority of those who were career soldiers. The eventual return to civilian life most soldiers expected to undertake meant that, in choosing to use some non-military anti-venereal disease literature, medical officers were implicitly hinting at the importance of

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[350] *Victory over Disease*, [n.d.] 1, LAC, RG 24, box 12612, file 11/HYG V.D./6.
[351] *Victory over Disease,* 2.
[352] *Victory over Disease*, 3.

remaining medically and morally healthy while in uniform, the better to avoid the similar-yet-different perils of infection upon returning home. Evidently these civilian overtures in *Victory over Disease* were anything but a problem, given the fact that it appears to have been one of the primary pamphlets used throughout Canada's military.[353]

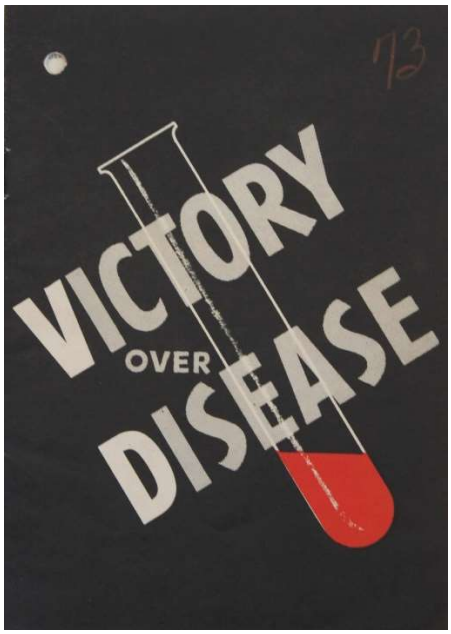

Figure 3.3: The front cover of *Victory over Disease*. Note that the pamphlet does not openly mention its subject matter at a glance, though the illustration of a blood sample is meaningful for two reasons. First, blood testing was seen as an important aspect of many anti-venereal disease campaigns. Second, using an image of a blood sample drove across one key point of the pamphlet, namely that keeping the blood of Canadians pure and free from both illness and sin was the best means to win the war against both the Axis powers and racial degradation. LAC, RG 24, box 12612, file 11/HYG V.D./6.

Literature actually designed for soldiers was rather varied, and could be ostensibly

[353] This statement is based on both its featuring as the singular pamphlet given any attention in *Venereal Disease: Unit Practice and Opinion*, and on the frequency with which it is mentioned in other documents. Colonel Brown of the R.C.A.M.C. went so far as to suggest it was "the basis of our educational material." See: Brown to HQ, First Canadian Army, 28 February, 1944, LAC, RG 24-C-2, box 12610, file block 11.

tailored to suit specific branches of service or aspects of military life. Naval personnel, for example, were sometimes given copies of *Facts About VD* (on the HMSC *York*, for example, recruits were given a copy after medical examinations as of 1944), though it is difficult to ascertain what specifically about this pamphlet (besides the image of a sailor adorning the cover) was modified to suit their particular line of service.[354] Regardless, *Facts About VD* is itself fairly comprehensive, listing common signs and symptoms of venereal disease infection and even providing a list of problematic symptoms to keep aware of while undergoing treatment. Arguably the most unique section of *Facts About VD* deals with common misconceptions about venereal disease, something which is typically buried elsewhere in the text of these sorts of materials. Helpfully, the pamphlet assures readers that "it is not true that syphilis and gonorrhea are spread by food, dishes, clothing or washroom facilities," and that "it is not true that masturbation causes VD."[355] Less helpfully, of course, is the association between "promiscuous" women and illness, unexceptional though it was in military materials.[356] Interestingly, there is little mention of duty or "letting the boys down" in this specific pamphlet, though the author does mention that venereal disease hurts "innocent" victims (i.e., goodly wives and children) the most.[357] Visually, the pamphlet offers nothing; besides the cover, depicting a smiling

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[354] J.L. Russel, *A Report on Venereal Disease, H.M.C.S. York, June and July, 1944* (August 22, 1944), 4, LAC, RG 24-D-1-C, box 34281, file 4478-17. Eventually, *Facts About VD* would be modified and distributed to other branches. For example, see RG 24-C-2, box 12610, file block 11 for a copy of *Facts About VD for the Soldier*, which was meant for army use and is only superficially different from its navy equivalent.
[355] Director of Merchant Seamen, *Facts About VD*, n.d., 7, LAC, RG 24-D-1-C, box 24279. Note: Once again, this material was in an interim box at the time of retrieval, and appears to now be restricted.
[356] Director of Merchant Seamen, *Facts*, 2.
[357] Director of Merchant Seamen, *Facts*, 2.

(white) soldier, the content is almost wholly presented via the written word across a few text-crammed pages; in terms of novel design, there is little here.

Given that leave was where men were most likely to contract venereal disease, pamphlets designed specifically to prime men against the temptations and dangers of time off were put to use. For men in the RCAF, *A Good Leave and No Regrets* was one such pamphlet, standing out from the rest for its short, quippy messages and cartoon imagery. The information on offer is fairly rote- avoid having sex while on leave, and if you are foolish enough to ignore this wisdom, at least be sure to adopt proper E.P.T. measures. *A Good Leave and No Regrets* urges men to "remember- you still wear the uniform of the R.C.A.F. so don't bring discredit upon yourself or the service."[358] The association of sexual activity with dishonourable conduct- both upon oneself and the branch of service they were expected to embody- is less common in pamphlets for men, though as will be seen later was rhetoric sometimes deployed against women in the CWAC. Interestingly, this pamphlet suggests that men who would not or could not engage with E.P.T. should at least "wash thoroughly with soap and water" for five minutes, a half-measure that does not commonly appear in other materials.[359]

Literature was also provided to those who did wind up getting an infection and undergoing treatment, the purpose of which was to both outline any surveillance a patient might expect to undergo in the coming months and sternly remind them to behave

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[358] *A Good Leave and No Regrets,* n.d., RG 24-D-1-C, box 34281, file 4478-17.
[359] *A Good Leave*. While washing was a part of E.P.T., I have never encountered any other film, lecture or pamphlet content to conceded that, if nothing else, a man could try washing alone in order to avoid venereal disease. On the contrary, as discussed throughout this chapter, soldiers were typically told to use a kit or report for treatment even after a significant amount of time had passed since exposure.

henceforth. *So You've Had It- Now What?* is remarkably short compared to other educational pamphlets (and was only approved for use at the very end of the War), but in the few words it contains the author nevertheless outlines the basic notions a soldier ought to keep in mind upon concluding treatment. First, the former patient was not yet in the clear; after three months they "must report for a recheck," a wording that left no doubts about the compulsory nature of this checkup.[360] Second, the reader was to ensure "from now on your health comes first," implying with an almost paternalistic censure that their misbehaviour needed to become a thing of the past from this moment on. Finally, the reader's fitness for duty was now assured, though as a result of this they could not imbibe in drink for "at least three months," which was undoubtedly thought to be useful in obeying a prohibition against "loose women."[361] One cannot help but notice that there isn't really any preventative information on offer in this pamphlet, the assumption here being that the man receiving treatment was fully aware of what they had done and the dangers inherent in it, but had fallen to illness due to personal weakness and negligence. Education, it seems, was assumed to be working just fine- those who became ill simply didn't care to listen. This borderline patronizing message is not accompanied by any images, and one gets the impression that the stark bolding of phrases like "no exposure, no disease" is meant to help soldiers "get it through their heads" that good behaviour was the only way to remain healthy.

Conclusion

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[360] *So You've Had It- Now What?*, n.d. [1945], LAC, RG 24, box 12612, file 11/HYG V.D./6/3. The initial draft of this pamphlet phrased the recheck as more of an eventuality, though the final version used the more assertive wording.
[361] *So You've Had It- Now What?*

The conclusion of the Second World War did not immediately end the venereal disease problem in the Canadian military. Soldiers could not simply pack up and return to Canada, and if anything the celebratory mood victory brought (when coupled with the potential for more free time) elevated the risks of infection. Thus venereal disease control and education remained until the very end, albeit with some degree of modification to accommodate the reality that soldiers would soon be on their way home. Repatriation-themed venereal disease lecture outlines began to make their rounds, the theme of which was that soldiers were on the cusp of returning home and that a last-minute bout of venereal disease would almost certainly cause delays and complications. For medical officers, the new rhetoric was to "go home clean," though the activities maligned for making one "dirty" remained the same.[362] As had been the case for years by 1945, lecturers sounded off familiar notes: "don't take a chance. . .if you do gamble with your chances of going home clean —and the odds are against you—be sure to use a condom. . .run, don't walk, to the Treatment Centre."[363]

In many ways, venereal disease control and education in Canada's military was about affixing in the minds of soldiers what medical officers had deemed conventional wisdom. Chastity was preferable to sex, protected sex was preferable to reckless trysts, and treated men were more useful than those with venereal disease. In accepting that sexual activity ought to be discouraged, but could never be stamped out in the slightest, medical officers conceded some moral ground in the name of military and medical efficiency. Compared to organizations like the Health League, Canada's medical officers were forced to adopt

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[362] *Outline: VD Lecture for Soldiers Awaiting Repatriation*, July 1945, 2, LAC, RG 24, box 12612, file 11/HYG V.D./6/3.
[363] *Outline: VD Lecture*, 2.

an ostensibly more liberal stance in their control and education schemes (manpower wastage was, after all, most keenly felt on the frontlines), though they certainly did not leave morality out in the dust. Though medical technology and advanced treatment schemes rendered it easier and easier to cure venereal disease (culminating in the introduction of penicillin for venereal disease treatment in the latter years of the Second World War), this did nothing to convince medical officers that dangers of sex ought to be downplayed; medicine might make a night out on town less impactful in the long run, but it did not render promiscuity acceptable behaviour.

As in civilian circles, medical officers had no qualms condemning sex workers (regardless of what numbers bore out), and the dichotomy between "safe" women (wives) and "unsafe" women (everybody else) was emphasized in almost every film, lecture and pamphlet employed to teach uniformed men. Notions of military duty expanded to accommodate a sort of sexual duty to one's country, comrades in arms and future family, the uniform ideally symbolizing a man made attractive through his loyalty and courage but remaining modest in his passions. For those who fell short of this ideal, however, education was there to stave off the worst effects of venereal disease. While films, lectures and literature occasionally spread misinformation, omitted important details and did their fair share to demonize women, they nevertheless gave men most of the information they needed to make moral mistakes safely, or at least in a way which minimized manpower wastage and strain on the military medical system.

Chapter 4: "Somewhat Confused": Servicewomen and Venereal Disease Control

Introduction

If military venereal disease control for men was, in many ways, a continuation of a project embarked upon during the Great War, the equivalent program for servicewomen was a curious blend of old concerns and new ones. While medical officers and educators had learned that perspective besides the grudging acceptance of heterosexual male sexuality was simply untenable in terms of military medicine, the presence of uniformed women in Canada's armed forced complicated things. Could the relatively liberal control and education policies which had been ironed out by experience's hand be applied to female personnel? Was exasperated tolerance towards premarital (and extramarital) sex the ideal stance where Canada's women were concerned? Would the Canadian public accept that their daughters, sisters and future wives were being taught how to "get away with" the medical consequences of promiscuity? Such questions must have loomed large in the minds of those who had to figure out how to teach Canada's uniformed women about venereal disease.

This chapter seeks to address the fundamental differences between military venereal disease education for men and women during the Second Word War. Though the importance of educating servicewomen about venereal disease was not understated during the wartime years, the content offered to women in lectures, written literature and films justifies considering their experiences and education apart from those of servicemen. Once again turning to the concept of the "moral-medical" model of venereal disease control and education, one finds that assumptions about the moral and medical needs of servicewomen (and how they differed from those of uniformed men) shaped the

messages they received, which stressed the transience of military life for women and their inevitable fate as the wives and mothers of Canada. Furthermore, as Pierson has suggested, it is important to remember that the anti-venereal disease educational drives for servicewomen were fundamentally undermined by those created for men, in that the latter decried female sexuality and explicitly asserted that "loose" women were predatory figures whose moral and medical laxity threatened the war effort.[364] There inherent misogyny underlying educational materials produced for male audiences indicated that the military not only valued the service of men more than that of women, but also that it was more inclined to view female sexuality as a threat to the nation's military efficiency.

Novel and Necessary

To some degree, by the Second World War the prospect of women serving as part of Canadian military endeavours was not unfathomable. The Great War was not some distant memory by 1939, and the contributions of Canada's nursing sisters (some 3,141 of whom served both domestically and overseas during that conflict) would have been easy enough to recall. Though the qualifications of those nurses who did serve in the Great War did occasionally some under scrutiny- Colonel Guy Carleton Jones was one such scrutinizer, who feared that female nurses were "totally unfit for [war], mentally and physically,"- the fact of the matter is that by 1918 the contributions of Canadian nurses were both recognized and accepted as an essential component of the nation's wartime efforts.[365]

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[364] Ruth Roach Pierson, "*They're Still Women After All": The Second World War and Canadian Womanhood* (Toronto: McClelland and Stewart, 1986), 204-207.
[365] Carolyn Gossage, *Greatcoats and Glamour Boots: Canadian Women at War (1939-1945)* (Toronto: Dundurn Press, 2001), 24-25.

Of course, it goes without saying that a significant part of the reason why nurses were permitted to play their part in the war had to do with the longstanding image of nurses as legitimate actors at the medical bedside. Hospital-trained nurses were expected to show deference to their superiors, tolerate sub-standard wages and embrace a uniform which "signalled both the celibacy that nurses shared with nuns and the sexual repression of Victorian femininity."[366] The core presupposition that women were especially attuned to all things nurturing and motherly was alive and well during the First World War, and was not at serious risk of disappearing when the clock was turned forward to 1939. Nor was the involvement of women in numerous voluntary organizations such as the Young Women's Christian Association and the Imperial Order of the Daughters of the Empire or their participation in wartime industrial work to provide a prolonged challenge to gendered assumptions concerning the capabilities or contributory potential of women. On the contrary, scholars like Nancy Christie have argued that the perceived social upheaval caused by the Great War and the economic stagnation and decline during the interwar years ushered in an era of profoundly conservative government policy, which sought to re-establish a state of "normal" gender and familial relations in Canada after years of war's unraveling influence.[367]

In short, on September 10th, 1939 one would be optimistic to wholeheartedly conclude

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[366] Kathryn McPherson, *Bedside Matters: The Transformation of Canadian Nursing, 1900-1990* (Toronto: Oxford University Press, 1996), 37.

[367] Christie contends that welfare policy in Canada after the First World War sought to reverse "maternalist" thinking, asserting anew the primacy of the male wage-earner and the domestic station of women as mothers and keepers of homes: this was seen as a way of ensuring that families remained self-sufficient, rather than dependant on government programmes. For a concise summary of her argument see: Nancy Christie, *Engendering the State: Family, Work and Welfare in Canada* (Toronto: University of Toronto Press, 2000), 310-312.

that the stage was set for a drastic reimagining of the role women were to play in the months and years of war to come. While few would have questioned the tried and tested practice of looking to women to provide nursing and administrative support in the military and manufacturing and voluntary work at home, there was little precedent for imagining more than this in the context of Canada alone. The matter becomes somewhat more complicated when Britain is brought into the discussion, however. In the latter years of the First World War women's auxiliary services were established in order to free up able-bodied men for combat roles on the Western front, the logic behind this decision being that much of the domestic and clerical work being done by men could very much be handed off to women.[368] Thus in March 1917 the Women's Army Auxiliary Corps was founded, followed by the Women's Royal Naval Service in November 1917 and the Women's Royal Air Force in April 1918: combined, some 95,000 women served in these organizations by the Great War's end.[369]

By 1921, however, these organizations were disbanded. Some debate was had in the aftermath of the war regarding whether or not some sort of reserve organization could continue to retain uniformed women, though funding issues, an emphasis on directing funds towards more male-centric branches of service and anti-feminist reactions to the prospect of maintaining women in uniform led to the demise of any such notions in the immediate aftermath of the war.[370] By 1934 the matter of mobilizing women was once again on the table, with the Women's Reserve Sub-committee of the Committee on

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[368] Jeremy A. Crang, *Sisters in Arms: Women in the British Armed Forces in the Second World War* (Cambridge: Cambridge University Press, 2020), 7.
[369] Crang, *Sisters in Arms*, 7.
[370] Crang, *Sisters in Arms*, 8.

Imperial Service established to investigate the possibility of such a project. Two years of meetings followed, culminating in a 1936 report which concluded that creating women's reserve organizations was "not desirable" at the time, a decision which was only really questioned by the Air Ministry (a dissenting opinion attributable to the "first response" nature of aerial combat, in which the ability to summon a corps of trained women on short notice was seen as a very real asset).[371]

Come the rise of Nazi Germany in 1937 this decision was swiftly reversed, and by the fall of 1938 permission was granted for the establishment of a small Auxiliary Territorial Service. Following this, by the summer of 1939 the British Admiralty and Air Force alike were both busily setting about the task of establishing their own corps for women: the transmutational properties of war were remarkably fast-acting in Britain. Yet, the question remains whether the course plotted by Britain with regards to putting women in uniform had any impact across the Atlantic. Carolyn Gossage provides a sober assessment of this question, ultimately arriving at the conclusion that any assumed link remains both reasonable and somewhat speculative.[372] While Canada was responsible for making its own decision on whether it would expand the role of women in the military, developments in Britain would almost certainly have played a part in influencing Canadian sentiment; for politically active and news-savvy Canadians (particularly middle-class women), the British decision to seek womanpower would not have gone unnoticed.

Early in the Second World War Canadian women were once again called upon to

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[371] Crang, *Sisters in Arms*, 11; Gossage, *Greatcoats and Glamour Boots*, 30.
[372] Gossage, *Greatcoats and Glamour Boots*, 30-31.

contribute as they had during the Great War. Ambitions to tap into the female labour force in particular culminated in Mackenzie King's announcement in March 1942 that the National Selective Service (NSS) was to be formed, its task to guide and monitor the mobilization of Canada's wartime labour power.[373] Mackenzie King did not mince words in declaring that the end of effectively and efficiently recruiting women for wartime work was "the single most important feature of the program."[374] The NSS evidently approached its mandate with vigour, turning to recruitment campaigns to bolster the number of women applying for wartime work, many of whom were already inclined to seek out labour of their own accord after the lean Depression years. Between January 1942 and June 1943 over 150,000 women had been hired for industrial wartime work, and starting in 1943 the NSS (now facing the grim realization that the surplus of women labourers was perhaps not as endless as it had supposed) also began drives to recruit married women for part-time work.[375] As was the case in the Great War, Canadian women were once again being asked to enter the workforce in considerable numbers to free up men for military enlistment: by the Second World War there was nothing unfamiliar about the concept of temporarily tapping into the potential of women's labour.

Similarly, seeking out women for nursing was a return to form for Canadians. Due to funding issues and policy decisions made between the wars, the Canadian military apparatus had been through years of decline by 1939, and the state of its medical services

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[373] Pierson, *"They're Still Women After All,"* 23.
[374] Canada, *House of Commons Debates*, 24 March 1942 (Ottawa: King's Printer, 1942), 1565.
[375] Pierson, *"They're Still Women After All,"* 26-27.

was no exception to this.[376] The core assumption necessarily became that, should war actualize into a real possibility, civilians would step-up to the challenge by seeking employment with the military. This hope was, happily enough, not misplaced, for after years of economic uncertainty prospective nursing sisters were all too eager to sign on come 1939. The promise of stable employment and wartime benefits provided a reasonable alternative to civilian nursing work, allowing for these women to provide for themselves and their families while simultaneously giving them a chance to sign on and "do their bit."[377]

At least 4,079 Canadian women would go on to make the transfer from civilian nursing to military nursing during the Second World War: it is worth noting that this group comprised almost entirely white women, as non-white women appear to be "conspicuously absent from the rank and from the records."[378] Cynthia Toman argues that the legacy of wartime nurses during the First World War was not lost on their successors, who not only enjoyed the benefits of that legacy (such as officer's status, with all its accompanying privileges) but also envisioned themselves as soldiers in their own right.[379] In the war which came before nurses had played a crucial part in keeping men fit for service: how was this new conflict to be any different? Was tending to the ill and mangled bodies of Canada's fighting men not an essential part of the nation's wartime machinery? Was this not shown between 1914 and 1918? While the elevated status

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[376] Cynthia Toman, *An Officer and a Lady: Canadian Military Nursing and the Second World War* (Vancouver: UBC Press, 2007), 13-14. Toman also suggests that there were relatively few French-Canadian nurses, which she partially attributes perceptions that the war was a British undertaking.
[377] Toman, *An Officer and a Lady*, 14.
[378] Toman, *An Officer and a Lady*, 3.
[379] Toman, *An Officer and a Lady*, 5.

military nurses enjoyed relative to their civilian counterparts was noteworthy, their acceptance into the military medical hierarchy was not novel when one takes into consideration the lessons learned during the Great War. Canada's military nurses coming aboard at the onset of the Second World War was nothing new, and did not present much in the way of a vexing quandary for military and government officials alike.

If certain roles were preordained as acceptable for women to assume during cataclysmic times, participation in formations which would put them in uniform was manifestly not one of them. Though nursing, administrative work and industrial contributions were more-or-less accepted avenues for women to contribute to wartime Canada, entrance into the military remained a strange and unprecedented measure hitherto unknown in the Dominion. Yet, by the mid-war period Canada was well on its way to shaking- however lightly- the foundational assumptions of the hitherto almost entirely male-dominated military hierarchy of their nation. The first tides of change were felt in the Canadian Air Force, for which the Canadian Women's Auxiliary Air Force (CWAAF) was established by Order-in-Council on July 2, 1941.[380] Following this, the Canadian Women's Army Corps was established by similar order on August 13, 1941, and the navy's own equivalent women's service came into existence on July 31, 1942.[381] All this to say, by the summer of 1942 women had been figuratively and literally been brought into the barracks, a development which seemingly stands in defiance of the predominant social and military conceptions of womanhood prevalent at the time.

In truth, the emergence of women's services can be contextualized a bit further by

[380] Pierson, *They're Still Women After All*, 95.
[381] Pierson, *They're Still Women After All*, 95.

making mention of the numerous paramilitary organizations which sprang up in Canada in the years preceding the outbreak of war in Europe. Lending credence to the theory that developments in Britain played a part in shaping Canadian thought, roughly a month after the British authorized the creation of the ATS in September 1938 ten women in Victoria, British Columbia founded their own voluntary paramilitary organization. The creation of such organizations was not to be an isolated incident, and unofficial women's units sprang up across the country in the buildup and early days of the war such that by early 1941 there were roughly 6700 women participating in these groups.[382]

The actual training regimen and scope of these organizations could vary a great deal, though common to most organizations was an emphasis on transitioning from civilian to military life. To this end women in Canada's paramilitary organizations donned uniforms, practiced infantry drills, studied various aspects of army clerical work, learned some mechanical skills (such as motor vehicle operation and repair), adopted internal hierarchies based on military models and generally sought to train themselves insofar as was possible given available facilities and resources.[383] Some groups were of a mind to acquire more martial training and provided instruction in the use of small arms; acquiring a rifle for this purpose would not have been especially difficult in the 1930's and 40's, nor would it be hard to find a suitable environment for shooting practice.

Generally speaking, the unofficial women's services in Canada were successful in obtaining the cooperation of men in order to provide both training and resources, though who exactly these men were and what they were willing or able to provide does seem to

[382] Pierson, *They're Still Women After All*, 97.
[383] Pierson, *They're Still Women After All*, 98.

have varied from place to place. The British Columbia Women's Service Corps, for example, seemed to have an especially good working relationship with the region's military leadership, which both allowed active servicemen to provide instruction to the BCWSC and permitted the organization to use a number of its drill halls.[384] In areas where the cooperation of the military was unobtainable women's services could turn to veterans for assistance; survivors of the Great War were in abundant supply by the late 1930's, and the basics of drill, military etiquette and (where it was practiced) shooting could be learned from these old soldiers.

There is some indication that these early women's militias were respected or, at the very least, acknowledged as semi-legitimate. While the odd warning was issued- particularly when the uniforms these women wore created confusion regarding their status vis-à-vis the formally enlisted men of the King's forces- recognition that these women were engaging in patriotic work was not unheard of. One of the more glowing acknowledgements of the militias' capabilities and potential came from none other than Princess Alice herself, who visited British Columbia in early April 1941. After visiting various girl's organizations and emphasizing the "immense help" their British counterparts had thus far rendered to military authorities, Alice made time to inspect over 250 members of the British Columbia Women's Service Corps in Victoria.[385] "Carry on!" she proclaimed to the assembled women, adding that "the time will come when your services are needed."[386] Alice's parting exhortation to "be ready, that you may be found

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[384] Pierson, *They're Still Women After All*, 99.
[385] "Princess Urges Women's Corps in B.C. to Carry On," *The Daily News* (Victoria, British Columbia), April 7, 1941.
[386] "Princess Urges Women's Corps in B.C. to Carry On."

worthy," might be read as either a general commandment to remain prepared or as a reminder that "worthiness," in the context of these women's militias, was something wholly apart from the worthiness men might be expected to show in readying their minds and bodies for the more literal fight ahead. Regardless, attracting the attention of a royal, especially one keen on comparing the various efforts of women's and girl's voluntary groups in Canada to those overseas, was no small achievement. If nothing else, by the time formally recognized women's services began to emerge in Canada their informal equivalents had made significant strides in establishing their legitimacy, insofar as such a thing was possible.

As aforementioned, however, throughout 1941 and 1942 the time had come to properly integrate women into the services. The question remained what was to be done with the unofficial services which had cropped up throughout the country now that the work of setting up a sanctioned alternative was underway. The Department of National Defence had for years been dealing with women's militias asking for recognition, their pleas sometimes disparate and sometimes unified. In late 1940 the most committed of these requests came after members of the BCWSC toured the country to inspect various organizations and, at the conclusion of their tour, gave their report in Ottawa: this appears to have resulted in little.[387] On the whole, the Department had favoured brushing off women's paramilitary groups and their requests, though with the creation of women's services it was forced to decide between incorporating pre-existing unofficial formations (thereby losing control over recruitment, standards, etc.) or risk offending them through exclusion (thereby losing their support). The solution arrived at was essentially symbolic

[387] Pierson, *"They're Still Women After All,"* 100-102.

and resulted in power landing where one might have expected it to: some women's paramilitary groups were recognized as sources of recruitment for the CWAC, and were permitted to wear their own uniforms until CWAC ones could be procured. Little other recognition was to be forthcoming for those who remained participants in paramilitary groups, for the focus was now squarely upon those women who had signed on for a women's service and therefore fell under the control of the Department of National Defence.[388]

The branches of service open to women went on to play a significant role in Canada's war efforts, and while the bringing of women into the fold might have been a novel concept in the 1940's it proved to be anything but a passing fad in terms of soliciting participation from the nation's women. While recruitment figures certainly slowed and stagnated as the war progressed, the total number of women who opted to enlist in one of the three women's service branches was considerable.[389] Roughly 50,000 women served in the Canadian military during the Second World War, the vast majority ultimately joining either the Canadian Women's Army Corps or the Women's Division of the Royal Canadian Air Force.[390] Yet, this new approach to soliciting the labour of women during a time of global conflict brought with it a host of concerns regarding how to best deal with

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[388] Pierson, *"They're Still Women After All,"* 103.

[389] Pierson discusses some of the challenges recruiters for the CWAC and other services faced, including the simple fear that women who opted to enlist might be seen as "unwomanly" or face the disapproval of their friends and family. For a discussion of this, see: Pierson, *"They're Still Women After All*," 132-141.

[390] The exact numbers of women in each branch of service varies depending on the source used. Veterans Affairs Canada maintains that the CWAC and the WD has "some" 21,000 and 17,000 members, respectively on their website, though elsewhere lists slightly higher figures.

that fact that Canada now officially had “women-at-arms,” and what issues- real or imagined- this turn of events heralded.

Warrior-Women Worries: Silk Stockings and Healthy Bodies

It is perhaps unsurprising that the introduction of women to the nation’s military roster spawned numerous concerns from both military leaders and Canadians generally. Here was something new under the sun: women were being called upon- forced by circumstance, even- to enter a realm hitherto envisioned as almost entirely the purview of men, namely the business of war. While the focus of this chapter is primarily on venereal disease control and education among Canada’s uniformed women, it is worth briefly contextualizing these concerns as part of a broader anxiety surrounding the entry of women into Canada’s armed forces. Venereal disease was a serious issue for Canada’s servicemen too, and much attention was paid towards limiting its impact on the war effort, but the matter of sexual health among Canada’s male soldiers was nothing new. While men might be called to don uniforms and adopt a noble bearing for king and country, there also existed a grudging acceptance that sharp khakis and just purpose nevertheless did not stamp out bad behaviour. Men at war found myriad ways to get into trouble, and various unofficial and official avenues existed to reign in the worst of their misbehaviours. The occasionally misdeed by a male soldier, sexual or otherwise, was as much a recognized part of the Canadian military experience as shouldering a rifle or marching.

This conventional wisdom that much of how to train and discipline a soldier had been “figured out”-was not applicable to Canada’s enlisted women, however. The standards of dress, training and behaviour which had been adopted, tested and adapted for decades

needed to be reassessed, both to better suit the roles women were expected to play in the military and to ensure that a respectable double standard became enshrined as the status quo. Respectability- the piece of the puzzle which allowed the military to embrace the unusual in recruiting women while still paying honest homage to social expectations of womanhood- became an important aspect of the image the women's services aimed to promote, and matters of feminine decency and dignity were taken very seriously.

Some of the measures meant to protect the reputation of the women's services were figured out soon enough and without much fuss. Nor should some of the answers for the most straightforward questions- such as whether or not barracks would be segregated by gender (they were)- come as any surprise. Still, even the obvious matters required the allocation of resources both material and mental. One such question was regarding the accessibility of senior positions within the proscribed set of tasks women undertake. Certainly at least some of the more prestigious and authoritative roles within what had been safely deemed as work suitable for women remained the purview of men; senior clerks, upper-level cooks and those in charge of telephone operations were positions expected to be filled by men where possible, since these positions were ultimately "in charge" and therefore the final link answerable in the chain of responsibility.[391] Complementing this ideological devaluation of women's work was a financial one; while rates did change over the course of the war, women could generally expect to receive lesser remuneration than their brothers-in-arms. For example, women in all branches of service began the war making a two-thirds wage, though this would improve to some degree (including fully for women who found themselves in the trades, who were paid

[391] Pierson, "*They're Still Women After All,"* 105.

the same wage as men) over the course of the conflict.[392]

Uniforms, discipline, the specificities of the chain of command in the women's services: all of these were matters which had to be ironed out before long. Yet, for what it was worth, much of this initial setup was very much a matter of revisiting an existing skeleton with a mind for putting a female musculature over top. Dress had to be practical and smart for men: it also had to be feminine for women. The use of barracks as a way of organizing troops and providing accommodations for them was well known by 1939, but changes needed to be made to accommodate their new female occupants. The chain of command was one of the quintessential concepts associated with the military, and for the women's services the issue was essentially "what man will command these women when it really matters?"

Yet, when turning to the matter of healthcare the question of adaptation versus whole cloth invention became decidedly more complex. On one hand the necessity of good hygiene had long become a talking point in military medicine, for reasons both practical (keeping troops fighting fit) and cultural (an obsession with germ theory), and it went without saying that some of the general expressions of good health practices were broadly transferrable. On the other hand, the newfound acceptance of women in the military raised questions concerning what unique health information they required and whether advice created for men could simply be ported over to the women's services.

The survival of sample lectures and similar materials helps illustrate what aspects of women's health were emphasized in the services, and what adaptations were made specifically for female personnel. While venereal disease was a significant component of

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[392] Pierson, "*They're Still Women After All,"* 117.

health lectures, the specifics pertaining to that topic is handled later in this chapter; other health issues, including basic health principles, were typically used as introductory content before tackling the twin topics of sex and sexually transmitted infections.

Lectures for female service members often began with an admonition against uncleanliness generally and a reminder of the communal nature undergirding life in the military. "Living in groups," was an essential part of health lectures, the goals being to teach women to "give more thought to the feelings of those around [you] than to [your] own comfort or convenience," and to keep in the back of their minds that "[a woman] is much more successful and happy if those around her find no cause for personal objections."[393] While learning to live among one's comrades was not unique to women's lectures the view that personal success and happiness, rather than fighting efficiency, was part of the goal did not appear to feature heavily in men's health lessons. While lecturers were encouraged to praise the good levels of health and hygiene women tended to arrive to the services with, they were also instructed to remind women that such high standards needed to be maintained despite the new environment in which they found themselves.

The importance of rest, recreation and bathing were also typically mentioned, with the occasional reference to popularity and the desirability thereof present and accounted for. As an example of the emphasis present in lectures on being likeable (and this being a root cause of happiness), sample lecture material suggests that lecturers share with audiences the value of enjoying recreation as part of a larger group, rather than alone: "the girl or woman who has no interest in recreation, and especially in recreation with the group or

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[393] *Living in Groups*, in "Lectures to be Given C.W.A.C. by F.M.O.," [n.d.], 1, LAC, RG 29, vol. 208, file 311-V3-3, part 3.

unit she is attached to, is going to be unpopular and unhappy."[394] It is difficult to tell whether this statement was crafted with reverence to some feminine ideal or, as might be the case, in order to reinforce existing policies within services like the CWAC which aimed to restrict women from working or relaxing on their own in all but special situations.[395] Popularity is again stressed when the lecture turns to bathing habits; anything less than daily bathing is discouraged, as is avoiding being someone who "the person next to. . .wishes would transfer or would discover the bathing habit."[396]

"Customization" and presentation apparently featured in these medical lectures, or were at least suggested as referenceable content to lecturers. Deodorizing products were provided to enlisted women, though sample lectures stress that shopping around to find a scent and product which one prefers is always a possibility (and suggest using said products on sanitary napkins). Nail styles and colours are left vague, though reminders are made to ensure that no dirt or dark rings can be seen under the nails. Unlike in men's general health lectures the appeal of service uniforms is also noted (at least in CWAC lectures), with the enjoinder to keep in mind that "the men in the army are very proud of the appearances of the women in their section of the armed forces."[397]

Generally speaking the WRNS and the WD did not differ greatly in terms of general medical knowledge provided through lectures, though it seems fair to conclude that the

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[394] *Living in Groups*, 2.
[395] "Buddy systems" or "strength in numbers" policies were an important part of education and organization for women's services. In some cases, such as within the CWAC, women typically could not be given assignments as anything less than a 12-strong section. See: Ruth Roach Pierson, "The Double Bind of the Double Standard: VD Control and the CWAC in WW2," *The Canadian Historical Review* 102, no. 3 (2021); 545.
[396] *Living in Groups*, 2.
[397] *Living in Groups* 2-3.

WRNS received a bit more in the way of specialized information on account of the peculiarities of naval life. WRNS medical officers, in addition to presenting the usual content, dealt with topics like ventilation onboard claustrophobic and stuffy vessels; some sample lectures also seem to stress other health issues which may have been more troublesome in the confines of a ship, such as spotting and managing lice infestations or coughing etiquette.[398] As discussed later, other educational materials such as films and pamphlets scarcely differed between the services, if at all; while this does simplify examining the medical information given to enlisted women, it also hints at the possibility that creating content specific to each branch of service was seen as unimportant, which was less the case for Canada's male soldiers.[399]

Other facets of health lectures for servicewomen were also shaped by contemporary assumptions about womanhood and the particularities of the female body. Undoubtedly the perceived temporariness of military service for women and the core belief that the end of the war would herald a return to ordinary womanhood and, by extension, motherhood, did a great deal to influence the medical information shared by military health officials

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[398] *Precis of Hygiene Talk to Wrens*, 1943, 1-4, RG 24 D-1-c, vol. 34281, file 4478-14, part 1. There is evidence to suggest that, as expected, women's service lecture content was broadly distributed between the services. In fact, one letter states that the H.M.C.S. Bytown's officers were educated not by naval personnel, but by a WD officer, though this cooperation was deemed undesirable at times. When the commanding officer of the H.M.C.S. York requested that some similar arrangement be made for the women attached his vessel on account of only having male-tailored content to hand the acting venereal disease officer for the navy denied the request, indicating that having a male officer (presumably trained to deliver lectures to men) give the lectures was preferable to reaching out to female officers from the Air Force. See: Acting Venereal Disease Officer, R.C.N. to Commanding Officer of the H.M.C.S. York, October 26th, 1944, RG 24 D-1-c, vol. 34281, file 4478-14, part 1.

[399] Of course, educational content was also shared between the branches of service for men, though the existence of films, pamphlets, lectures and posters catering to each branch is easily observed, and discussed somewhat in the previous chapter.

through lectures and other mediums. While the ways in which the coupling of marriage and womanhood influenced medical education in the military will be discussed later in this chapter, it is worth noting here the power of assumption that has been observed so far. Canada's uniformed women were not to serve on the frontlines- their role was to provide logistical, administrative and, sometimes, technical support- because it was assumed that theirs was an inherently domestic and unwarlike nature. Women's health was a serious concern for the military because the health of all its recruits was important for securing victory, but the advice on how to remain happy and healthy while in uniform was in part shaped by the assumption that women were somehow distinctly social creatures, driven to melancholy by matters like unpopularity and slovenliness.

Still, in many ways bringing women more directly into Canada's Second World War was not a purely novel undertaking. Much of the scaffolding provided by ordinary military policies and procedures remained useful, with only the barest considerations required to adapt them for the women's services. Turning to the subject of venereal disease control and education, though, one observes noteworthy differences between programs for military women and their male counterparts.

"Everything to Lose and Nothing to Gain": Lectures for Servicewomen

What parallels can be drawn between venereal disease control and education as it was for Canada's uniformed men and women? Certainly, the principal aims of both programmes were straightforward enough to deduce: regardless of whether the recipient of education or censure was male or female, the goal remained to keep them fit for service in the face of infections cast as intractable and insidious foes. The impact of venereal disease on Canada's military effectiveness was understandably a serious concern

in the midst of a global conflict, as were matters of health generally. Similar too was the underlying blend of tension and cooperation between moral and medical approaches to the problem of sexually transmitted infections, for the prevailing view from on high maintained that sex and its consequences were as much of a physiological topic as they were a moral one.

Yet, in looking for parallels one risks losing sight of the ways in which venereal disease control and education was fundamentally shaped by who was on the receiving end of it. Women and men did not receive the exact same information regarding the risks of exposure to syphilis and gonorrhea, nor could they even if educators were more keenly aware of the influence prejudice and preconception played in moulding their perspective. To some degree the role of biological sex must be acknowledged, in that it played some part in how venereal disease was diagnosed and treated. While the discussion which follows will occasionally note how treatment was altered by contemporary anatomical knowledge (flawed or otherwise), the focus here is more on the features of the military venereal disease control project for women which were, put simply, the product of subjective thought rather than scientific fact.

As was the case for Canada's uniformed men, lectures represented one of the three essential pillars of military venereal disease education, a foundational base upon which the knowledge gleaned from literature and film could be heaped. Frequent or semi-frequent health lectures were ostensibly a frequent part of life in the military, the objective being to reinforce the importance of bodily health by repeated exposure to warnings and advice. The notion that drilling troops again and again until some practice or fact is rendered rote was, of course, a defining feature of military training generally;

marching, drilling, fighting and discipline were all established not by isolated exercises, but through repeated exposure under the watchful eyes of a soldier's superiors. Given this common-sense understanding of frequent training's value, it is surprising to note the degree to which venereal disease lectures were apparently neglected, at least where the CWAC was concerned. A survey of 71 CWAC formations in March, 1945 found that these units were far less likely to hear regular lectures than many male units, though no explanation for this disparity was provided. Thirty-five percent of the CWAC units interviewed reported that venereal disease lectures were held regularly, a figure not dissimilar to the thirty-one percent rate reported by "Operational Units" (that is, units which were actively deployed).[400] By comparison, male units in district deports or basic training were quite likely to participate in regular venereal disease lectures (an average of eight-five percent of recruits between these two locations), and on the whole roughly half of all male units in the army regardless of their disposition or deployment held frequent venereal disease lectures.[401] For the month of January, 1945 eighty percent of all male units reported having held venereal disease lectures (likely related to the relative quiet of the month after five months of hard fighting): only fifty percent of CWAC units followed suit.[402]

Accounting for this lecture disparity between the CWAC and male army personnel is difficult, though it is tempting to assume that part of it can be explained away as the product of emphasizing the importance of men's health- which had a readily quantifiable

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[400] Research and Information Section, *Venereal Disease: Unit Practice and Opinion* (March, 1945), 7, LAC, RG 24, box 12612, file 11/HYG V.D./6/3, 1.
[401] *Venereal Disease: Unit Practice and Opinion*, 1.
[402] *Venereal Disease: Unit Practice and Opinion*, 1.

impact on combat readiness- over that of women. Certainly, the limited availability of female lecturers (who were preferred, but not mandatory) was occasionally both a contributing factor and result of this mentality. While there is not much in the way of evidence to suggest that the CWAC was extraordinarily short on female medical officers, if one is willing to view the women's services as a whole there is some indication that naval personnel struggled to ensure such individuals were near to hand.[403]

Where the content of the lectures was concerned, certain patterns of what information was emphasized and how it was supposed to be presented are readily discernable. One of the key aspects of venereal disease lectures was an acute focus on the tensions caused by the dualistic clashing of normality and abnormality engendered by the overwhelming and totalizing influence of global warfare. Lecturers were instructed to freely contrast military and civilian life, stressing the ephemeral nature of the former and the coming return of the latter. "You are being educated not only for your present military duties," one sample CWAC lecture declares, "but also for the future in order to make you more useful citizens, better home makers, and better mothers after the war."[404] While the nobility of military service is never questioned the tendency of war itself to breed moral laxity and reckless behaviour is the default assumption present in lectures, though this was not exclusive to the presentations held for uniformed women. What was different, however,

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[403] Once again, an example of a this is: Acting Venereal Disease Officer, R.C.N. to Commanding Officer of the H.M.C.S. York, October 26th, 1944, RG 24 D-1-c, vol. 34281, file 4478-14, part 1. It is difficult to guess how isolated the case of the H.M.C.S. York was, though it is not unreasonable to suppose that one of the reasons behind the CWAC's low lecture frequency was a similar lack of qualified lecturers, or said lecturers simply lacking the time or directive to lecture with any regularity.

[404] Office of the DMO, M.D. 13, *Suggested Venereal Disease Lecture Material for C.W.A.C. Personnel*, [n.d.], 1, LAC, RG 29, vol. 208, file 311-V3-3, part 3.

is the degree to which lectures for women invoke a return to normal life as the end goal of service. The assertion that "some day. . .the war is going to be over and you will be back in home in civilian life" is, unlike in many men's lectures, not a remark reserved for the introductory or closing segments of a talk, but was instead liberally sprinkled throughout many lectures, perhaps partially due to the assumption that military women were not expected to perish in combat.[405] By way of comparison, the *Protection Against VD- 1944* lecture schedule (issued by Canadian Military H.Q. and intended for male audiences) only once reminds lecturers to specifically mention the long-term familial and civilian implications of untreated venereal disease, favouring instead an approach which stresses the curability (and, by extension, the lack of lasting consequences) of venereal disease in cases where moral instruction and common sense protection had failed.[406]

Discussions of reputation too were frequently invoked in lectures for Canadian servicewomen. One of the primary battles, it seemed, was to emerge from the war unblemished by scandal and ready to return to an ordinary and dignified state of womanhood without the reputation garnered by contracting venereal disease or partaking in the sexual activities which served as the vessel for its spread. In a sample lecture prepared for WRCNS the lecturer is instructed to warn women that "by having sexual

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[405] *Suggested Venereal Disease Lecture Material for C.W.A.C. Personnel* is a great example of how overbearing this message could be. The proposed lecture is just under ten pages in length, and references to the abnormality of military life, promises of a return to civilian life and the wisdom in being a "clean woman" in anticipation that transition are on six of them.

[406] Canadian Military Headquarters, *Treatment and Prevention of VD*, in "Precis of Lectures, Protection Against V.D.," [n.d., c. 1944], 1, LAC, RG 24, box 12612, file 11/HYG V.D./6. To be fair, since lecturers were free to tweak their presentations it does remain possible that some chose to lean more heavily into a "return to normal" narrative. The fact remains, however, that official documents only occasionally recommend this approach when dealing with male audiences.

intercourse outside of marriage a girl loses her reputation. She becomes an outcast from decent society. Men have nothing to lose so they pass the information on to their friends."[407] While the "double standard of morals" which existed is recognized, "it exists and wise girls act accordingly."[408] This injunction to preserve one's womanly dignity and reputation lest they become a pariah was a fundamental feature of venereal disease lectures for women in uniform, and lecturers were encouraged to play upon social fears on the odd chance that this tactic could prove effective. In a memo distributed to many of the domestically stationed medical officers, camp officers and district officers (from Pacific Command to Ottawa Area Command), Major-General H.F.G. Letson spoke to the role of reputation in venereal disease education:

> Education and guidance of personnel in forming sound principles on which to base their personal conduct, with the purpose of reducing promiscuity, cannot be divorced from V.D. Control. The position of the promiscuous girl in society and the masculine opinion of the girl who is labelled as promiscuous are two strong points of attack against promiscuity and loose behaviour, which are the basic causes for the high rates of venereal disease and illegitimate pregnancy in the C.W.A.C.[409]

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[407] *Talk to W.R.C.N.S.*, [n.d., 1944-45], 3, RG 24 d-1-c, vol. 34281, file 4478-14, part 1.
[408] *Talk to W.R.C.N.S.,* 3.
[409] H.F.G. Letson to G.O.C.-in-C, Pacific Command, All D.O.'s C., "W" Force et al., *Venereal Disease Control: Program and Policy (C.W.A.C.),* 1, RG 24 d-1-c, vol. 34281, file 4478-14, part 1.

The core tenet espoused in this declaration was evidently taken to heart by those who put together the materials meant for venereal disease lecturers, and outlines a unique facet of the education policy for military women. It is interesting to note that the issue of reputation was not usually described as a matter of a woman's reputation among her sisters-in-arms; the reputation of a lady in the eyes of other women was apparently not cause for concern. The presumed heterosexuality of servicewomen was wielded as a weapon to create fears of shame or dishonor in the eyes of men, military and civilian alike, and to posit that a besmirched reputation would result in heartbreak, gossip among male troops, and ultimately an inability to find a husband.

In tandem with appeals to personal and male pride was a sort of "duty to the corps," though this too was sometimes presented as more a matter of reputational purity than military efficiency. The (correct, but morally charged) concept that a servicewoman who contracted venereal disease was a military liability was taught, certainly, but so too was the idea that a woman who dishonoured herself by engaging in premarital sexual activity also threatened the reputation of her corps. In garnering a reputation for personal promiscuity, a woman heaped "dishonour upon her unit or the Corps as a whole," thereby threatening recruitment efforts and the continued operations of the women's services. For servicewomen the duty to remain as a beacon of virginal purity was collective and essential, despite the fetishized desire a woman in uniform might arouse in men. "Sometimes you hear among civilians that men and women in the army are rather free and easy in their thoughts and actions," one lecture warns, adding that a woman ought to

"do what [she] can to dispel these unpleasant rumours."[410]

As Ruth Roach Pierson notes in "Ladies or Loose Women: The Canadian Women's Army Corps in WWII," the "whispering campaign" against uniformed women became a serious concern among military authorities during the mid-war period. Reports and investigations yielded that civilians occasionally held unflattering views of the CWAC in particular, including unfavourable assumptions to the effect that CWAC women were frequent carriers of syphilis.[411] Camp inspectors in Manitoba reported that CWAC women had been found both on and under the beds of male personnel.[412] While a great deal of the rumour mongering was just that, military officials took seriously the prospective negative effects poor reputation could have on harnessing Canadian womanpower. The end results of this campaign to stamp out a campaign were varied, but one of its lasting legacies can be seen in venereal disease lectures. While a man was typically taught that his absence due to venereal disease could get his comrades killed, a woman with the same infections was meant to believe that she stood to get her entire service killed via salacious gossip and pernicious rumour.

Though lectures stressed the pride men could have in their female comrades, they also warned of the dangerous, reckless and uncaring sexual urges these same men were apt to display when the opportunity presented itself. The language used in describing the proclivities of men in uniform ranged from politely academic to outright unflattering, but always emphasized the disparity in risk men and women took when fooling around. In

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[410] Office of the DMO, *Suggested Venereal Disease Lecture Material for C.W.A.C. Personnel*, 1.
[411] Ruth Pierson, "Ladies or Loose Women: The Canadian Women's Army Corps in World War II," *Atlantis* 4, 2 (1979): 249.
[412] Pierson, "Ladies or Loose Women," 249.

one lecture precis women speakers were told that the man's reproductive instinct was a "creative, short-term policy."[413] By nature's design sex was, for men, meant to be "oft repeated to ensure survival and advance of [the] race by fertilization of as many eggs as possible." Women, by contrast, inherently desire long-term relationships in order to protect their offspring, rendering the act of union itself largely "insignificant."[414] Besides the irony inherent in hand-wringing about promiscuity while simultaneously denying the significance of sex for women, this language also reinforced the notion that venereal disease education for servicewomen was portrayed as something more than common sense; the science was in, and pleasure was not an essential part of its conclusions.

When appeals to "human nature" failed to convey the dangers of male sexuality, more plainly worded discussions could be had. Returning again to CWAC lectures, warnings such as "you may think your boy-friend is all right because he is such a fine fellow. . .just remember that half of all men in the world have venereal disease at some time in their lives," were employed.[415] Servicemen too were deemed unsafe lovers, despite the medical examinations they regularly underwent as part of everyday life in the military, and were perhaps even more dangerous as a result of their service. Just as women in uniform might long for the comforts of civilian life and forget themselves when the opportunity to mingle with men presented itself, men accustomed to being kept away from women by the ebb and flow of wartime service were prone to letting "their

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[413] *Precis of Hygiene Talk to Wrens*, 2.
[414] *Precis of Hygiene Talk to Wrens,* 2.
[415] Office of the DMO, *Suggested Venereal Disease Lecture Material for C.W.A.C. Personnel*, 3.

emotions run out of control."[416] In effect, the message was that men might be noble in their aspirations when signing on to fight in Canada's war, but war itself unleashed something predatory and heartless in all but the best of their sex.

Some of the descriptions of heterosexual male sexuality in lectures seem to portray it is a rather seedy thing, almost in hopes of conjuring feelings of revulsion and horror. Intercourse with a promiscuous man is described using terms like "violent love making," obviously meant to invoke feelings of fear (though, it must be said, such descriptions may have further advertised the taboo appeal of casual sex) and to rob any sort of premarital sexual encounter of any emotional value.[417] Women were warned too that the sort of fellow who was willing to have sex with them was likely not monogamous in the slightest, his apparently monstrous libido likely to lead him to other women before long; by these uncontrollable urges a man made himself unclean of body and mind, even if he was a woman's comrade.[418] One cannot help but conclude that the negative mystification of male sexuality present in venereal disease lectures was nothing less than an attempt to scare women away from having sex through a moral-medical appeal to the inherent uncleanliness and unpalatability of men at war, who carried illness and forsook all of the emotional and spiritual parts of sex and were therefore poor partners.

Of course, alcohol was deemed to be a potent weapon wielded by this "predatory male" archetype, and it should not come as any surprise that many venereal disease

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[416] Office of the DMO, *Suggested Venereal Disease Lecture Material for C.W.A.C. Personnel*, 5.
[417] Office of the DMO, *Suggested Venereal Disease Lecture Material for C.W.A.C. Personnel*, 5.
[418] Office of the DMO, *Suggested Venereal Disease Lecture Material for C.W.A.C. Personnel*, 5-6.

lectures contained warnings about the dangers of drinking as a servicewoman. In some instances the warnings were clear-cut and without nuance, leaving the matter at "don't drink in the company of men, especially casual acquaintances."[419] Other times, lecturers preferred to approach the topic of drinking from a less prescriptive angle, preferring instead to simply describe the dangers of mixing alcohol and men. "Nothing plays a greater part in removing inhibitions and good judgement than liquor," a WRCNS talk warns, adding that "men who try to seduce women always give them liquor to drink and they often succeed because of it."[420] In this specific the lecture's author also took the opportunity to associate men who use alcohol to coax sex out of women with another worrying behaviour, namely attempts to seclude women through invitations to hotels or rooming houses.[421] While warnings against potentially predatory men with shady intentions were rather relevant for women heading for a night out on leave, it is nevertheless significant that these warnings are given not in the context of avoiding sexual assault, but venereal disease.

Whereas sexual assault was, at best, merely alluded to, unwanted pregnancy was almost never mentioned as a consequence of sex. Pamphlets and posters (the latter prone to catering to male personnel) only really mention pregnancy as something military women ought to aspire to in the future, and which could be threatened by untreated venereal disease infections. Lectures did sometimes mention pregnancy, though this was often in passing or as a supplementary point. For example, in sample lectures for

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[419] Office of the DMO, *Suggested Venereal Disease Lecture Material for C.W.A.C. Personnel*, 6.
[420] H.G. Baker, *Talk for Wrens*, March 29, 1944, 3, RG 24 d-1-c, vol. 34281, file 4478-14, part 1.
[421] Baker, *Talk for Wrens*, 3.

WRCNS personnel lecturers were expected to simply mention that the lot in life of illegitimate children tended to be poor.[422] The lack of emphasis on pregnancy is easily explained: the women's services did not want to entertain the notion of accommodating pregnant women and, unlike those who caught venereal disease, those who became pregnant were unceremoniously sent home in civilian clothes as a mark of shame.[423]

What does appear to be true is that that sample lectures on the whole contain little condemnation of drinking itself. The most obvious explanation for this is simple enough: drinking was assumed to be a part of military life and was a potent salve for jockeying forces of stress and boredom men and women in uniform both had to face; one lecture precis supports this interpretation with the simple advice that lecturers "don't preach T.T."[424] When considered in tandem with exhortations to avoid the lusty and devious advances of men it does appear that- to some degree- the perceived problem with drinking was that it provided occasion for the sexes to mingle more than anything else; in this mindset, perhaps a degree of the more liberal attitude found in some venereal disease lectures for men could be found.

While much of the "advice" discussed thus far has amounted to little more than fear or mistrust of female sexuality among young servicewomen, reinforced by the presumption that Canada's military ladies were a touch naïve to the dangers of men, there were some who hoped that the women's services could also be an uplifting force in the battle against venereal disease. In a memo to allied forces in the Central Mediterranean theatre the

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[422] Baker, *Talk for Wrens*, 3-4*; Precis of Hygiene Talk to Wrens,* 3.
[423] Pierson, *'They're Still Women After All,'* 183; Sarah Hogenbirk, "Women Inside the Canadian Military, 1938-1966," PhD diss. (Carleton University, 2017), 84.
[424] *Precis of Hygiene Talk to Wrens*, 2.

women's services are listed alongside religious organizations as positive contributors to the overall moral conduct of male personnel.[425] Praising the "high standard of conduct" shown by servicewomen, the memo recommends that "Women's Auxiliary Services by employed to the greatest extent in all base areas," since the presence of (white, rather than local) women "raises the standards of conduct of the troops."[426] When planning for the venereal disease campaign in continental Europe was underway the role of Canadian servicewoman in curbing bad behaviour among troops was again lauded in almost the exact same terms (and again, as part of a larger moral-uplift campaign featuring religious organizations).[427] These avowals that Canada's servicewomen were able to positively contribute to venereal disease control among servicemen through their very presence alone, while intended to be flattering (and betraying racialized fears of intermingling with Italian women), nonetheless remained somewhat at odds with other messages heard in venereal disease lectures.

Regardless of the comparative increase, compared to men's venereal disease lectures, in moralizing and worry-mongering, venereal disease lectures for servicewomen were not bereft of genuine medical advice. The fact remains that women who may very well have never been exposed to any scientific information concerning venereal disease were able, via these lectures, to learn a little about the signs, symptoms and implications of either a

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[425] Brigadier R. Lees, Colonel Young et al. to D.M.S., A.F.H.Q., [n.d., 1944?], RG 24-C-2, box 12610, file block 11.
[426] Lees et al. to D.M.S., A.F.H.Q.
[427] *Suggested Organization for the Control of Venereal Disease Among Cdn Troops in Continental Europe,* [n.d., 1944?], 2, RG 24-C-2, box 12610, file block 11. In the same file block one can find minutes from a meeting of medical officers and other officials which bears the same name that also seems to suggest (albeit, in more vague terms) that white women from Canada were a positive moral influence among male troops.

syphilis of gonorrhea infection, and could put this information to use should they suspect that they were ill. Perhaps the most basic information imparted by lecturers was that these two infections were not the same, that "one does not change into the other," and that it was indeed "possible. . .for a person to have both at the same time."[428] Whether the idea that syphilis and gonorrhea were the same thing was assumed to be widespread or simply a point worth noting is difficult to ascertain, especially when one considers the aforementioned lack of general knowledge on these taboo topics in contemporary Canadian society. Certainly, the evidence does suggest that Canada's military medical officials believed the latter to be true, and some lectures set aside time to dispel misconceptions about venereal disease that women were believed to arrive in the military with.[429]

Usually after defining terms lecturers were instructed to provide a rough breakdown of the symptoms of infection, dealing with each illness in turn. The burning sensations which typically accompany a gonorrheal infection are mentioned, as are allusions to the relative ease with which such infections are cleared up with proper treatment, causing "the discomfort and evidence of disease to disappear rapidly."[430] The degree to which lecturers lingered on describing symptoms did vary, with some largely confining their presentation to the more commonplace burning sensations and yellowish discharge and others diving into greater detail. One lecture, for instance, takes great pains in describing

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[428] Office of the DMO, *Suggested Venereal Disease Lecture Material for C.W.A.C. Personnel*, 7.
[429] *Suggested Outline of Talk for C.W.A.C. Personnel*, [n.d.], 4, RG 29, vol. 208, file 311-V3-3, part 3. Note that this particular outline highlights the specific belief that all venereal disease was the same illness as one which needed to be dispelled.
[430] Office of the DMO, *Suggested Venereal Disease Lecture Material for C.W.A.C. Personnel*, 7.

the progress of the gonococcus as it travels through the female reproductive system, and this description was meant to be accompanied by hand-drawn diagrams at certain intervals.[431] Individual lectures also varied in terms of describing the process of diagnosis and treatment, with in-depth consideration seldom being shown for the latter and only sometimes for the former. While the generalized advice to consult a physician in case of concern was commonplace enough, some lectures sought to assuage listeners by assuring that the process of diagnosis itself was discreet (or as discreet as such a sensitive topic allowed), effective and an essential step to beginning treatment. "Diagnosis," one especially informative lecture states, "is made by taking a very fine film of pus on a glass screen and examining it, after it has been suitably stained, under a microscope."[432]

Common to most lectures was an outline of the lasting medical consequences of untreated gonorrhea, which itself presented another opportunity to affirm the trajectory women were expected to take when the abnormality of war subsided. Besides chronic arthritis, which is usually mentioned in passing, lectures almost never neglect to remind audiences that gonorrhea could compromise a woman's ability to have children. The language used in giving warnings about gonorrhea-induced sterility is sometimes dispassionate and factual, but occasionally does come across as more fear-inducing or grave. A lecture written for CWAC personnel warns that any woman who is "foolish enough" expose themselves to gonorrhea needs to seek treatment promptly, for in avoiding doctors or attempting to conceal her infection a woman runs the risk of "the

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[431] *Venereal Disease,* in "Lectures to be Given C.W.A.C. by F.M.O.," [n.d.], 2, LAC, RG 29, vol. 208, file 311-V3-3, part 3.

[432] *Venereal Disease,* in "Lectures to be Given C.W.A.C. by F.M.O.," [n.d.], 2, LAC, RG 29, vol. 208, file 311-V3-3, part 3. This is, of course, the procedure for gonorrhea only, as syphilis is dealt with separately.

delicate female organs" being "destroyed."[433]

Where syphilis was concerned lectures tended to be more worrying, an approach likely resulting from the relative seriousness of a syphilis infection compared to a gonorrheal one. Broadly speaking, lectures which tended to shy away from providing much detail about one infection followed suit with the other; a lecture which was not especially interested in sharing the minutiae of bacteriology, for example, would not discuss either the gonococcus or spirochete in depth. However, the asymptomatic nature of some syphilis infections and the potentially lethal results of untreated syphilis gave ample occasion to scare audiences straight. Paralysis and insanity are always mentioned as the results of untreated, late-stage syphilis, frequently alongside warnings about the irreparability of any damage caused to vital organs due to syphilis.[434] The language used to describe syphilis (terms like "silent," and "gnawing," are deployed in many instances) is colourful and concerning in equal measure, and the suddenness with which it lands its final blows against the infected- hitherto unaware of their infection- is stressed.[435]

The potential for syphilis to harm the unborn also featured heavily in venereal disease lectures for women, much more so than in lectures for servicemen (which, to be fair, do sometimes mention it in passing). It should come as little surprise that, given the prevailing social expectations of womanhood and its synonymity with motherhood,

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[433] Office of the DMO, *Suggested Venereal Disease Lecture Material for C.W.A.C. Personnel*, 8.
[434] As alluded to in the text, the physical and mental debilitations caused by syphilis feature in lectures without fail. One especially interesting example also lists the statistical degree to which other common conditions, such as heart disease, were caused by syphilis. See: *Suggested Outline of Talk for C.W.A.C. Personnel*, 2.
[435] Office of the DMO, *Suggested Venereal Disease Lecture Material for C.W.A.C. Personnel*, 9.

medical descriptions of syphilis for servicewomen focussed not only on its audience's bodies, but also the bodies of those who were yet to exist. The deformities and risk of mortality for children of syphilitic mothers is, again, almost always mentioned as one of the main concerns a woman ought to have. One lecture even goes above and beyond in describing how harrowing an experience giving birth to a child while suffering from untreated, undetected syphilis could be: "the first indication of the disease may be the birth of a deformed monster."[436]

Couched in dire warnings, however, was perfectly serviceable advice about syphilis detection as it pertained specifically to women. Many lectures noted that syphilis was doubly difficult for women to detect because one of the typical signs of early syphilis- a lump or sore on the genitals- often occurred inside the vagina, where it could often escape notice before disappearing without any visible trace.[437] Given this fact, the emphasis on undergoing a blood test after potential exposure was not unreasonable, and did represent the most effective way of discerning whether a woman was in need of treatment.

Mentions of the favourable prognosis in venereal disease cases (when detected early and treated properly) was a significant example of where a more liberal and practical mindset towards sexual education prevailed. Even in cases where lecturers favored a heavy-handed, moralizing approach there remained the militarily and medically necessary mentions of how modern medicine could affect rapid and lasting cures for those who became infected. While *Suggested Venereal Disease Lecture Material for C.W.A.C. Personnel* is one of the more paternalistic and openly judgemental precis used

[436] *Talk to W.R.C.N.S.,* 2.
[437] *Talk to W.R.C.N.S.,* 2.

during the war, even it is forced to concede that "we now have excellent and rapid means for cure."[438] Besides speaking to the professed supremacy of contemporary medicine's power and the sagacious minds of those who wielded it, the fact that lectures admitted that even those who strayed from the moral path could be saved (in body, at least) must have provided some comfort to audience members, whether because they themselves were sexually active or because they imagined that venereal disease was another one of Canada's foes which needed to be eradicated. Women who strayed, naïve and short-sighted though they might be, were ultimately assured that their shame should not prevent them from seeking out treatment, lest a fleeting mistake grow into a permanent problem. Many lectures also reminded their audiences that medical officers were trained to be discreet, and that their diagnosis and treatment was "the most sacred secret" a woman and her medical officer would share.[439]

One subject from men's venereal disease lectures ubiquitously absent from those presented to servicewomen was early preventative treatment. EPT, as explored in the previous chapter, was a crucial aspect of venereal disease control and education for servicemen and was accordingly received plenty of attention in lectures. For servicewomen, the subject of EPT is never mentioned in talks, except to categorically deny the existence of any preventative treatments or practices which could be turned to before or immediately after having sex. To some degree the deemphasizing of EPT for

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[438] Office of the DMO, *Suggested Venereal Disease Lecture Material for C.W.A.C. Personnel*, 9.

[439] *Venereal Disease*, 4. While the intent behind such assurances was perhaps laudable, it goes without saying that medical records, officials tasked with contact tracing and generally anyone of sufficient rank who needed to be "in the know" certainly would have knowledge of this "most sacred secret."

servicewomen was perfectly sensible, since it was indeed true that no effective treatment kits or routines had been devised for women's use.[440] Likewise, the early treatment centres men were encouraged to use were not available for women on the grounds that post-exposure treatment was less straightforward on account of female anatomy; servicewomen were instead expected to consult with their medical officers after exposure.

Whether the lack of EPT methods for women was a matter or medical technology or, perhaps, the result of an uninterest in researching such treatments remains unknown. What can be said, however, is that some of the more common-sense prevention strategies taught to servicemen were not mentioned to members of the women's services. Chief among the preventative practices women were not educated about was condom use. While condoms were readily distributed to men—albeit with wary warnings that they were no substitute for EPT or avoiding exposure entirely—their availability for women was less straightforward. Servicewomen could presumably use their own money to privately procure condoms, but there was no real mention of their availability through the military in venereal disease lectures. In fact, one lecture outline goes further still by bluntly telling lecturers that "prophylaxis is not to be discussed during the lecture, nor discussed with individual members of the group at the conclusion of the lecture."[441] This outright denial of information, likely to avoid scandal and potentially undermining attempts to promote an "abstinence only" education.

Furthermore, lectures made no mention of how to properly use a condom, despite

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[440] Letson, *Venereal Disease: Program and Policy*, 1.
[441] *Suggested Outline of Talk for C.W.A.C. Personnel*, [n.d.], 1.

medical officers agreeing that they were a valuable tool in the fight against venereal disease.[442] While a woman may not herself wear a condom, she may have very well insisted that any prospective partners did, and having one to hand (and knowing how to correctly use it, since any given partner may not have had any experience in doing so) certainly would have been an asset. In short, while condoms were the frontline of venereal disease prevention for men in uniform, their female colleagues had to either have pre-existing knowledge concerning their use or hope that their partners were in the know.

Where lectures for women differed little from those offered to men was in dealing with the topic of venereal disease misinformation. While fear might have played a pivotal role in discouraging sexual activity, this fear was nevertheless rooted in what was a sound premise: having sex was the only activity which could realistically lead to venereal disease. Lectures decried superstitions about the dangers of non-sexual contact with infected persons, something essential to do in order to establish a baseline understanding that living in groups itself was not a primary cause of venereal disease's spread. "Some persons," one lecture explains, "are afraid to live in the same room or barracks with a person who has venereal disease. There is no danger whatsoever. Every day in civilian life we associate with dozens of infected people."[443] Lecturers were instructed to impress upon listeners that the everyday sharing of utensils, drinking cups, toilets and other communal amenities (since even something as simple as a fork is indeed a communal amenity in the military) was not a real vector for transmission, and that "sexual

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[442] In the case of men's health, once again. The previous chapter contains some discussion of promoting condom use in lectures and pamphlets.
[443] *Talk to W.R.C.N.S.*, 2.

intercourse is the only method of spread of venereal disease."[444] Of course, this scientifically sound advice was doubtlessly important to mention, though the intent in doing so was not only to dispel falsehoods; in exposing that venereal disease was only transmitted through sex, lecturers were also pre-emptively hand-waving away any presumption of innocence on the part of infected persons. Still, for a woman with little exposure to venereal disease education prior to entering the services, this basic information was useful and- perhaps to some limited degree- helped to soften the blow open stigmatization might cause.

Though the overall assessment offered here of women's military venereal disease lectures has been fairly critical, it is worth discussing in brief how servicewomen themselves reviewed the talks they were exposed to. While the statistics and comments most readily available are derived from surveys of the CWAC specifically, they provide some indication of what servicewomen liked and disliked about venereal disease lectures, and what content they found the most helpful or interesting. On the whole, servicewomen appear to have been rather ambivalent towards lectures, or were at least unwilling to consider them particularly interesting unless supplemented with other material.[445] Women appreciated being lectured by female doctors and medical officers, but even the increased comfort this afforded did not make up for a boring talk without some sort of flair or visual aid. "Human interest" stories were more likely to be warmly received by servicewomen than their male counterparts, and "statistics and technical details" were

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[444] *Talk to W.R.C.N.S.*, 2. In some talks for women lipstick is also singled out as being perfectly safe to share.
[445] Research and Information Section, *Venereal Disease: Unit Practice and Opinion*, 5.

often described as uninteresting.[446] There does appear to have been quite some interest in the topic of curing venereal disease among CWAC members; male units were far more likely to find discussions of the cure in lectures uninteresting than their female counterparts.[447]

The Research and Information Section of the Adjutant-General's Branch occasionally found itself having to try and read between the lines of feedback given by servicewomen. Comments such as "volunteers are uninterested in facts which appear irrelevant to the individual" vexed interviewers due to their vagueness and were apparently commonplace when certain topics were brought up.[448] In spite of these uncertainties, however, it was duly noted that women were keen on receiving information about how venereal disease was cured, and while there was some interest in the campaign against syphilis and gonorrhea broadly, servicewomen were not interested in moralizing or having superfluous information foisted upon them.[449] How then do the lectures discussed here hold up to these criticisms? Poorly, it must be said: the strong moral underpinnings of sample lectures and the generally middling amount of medical information they contained suggest that many of the reproaches levied at venereal disease lectures were the direct result of the content previously examined. While lectures were undoubtedly

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[446] Research and Information Section, *Venereal Disease: Unit Practice and Opinion*, 5-6. To be fair, both men and women appear to have been disinterested in more technical details.
[447] Research and Information Section, *Venereal Disease: Unit Practice and Opinion*, 6.
[448] Research and Information Section, *Venereal Disease: Unit Practice and Opinion*, 6. Interestingly, this specific comment was interpreted as indicating a lack of interest in anything besides personal protection measures, such as prophylaxis. If this interpretation was correct, it could hint at a desire for information regarding condom use.
[449] Research and Information Section, *Venereal Disease: Unit Practice and Opinion*, 6. Only CWAC units (2 of them, to be precise) mentioned that being forced to read additional pamphlets after a lecture was odious and undesirable.

valuable in their own right, it is safe to say a great deal of their content was dismissed out of hand by some of the women forced to hear it. Furthermore, there is little indication that novel approaches to speaking about venereal disease with servicewomen were attempted, and there was little effort to use feedback in any meaningful way. Why might this have been the case? The temptation remains to say that the military was not eager to adapt its lectures for servicewomen because they were, at their core, perceived as perfectly adequate. Envisioning a program less hostile to female sexuality (whether that of servicewomen or civilians) would have involved conceding that the program for servicemen was itself flawed, or that there was no difference between the "misbehaviour" of men and women in uniform, a perspective which remained unfathomable in the face of the dominant narrative that female soldiers should not—could not—be treated as anything besides a temporary oddity.

Written Worry, Moving Messages: Literature and Films for Servicewomen

If lectures were the backbone of military venereal disease control and education, written materials were something more akin to a vestigial organ. Though pamphlets had their benefits- they were cheap and easy to produce, portable and could be distributed without fuss- their brevity and disposability relegated them to a support role in the fight against venereal disease. Pamphlets and tracts were usually issued as a souvenir or accompaniment to a lecture or film or were thrust into the hands (and pay envelopes) of soldiers about to head out into the medical minefield that was leave. Other literature, such as posters, were by design passive conveyers of information, the hope being that if enough material was posted about at least some fraction of the military population would

stop to take in the message on offer.[450]

Venereal disease literature for servicewomen came in two varieties. Some of the pamphlets and posters issued for use in women's formations were not specifically made for ladies in uniform, and were the same content issued for members of the Canadian military as a whole.[451] Tailor-made material was decidedly more uncommon, though it did exist and was seemingly deployed early in the venereal disease curriculum for women. Both are considered here, though in the case of the former the focus is on discussing whether the use of "generic" content was appropriate or effective for a female audience.

Somewhat bafflingly, there do not appear to have been readily available posters in the Canadian military which were specifically made for women. Even by 1945, women's units complained that the posters available to them were broadly "not suitable for women."[452] The concern that posters were "designed for men instead of from the women's point of view" indicates that female units were simply issued the same posters as everyone else, an especially noteworthy blunder when one considers that a great many of the venereal disease posters used by the Canadian military decried sex workers, ignorance of EPT and other topics meant to resonate with a heterosexual male

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[450] The ephemeral nature of health posters (and how historians sometimes treat them ephemerally) is discussed in: Roger Cooter and Claudia Stein, "Coming into focus: Posters, power, and visual culture in the history of medicine," *Medizinhistorisches* 42 (2007): 183-187.

[451] How many of these "generic" (i.e., made for men) materials were shared with female personnel? It remains unclear. *Victory over Disease* is mentioned below, though it is difficult to assess just how much of the material made for men was frequently shared with women.

[452] Research and Information Section, *Venereal Disease: Unit Practice and Opinion*, 9.

audience.[453] The outright vilification of so-called "loose" women on posters were unlikely to resonate with servicewomen, who might be inclined to suppose that their own morality was on called into question when a poster denouncing predatory female sexuality was displayed in their unit. Additionally, getting posters into the hands of the women's services was not a priority if shortages became a complicating factor, and some units had few if any posters available to them. By March 1945 only 28% of CWAC units reported that they had posters out on display, with 64% of units agreeing that the supply of posters was generally insufficient.[454] By contrast, while male units complained about poster supplies as well, their issues were typically related to variety and novelty, not raw supply or whether the messages on the posters were actually relevant to their gender.[455]

[453] Research and Information Section, *Venereal Disease: Unit Practice and Opinion*, 9.
[454] Research and Information Section, *Venereal Disease: Unit Practice and Opinion*, 8.
[455] Research and Information Section, *Venereal Disease: Unit Practice and Opinion*, 8-9.

Figure 4.1: Photo negative of a wartime anti-venereal disease poster, 1945. It is not difficult to imagine why commentators thought posters such as this were not suitable for servicewomen. LAC, RG 24, R112-0-2-E, Item Z-3821-4.

The underlying problems inherent to supplying women with educational materials which were not tailored to their experiences and concerns can also be observed where pamphlets are concerned. *Victory over Disease* was one of the more common pamphlets handed out to female personnel in the latter half of the Second World War, and though it ostensibly was a generic piece of venereal disease literature, it is not difficult to see the male-centric focus peeking out in places. Prepared for a non-military audience, *Victory over Disease* certainly did forward some helpful ideas regarding the core societal issues which frustrated efforts to counteract the impact of syphilis and gonorrhea in Canada. Education itself is touted as being important, in tandem with abolishing "prudery," with

the eventual goal of "[banishing] outworn fallacies" such as an overemphasis on how kissing or casual contact can spread venereal disease.[456] Much of the discussion within the pamphlet on the social and economic factors which assisted in the spread of venereal disease had a certain progressive spirit (though it is also worth noting that this usually manifests within its pages as exhortations to combat sex work), as did its willingness to openly admit that infection need not be the end of decent life; modern medicine and prudent choices could effect a cure in many cases.[457]

For women, however, the information on offer in *Victory over Disease* differed little from that which they would have received in lectures. Whereas men are warned that their status as breadwinners and providers stood to fall before venereal disease, women are instead cautioned that it is their children's future which is put in jeopardy by a venereal infection.[458] Female sexuality itself is both denied and vilified within *Victory over Disease*, with some passages bemoaning the innocence of wives (and their babies) caught unwittingly in the chain of venereal disease infections (presumably due to the unfaithfulness of their husbands) and others rallying against the destructive and corrupting influence of female sex workers.[459] The paradoxical insistence that "good" women- that is, wives and mothers- could be almost virginal in their innocence aside, the tirades against sex work in *Victory over Disease* are revealing. Venereal disease is associated with the squalor of sex workers and the places they plied their trade, and since no admissions could be made to the effect of acknowledging male sex workers or non-

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[456] *Victory over Disease*, [n.d.] 10-11, LAC, RG 24, box 12612, file 11/HYG V.D./6.
[457] *Victory over Disease,* 6-7.
[458] These references are scattered throughout the pamphlet, but one section very much about the impact of VD on babies features prominently. See: *Victory over Disease,* 5-6.
[459] *Victory over Disease*, 5, 8.

heterosexual sex, the default assumption was that unions between a male client and a female professional as a serious vector for disease transmission. Again, what a servicewoman was expected to glean from *Victory over Disease* (besides that they were expected to one day pursue motherhood) is unclear, and it would not have taken long for one to realize that the pamphlet she clutched in her hand was not very relevant to her in terms of health information.

In terms of tailor-made content for servicewomen, two pamphlets merit mention on account of their ubiquity. The first of these was *Facts about V.D.*, a brief pamphlet which as a modified version of *Facts about Venereal Disease for the Soldier* and was specifically meant for distribution to female personnel.[460] The fact that this pamphlet was essentially an altered form of literature intended for men is useful, since it allows for a direct comparison of what content was included or omitted based on the gender of recipients. *Facts about V.D.* begins with a brief warning about the dangers of syphilis and gonorrhea, warning that infections "may seem mild, but in the end [they] can mean death."[461] Both the "male" and "female" versions of facts end their introductory remarks by warning readers that wives and children, both innocent of misdeeds, can suffer from venereal disease via their husbands, a cautionary remark which suggests that those responsible for converting *Facts about Venereal Disease for the Soldier* were not overly judicious editing pamphlets for a female audience.[462]

Both versions of *Facts* plainly state that venereal disease is only really transmitted

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[460] M.H. Brown to D.D.M.S., H.Q. and First Canadian Army, Feb 28 1944, RG 24-C-2, Box 12610, File Block 11.
[461] *Facts about V.D.*, [n.d. 1943-45?], RG 29 vol. 208, file 311-V3-3, part 2.
[462] *Facts about V.D.*

through promiscuity, though the version of the pamphlet for female personnel omits rants about the inherent dangerousness of loose women or sex workers (and the assertion that any documents proving "cleanliness" these women might provide are likely to be forgeries), for obvious reasons. Other significant omissions include sections on EPT (since this was not part of the venereal disease curriculum for Canada's military women), and numerous references to how the "looks" of prospective female partners offer little indication of her actual health.[463] Masturbation's non-role in the spread of venereal disease is also mentioned in the men's version of *Facts,* with no corresponding disclaimer about the safety of self pleasuring present in its counterpart for women.[464] With these elements removed the pamphlet for servicewomen is somewhat shorter, and offers nothing in terms of how to avoid exposure besides practicing abstinence.

Curiously, *Facts about V.D.* seemingly suggests that the only reason why a woman might need to go to a medical officer is if she "has taken a foolish chance while drinking."[465] While this is likely a simple error which snuck into the pamphlet, the insistence that it is alcohol and sex which are solely the cause of medical concern is a curious one, and may have led readers to conclude that any sober sexual encounters were not cause for concern.[466] This is not the only contradiction present in the women's

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[463] *Facts about Venereal Disease for the Soldier,* [n.d. 1943-45?], RG 29 vol. 208, file 311-V3-3, part 2.
[464] *Facts about Venereal Disease for the Soldier*.
[465] *Facts about V.D.* This odd line also appears in the male version of the pamphlet.
[466] I do not believe this conclusion is hyperbolic. So much of the anti venereal disease literature from the time stressed how venereal disease thrived in places where drinking, dancing, etc. were present. While messaging tried to assert that one could not assess their partner's health based on how clean-cut they looked, *Facts* seems to unintentionally argue that sex outside of the places where drinking and such mingled was less concerning.

version of *Facts*: one section proclaims without caveat that "the only way you can spread your disease is by sexual intercourse," while a later one warns that "syphilis can be spread by kissing but this rarely occurs," leaving out the obvious exception of kissing anywhere besides the mouth.[467] This blunder is not only unhelpful in the context of the pamphlet itself; much of the education offered for uniformed men and women sought to dispel notions that anything besides sex could spread venereal disease, an objective compromised by comments about the dangers of kissing.[468]

Medically speaking the information present in either pamphlet was rote and uncomplicated. Both versions of *Facts* offered highly limited descriptions of the symptoms of venereal disease infections, and neither provided any visual material to either educate or interest potential readers. The emphasis here was very much on the importance of reporting to a medical authority post-intercourse (even if said intercourse occurred prior to entering military service), and to carefully heeding any treatment advice proffered by a helpful physician. Women and men alike were warned in no uncertain terms that anyone besides a physician offering cures or assistance was peddling in nonsense, and that any attempts to cure one's self were doomed to failure.[469]

For your Information was a pamphlet designed to accompany the film of the same name considered below, and was typically handed out at the conclusion of a viewing

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[467] *Facts about V.D.*

[468] Factually speaking, it is true that syphilis can be transmitted through kissing, though this is extremely rare. The military's overall insistence that sex was the only real vector for transmission was therefore not *strictly* correct, but was practically so.

[469] *Facts about V.D.; Facts about Venereal Disease for the Soldier.* In keeping with the paradigm of providing women with simpler information, the former does not use the term "quack" or make any reference to the euphemistic phrases "blood disease" or "ills of men" charlatans were wont to employ.

session. Unlike *Facts*, *For your Information* was not a modification of a document meant for men; the film and pamphlet were both original RCAF productions created for Canadian servicewomen. On the whole, *For your Information* is visually more complex than *Facts*, featuring cartoon illustrations of women in unform and civilian attire and several hand-drawn cutaways of female anatomy where relevant. *For your Information* begins by insisting that the war itself was one of two fronts; fighting for bodily health was just as essential as meeting Canada's enemies on the field of battle.[470] The fact that syphilis and gonorrhea have incapacitated thousands of male and female personnel is mentioned, driving home the thesis that military effectiveness was a good reason to know a little about venereal disease.[471]

The signs and symptoms of infection are given limited attention, despite the prominence of illustrations of the bacteria responsible for syphilis and gonorrhea. As was the case with *Facts*, *For your Information* offers no advice for preventing infection besides abstaining from sexual intercourse, and emphasizes the irreplaceable role of the good physician in correcting the consequences of bad behaviour. *For your Information*, to its credit, does not use shaming tactics or describe those who choose to have sex as foolish or reckless, though fears of sterility ("the most dreaded result of gonorrhea") or bodily harm are evoked.[472] A small illustration of a record cabinet under lock-and-key accompanies reassurances that treatment for venereal disease is confidential, a bit of

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[470] *For your Information: The Story of the Venereal Diseases*, [n.d., 1944-45?], RG 29 vol. 208, file 311-V3-3, part 4. The version consulted here is actually a Royal Canadian Army Medical Corps version of the pamphlet, though the changes each branch of service made seem to be relegated to front-cover branding.
[471] *For your Information*.
[472] *For your Information*.

dishonesty (various authorities would be notified if a woman underwent treatment) which nonetheless pairs well with the overall non-judgemental tone of the pamphlet.[473] *For your Information* closes with a patriotic appeal and a simple portent of things to come: "It is just as important to be free of venereal disease after the war as during it. You will all have earned the right and will all want to take your place in normal civilian life."[474] Beside this honour-laden conclusion is the image of a husband and wife watching over their children, a reminder that servicewomen were fighting for their future as healthy and moral matrons in a postwar Canada.

The pamphlet's accompanying film was, perhaps, the highlight of the anti-venereal disease campaign for Canada's uniformed women. Coming in at just under 18 minutes, *For your Information* was purpose made as an educational tool for the Women's Division of the RCAF, though it saw use in all three of the women's services during the Second World War.[475] The film begins by making reference to the sacrifices Canadian women have made in order to contribute to the war effort, referencing in particular those women who gave up studies, domestic comfort or work (depicted as retail or secretarial work in the film) in order to don the uniform and "give up the peacetime privileges and freedom of civilian life." The male narrator reminds the audience that, in donning the uniform, women perform a most valuable service: "releasing large numbers of men for fighting in the frontline." While the goal of *For your Information* was to provide venereal disease

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[473] *For your Information*.
[474] *For your Information*.
[475] Note: accessing *For your Information* was difficult at the time of writing, since few archives have online copies available and copying services at various archives remain slow. I obtained a copy of the film thanks to Sarah Eilers at the NIH-NLM archives, who have a digital copy to hand and are willing to provide it upon request.

education, one cannot help but conclude that the film went to great lengths to establish how, as Pierson puts it, "the paramount purpose [of the women's services] remained from beginning to end to supply a pool of subordinate labour under military discipline as replacements for men needed for more important Army duties."[476]

Perhaps in an attempt to reinforce this gendered division of military labour and importance, the film relies on a male medical officer to serve as the primary presenter. Like many educational films of the time, *For your Information* was essentially an upgraded form of a conventional lecture, wherein the presenter on screen simply plods through a script aided by the occasional diagram or piece of footage to capture interest or illustrate a point. Jack Ralph's performance as the professional-yet-informative medical officer is serviceable, if a little uninspiring; his steady tone and habit of looking directly at the camera a stark reminder that *For your Information* was not meant to be anything besides educational. The rather plain setting of the film (a military physician's office) helps in creating the illusion that the audience is not in a theatre (makeshift or otherwise), but are instead individually standing before this educated military man in a sort of private consultation.

When the film finally does turn to the topics of sex and sexual health, it does so in terms which were broadly used elsewhere in military education. Venereal disease is characterized as an "invisible" foe, "destructive and dangerous to our war effort" and only known to the average women in vague and unhelpful terms. Worrying statistics are references, though despite being a Canadian production *For your Information* chooses to reference data from the American military alongside those of the RCAF. The on-screen

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[476] Pierson, "*They're Still Women After All,"* 125.

medical officer stresses that the war days lost to venereal disease far outstrip those from other communicable illnesses such as measles and tuberculosis, and that this state of affairs constitutes both a serious military hinderance and a sort of collective failure on the part of Canada's soldiers. Framing the fight against venereal disease in terms of the nation's fighting capacity seemingly suggested that this was essentially "a far greater battle for men," a curious choice given *For your Information*'s intended audience but one which was nonetheless not uncommon in military training films of the period.[477]

In terms of helpful medical information, *For your Information* fares relatively well despite its occasionally panicked rhetoric. Diagrams illustrating how gonorrhea and syphilis impact the human body are displayed, accompanied by a brief description of what symptoms an infected women might encounter. While the usual warnings regarding how infection might compromise a woman's ability to have "normal children," little direct reference to the immorality of premarital sex is made. Furthermore, the effectiveness and confidentiality of treatment for venereal disease is stressed, as is the importance of not hesitating to discreetly visit a supportive medical officer after exposure. To be fair, little of the audience-facing material used during the war outright threatened servicewomen with punitive action, meaning that the "soft approach" towards discipline the film takes was relatively rote. In lieu of outright condemnation, however, *For your Information* offers instead a almost infantilizing, paternalistic tone. Near the conclusion of the film the presenter discusses how military life away from home might render a woman "somewhat confused," and suggests that this confusion is often

[477] Christie Milliken, "Continence of the Continent: The Ideology of Disease and Hygiene in World War II Training Films," in *Cultural Sutures: Medicine and Media*, ed. Lester D. Friedman (Durham: Duke University Press, 2004), 280-81.

alleviated through the use of alcohol. “Therein lies a danger,” the presenter concludes, “because it is often under the influence of alcohol- without your intending it- that you expose yourself to infection.” Diplomatic though this message may be, *For your Information* essentially dismisses female sexuality outside the context of marriage as the unfortunate by-product of alcohol and confusion. Only after the war, when women begin to exercise the right to normal civilian life (i.e., enjoying sex within the context of a heterosexual marriage) can their sexuality be understood as normal and healthy.

While it is, of course, difficult to assess whether the medical advice in *For your Information* was readily digested by audiences, or to what degree they felt assured by the film’s claim that treatment and diagnosis were confidential and therefore no need for shame, it does appear to have been decently well-received by servicewomen. Of the films used to educate CWAC members *For your Information* was the highest rated, with roughly half of those formations surveyed reporting that it was the most effective film they had been exposed to.[478] *No Greater Sin*, a staple in civilian circles, was the second highest rated picture, though only 18% of servicewomen in the CWAC felt that it was the best venereal disease educational film.[479] To some extent the popularity of *For your Information* must have been a result of the fact that it was, put simply, the only widely used film of its type specifically created for a female audience, though the fact that 51% of CWAC units felt that another film, any film or no film at all were of greater value hints at the fact that, despite resonating with some women, *For your Information* was hardly universally beloved. At the end of the day *For your Information* might have been

[478] Research and Information Section, *Venereal Disease: Unit Practice and Opinion*, 8.
[479] Research and Information Section, *Venereal Disease: Unit Practice and Opinion*, 8.

the cornerstone of Canada's military venereal disease film library for women, but its dry approach to the subject matter, lack of any plot and other shortcomings may have failed to excite audiences. A lack of further interest in developing alternative films specifically for servicewomen (whether this was because *For your Information* was seen as "good enough" or because there was little perceived need to create a more sophisticated film program, it is difficult to say) meant that *For your Information* was, for better or worse, what servicewomen were left with.

Conclusion

The decision to draw upon reserves of womanpower in novel ways during the Second World might have represented a break from tradition for the Dominion, but it did little to challenge the status quo in terms of how female sexuality was perceived. Women, whether uniformed or otherwise, were expected to remain chaste until they entered into a heterosexual marriage, for any deviation from this standard course of action threatened not only individual families, but the moral fibre of the nation as a whole. While this assumption ostensibly applied to Canadian men as well, double standards prevailed, and often did so aided by the assumption that such uneven standards were helpful and naturalistic.

Within the context of Canada's military the thumbprint of this double standard remained visible to see. While servicewomen did receive venereal disease education, one cannot help but conclude that the influence of morality shaped by prevailing understandings of normative sexuality on the lectures and literature offered to them was stronger than it was in many of the similar materials intended for male audiences. The core underlying assumption behind venereal disease education for Canada's military

women was that their service was more transient- more disruptive, even- than that offered by the nation's young men. Certainly war was seen an unusual, but there was something primal and normal about men donning khakis and picking up a gun: a woman marching about and busying herself with military service was, by contrast, the very picture of the strange and the unusual. The return of global war might have shaken up social norms, but come the dawn of peace it was women who were most expected to quickly forget the "bad old days" and contentedly return to normal civilian life.

While the moral component of the "moral-medical" model might have been very strongly emphasized for servicewomen, a core component of its tenents was a grudging acceptance of the fact that venereal disease was something which was inevitable for many, and that it a cured body was preferable to an ill one. The sometimes surprisingly liberal rhetoric about venereal disease seen in materials meant for men may have been largely absent from lectures, pamphlets and films for servicewomen, but it cannot be denied that as many had at least some educational value. Buried among assertions that women ought to behave better than men and that motherhood was essentially synonymous with womanhood were snippets of information about the very real dangers of venereal disease, alongside promises that a venereal infection need not spell the death of hope. Just as the war did sometimes represent an opportunity for servicewomen to enjoy some degree of freedom and independence, ironic given the regimented nature of military life, it also did provide some women with their first exposure to formal sexual education. While it would be overly optimistic to laud the venereal disease education program for Canada's female soldiers as revolutionary, and little attempt was made to further refine the materials which ended up in circulation, the fact that any such program

was in place at all remains noteworthy. Societal assumptions about gender played a significant part in determining where on the morality-medical spectrum control and educational programmes for servicewomen fell, but the context of war rendered the existence of these programmes themselves a foregone conclusion.

Chapter 5: Municipal Matters

Introduction

Much of this dissertation has honed in on venereal disease control and education from a national, wartime perspective, with little focus devoted to the more localized manifestations of this campaign across the Dominion. Certainly this approach has its strengths, chief of which being the way in which it recognizes how war transformed or reinvigorated this moral-medical project in a way which framed venereal disease as another enemy threatening the future of Canada as a healthy, sovereign nation. Nationalistic overtures served their purpose well in creating an ostensibly united front against venereal disease, though they did so at least in part by insisting the personal morality and health were, in fact, matters of public interest; the bodies and minds of Canadians, whether serving in uniform or by the home-fire, were essential to triumphing over both despotism and disease.

Yet, in discussing venereal disease as a national concern one risks losing sight of the ways in which policies and practices meant to limit the spread of venereal disease were fundamentally a localized affair. While provincial health departments and voluntary organizations like the Health League might have maintained that Canadians were "in this fight together," much of the heavy lifting in campaigns against venereal disease was done by municipal governments and police forces. Restaurants, beer parlours, hotels and boarding houses were licenced by local governments, and withholding licences for establishments deemed morally and medically dangerous (i.e., those which were seen as conducive to sex work) was often handled by municipal governments. City health departments were a first line of defence in terms of statistic collection and rate

consciousness, and were sometimes capable of recognizing trends in infection rates before their more meta-analytical peers in provincial and federal positions could. Mayors in major cities, enjoying the status of foremost citizens and local celebrities, could and did use bombastic and concerning rhetoric to rouse public interest and kick-off important anti-venereal disease campaigns. Finally, local policing was an essential part of the campaign against venereal disease in Canada, and the activities of officers and jailors provide examples of how concerns over public health were not always resolved with the gentle hand of education.

Three cities are considered here: Toronto, Halifax and Montreal. All three of these cities were major recruitment centres during the Second World War, and each was the site of significant interaction between the civilian population and the nation's armed forces. The importance of these characteristics cannot be overstated, since so much of the fear surrounding venereal disease referenced its direct impact on the reputation and efficacy of Canada as an active participant in war. Hosting recruitment centres, bases, embarkation points and essential military manufacturing, the health and sexual landscapes of these cities fell under hawkish observation.

Furthermore, some of the local peculiarities of each city allow for interesting observations. Much of the medical research on venereal disease was derived from studies in Toronto, and its status as the "Queen City of Canada" had drawn the interest of moral reformers and medical practitioners for decades.[480] Halifax was a major port and served as one of the primary disembarkation points for soldiers, and the fact that many sailors

[480] As discussed in chapter 1 works like *Of Toronto the Good,* inspired by vice commissions and other campaigns in the United States, influenced venereal disease related discourse in the city.

enjoyed shore leave in its streets and establishments shaped local attitudes towards sex and medicine. Finally, Montreal's unique "red light" districts and bilingual character created unique challenges for those eager to combat venereal disease through education and policing alike.

Of course, it should be immediately apparent what gaps have been created by choosing to examine these three cities: anything west of Ontario is effectively rendered beyond the scope of the discussion. Venereal disease control in the Prairies- campaigns were especially lively in Alberta- and on the Pacific coast are undoubtedly worthy of examination, and neglecting to mention them here is an obvious issue. Thus, what follows is perhaps best considered as a series of illustrative examples which serve to demonstrate how local concerns shaped venereal disease control and education, rather than a comprehensive account of how cities across Canada, both major and minor, were forced to grapple with morality, medicine and sex during the Second World War.

"Toronto the Good"

During discussions of the Health League's early-war activities, Toronto's interest in combatting venereal disease was arguably made plain when its Academy of Medicine opted to host the Ontario Department of Health's first wartime venereal disease conference, held on October 10th, 1939. Representatives from across Ontario attended this meeting, and many brought their own local experiences and concerns to the fore during presentations and discussions; much of the discussion at this conference centred around concerns of larger municipalities like Toronto. As might have been expected, it was Gordon Bates who most loudly decried the venereal disease situation in Toronto, and it was his assertion that prostitution in particular was both contributing to the city's high

venereal disease rate and that the trade itself was alarmingly on the rise.[481] Dr. A Janos, director of Toronto East General's venereal disease clinic, did not comment on sex work or its relation to venereal disease, but did assert that it was essential to take action against venereal disease in areas where soldiers and civilians were likely to intermingle, such as in Canada's cities.[482]

While a concrete course of action did not emerge from this conference, the overwhelming sentiment expressed by attendees was that the threat of venereal disease to cities was especially serious, and that each level of government and the medical system had to muster what powers it could to halt its spread. This assertion was vague and undeveloped this early in the Second World War, though some early ideas were put forth. Dr. A.L. McKay reminded those who attended his presentation on control in areas of military-civilian interaction that the Ontario Venereal Disease Prevention Act provided the basic legal framework required to detain and test individuals suspected of infection, though he also yearned for a broad expansion of its powers and application. A "general tightening up and more liberal enforcement of the Act" was, according to McKay, wholly desirable during wartime years, and he was unambiguous in describing which Canadians ought to be targeted by a more draconian interpretation of the act: female sex workers in cities.[483]

McKay also assured his audience of mostly male, civilian physicians that legal

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[481] Dr. A.L. McKay, "Suggested Measures for the Control of Venereal Disease in the Civilian Population in Areas in Which Troops are Mobilized," in *Proceedings of the Venereal Disease Conference, October 10, 1939, Ontario Department of Health*, RG 10-163-0-636, Ministry of Health Printed Material, Archives of Ontario, 7.
[482] "Suggested Measures*,"* 7.
[483] "Suggested Measures," 3.

professionals were doing their part in advancing the powers of the Ontario Venereal Disease Prevention Act. According to McKay, Crown Attorneys in Toronto and the Thunder Bay District had worked with physicians to fine-tune a scheme meant to address what McKay saw as an obvious shortcoming in the Act's application, namely that those charged with sex offences were often released on bail and would subsequently go on to be sentenced before being tested for venereal infection.[484] The solution for McKay and these lawyers was obvious: withholding bail from "sex offenders" for as long as possible, in order to ensure adequate time was available for mandatory testing. While indefinitely denying bail was unlikely to stand up to legal challenge, it was felt that in cases of suspected venereal infection holding an individual for up to 40 hours would not cause any legal or administrative headaches, and on October 3rd, 1939 a memo was circulated to all Crown Attorneys in Ontario "asking for their assistance with military and civil authorities in refusing bail until examination is completed."[485] That said, who exactly was expected to oversee venereal disease examinations for individuals in custody varied according to local resources and custom; in Toronto the gaol physician assumed this responsibility.[486]

The conference also produced some tenuous advice for municipal physicians, though the "early days" nature of the meeting meant that much of the information offered was relatively basic. Municipal officers of health were reminded that they could order the examination of any person alleged to or suspected of infecting another and that they would often be following leads handed down from military medical officers who

[484] "Suggested Measures," 3.
[485] "Suggested Measures," 4.
[486] "Suggested Measures," 5.

obtained civilian contact information from infected men in unform.[487] Municipal officers of health were also warned to keep an eye on the broad trends in infection within their jurisdiction and to note if any locales repeatedly came up in reports. In such cases their primary duty was to pass information on to the local police departments, who could then use the accusation that the location in question was a bawdy house to affect arrests.[488] This status-quo very much invested a great deal of power in the hands municipal health officers, who were trusted to point out suspected "bawdy houses" without police training and on the basis that their medical knowledge and general intuition was sufficient to discern the inner workings of the sex trade in their city. Whether a location was actually a bawdy house or simply a business where sex workers happened to congregate was irrelevant, as was the truth of the testimony given by any individual questioned during a medical officer's examination: if a place's name came up often enough, a municipal medical officer was deemed to have sufficient reason to contact the police, who themselves then had sufficient reason to make arrests.

Of course, the question remains as to whether or not Toronto even had a serious venereal disease problem in the first place, and whether rates were (as some had suspected) on the rise in any meaningful way. Prior to the Second World War surveys sent out to nearly 900 Torontonian doctors gave an idea of how many civilians were undergoing treatment for venereal disease, and it was figures from a 1937 survey which informed discussions at the 1939 venereal disease conference.[489] Of the doctors

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[487] "Suggested Measures," 3.
[488] "Suggested Measures," 3.
[489] Gordon Bates, "A Survey of the Incidence of Venereal Diseases in Toronto in 1937," *Canadian Public Health Journal* 28, no. 12 (1937): 576.

contacted, roughly half declared that they were actively treating patients with venereal disease; this compared unfavourably with similar data from American practitioners in major northern cities, which typically reported figures in the thirty-percent range.[490]

When compared to surveys from 1929 and 1931, the data from 1937 did point to some potentially worrying trends while remaining generally positive. Compared to 1929 Toronto's infection rate had risen from 8.4 per thousand to 9.59 per thousand, though the latter figure was a slight improvement over the 1931 numbers.[491] Late (and therefore more serious) syphilis represented a greater proportion of the cases under treatment in 1937 than 1929, though Bates attributed this to improved detection methods and procedures above anything else.[492] The 1937 survey also pointed to the increasing importance of venereal disease clinics in Toronto, which over the Depression years had gone from treating just over half of venereal disease cases to nearly three-quarters of them.[493] A possible explanation for this change was that the economic uncertainty of the thirties led many to prefer publicly subsidized treatment in a clinic over the more familiar (and discrete) private practitioner's office, though increasing awareness of venereal disease due to public education may have also led some Torontonians to seek out

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[490] Of course, one could very well hypothesize that lower treatment rates did not reflect a lower prevalence of venereal disease. Detection and access to treatment could have been a deciding factor. For reference, in contemporary surveys 39 percent of Bronx County doctors and 34 percent of Manhattan doctors were actively treating venereal disease cases. See: "A Survey of the Incidence of Venereal Diseases in Toronto," 576-577.
[491] The total number of people undergoing treatment for venereal disease in 1937 was actually higher than in 1931, though the resulting "per thousand" rate was nevertheless lower (it was 9.7 in 1931): this result would be in-line with a rise in population (census data suggests that roughly 14,000 more people inhabited Toronto in 1941 than in 1931). For rate information see: "A Survey of the Incidence of Venereal Diseases in Toronto,"578.
[492] "A Survey of the Incidence of Venereal Diseases in Toronto," 581.
[493] "A Survey of the Incidence of Venereal Diseases in Toronto," 579.

treatment they could not otherwise afford.

Regardless, the information available for Toronto in the opening months of the Second World War hardly pointed to anything apocalyptic; while more cases were under treatment than in earlier years the population had also grown, resulting in rates which were stable or decreasing. In effect, the concerns raised during the October, 1939 provincial conference were pre-emptive, rather than reflective of any available data, as might be expected when public health problems transform to become national security issues. Physicians in civilian and military circles feared that the ominous effects of war and mass mobilization were likely to worsen what was for all intents and purposes a largely stable situation.

Did this prove to be the case? The 1937 survey was followed by a similar, second survey in the spring of 1943, wherein the Health League (in cooperation with the Academy of Medicine) once again sought to gain an idea of Toronto's venereal disease problem through a confidential survey of the city's physicians. 955 known Toronto physicians were contacted, though it took a round of reminders and a series of phone calls to secure the ninety-seven percent response rate the report proudly touted.[494] Though the report reflected mid-war numbers, its publication in June, 1944 coincided with both the final great phase of the war in Western Europe and preparations for the last anti-venereal disease campaigns in wartime Canada, as exemplified by the "Stamp Out V.D." initiative of 1945.

Two new questions appeared in the 1943 survey as compared to its predecessors, both

[494] Gordon Bates, "A Survey of the Incidence of Venereal Diseases in Toronto in 1943," *Canadian Public Health Journal* 35, no. 6 (1944): 234.

reflecting aspects of campaign messaging which had appeared since the onset of the war. The first of these questions concerned whether the physician surveyed had any notion of how many of the venereal patients under their care had become infected while under the influence of alcohol.[495] Given that warnings about mixing alcohol and sex were a staple of wartime anti-venereal disease propaganda, the inclusion of this question in the wartime survey should come as little surprise.

The second question added to the 1943 survey concerned contact-tracing at the level of the individual physician's office. Respondents were asked whether they were able to "estimate the number of persons whom you have treated during the last year from whom you have ascertained the source of infection."[496] The inclusion of this question immediately complicates the matter of clarifying jurisdictions and responsibilities when it came to contact tracing in the city: while municipal and provincial health authorities (often working alongside their military counterparts) were evidently responsible for carrying out the groundwork of contact tracing, the survey operated under the assumption that the actual leads pursued by health "higher-ups" might have come from individual physicians. Perhaps this ought not to be very surprising, given that the point of first contact between health authorities and infected persons were private or clinic physicians, though the survey results indicated potential problems with this arrangement. Of the 352 physicians who reported cases under treatment, 203 stated that no attempt had been made to ascertain the origin of infections, with another 47 not replying to this question at all.[497]

The survey report offers no explanation for this apparent lack of interest in contact

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[495] "A Survey of the Incidence of Venereal Diseases in Toronto in 1943," 234.
[496] "A Survey of the Incidence of Venereal Diseases in Toronto in 1943," 234-235.
[497] "A Survey of the Incidence of Venereal Diseases in Toronto in 1943," 239.

tracing at the level of the individual physician, though a few possible explanations come to mind. Firstly, busy physicians may have had little time or energy for delving too deeply into a patient's sexual history; filling out any resulting paperwork and sending it off to Toronto's municipal health authorities would have simply created more work. Secondly, physicians may very well have preferred to avoid asking patients detailed questions about who they had shared sexual relations with, both in an attempt to avoid any shared social discomfort and to reduce the likelihood of a prospective patient forsaking treatment out of embarrassment or in hopes of protecting their partners from legal and medical authorities. Thirdly, it is entirely possible that some physicians saw more value in emphasizing the medical dimensions of venereal disease over the moral ones; the confused moral-medical rhetoric surrounding these illnesses did ultimately concede that modern medicine was winning the fight against syphilis and gonorrhea, and that a more open social discourse free of prudery was essential, especially in the context of mass mobilization. Finally, a doctor might have preferred to avoid offending a paying patient in hopes of protecting their bottom line.

The survey's results with regards to actual infection rates were framed in a negative light by Bates, all things considered. While the rate per thousand had declined to 8.7 (compared to 9.59 six years earlier), the actual number of cases under treatment was generally on the increase.[498] Most concerningly for Bates, syphilis rates had increased (accounting for 6.5 of the 8.7 per thousand figure), and the percentage of cases of early syphilis under treatment grew in comparison to the 1937 survey.[499] Gonorrhea rates were

[498] "A Survey of the Incidence of Venereal Diseases in Toronto in 1943," 237-238.
[499] "A Survey of the Incidence of Venereal Diseases in Toronto in 1943," 238. A more generous interpretation of the data would be that more people were seeking out treatment

ostensibly improving a great deal, though Bates warns readers to avoid drawing overly optimistic conclusions about Toronto from this fact. "Many cases of gonorrhea," Bates writes, "are now cured within about ten days, and this means that cases which began treatment two months previous would not be on the physician's books at the time the survey was made."[500] For Bates, the only way to assess the scale of Toronto's (massive, in his estimation) venereal disease problem was to gather statistics about the total number of cases treated in a year, rather than relying on a snapshot captured on any given day of said year. Whether his assessment of the city's hidden gonorrhea rates was accurate, the fact that this information was not available by 1943 (and that the survey didn't aim to address this) suggests that the data collection apparatus of Toronto's municipal healthcare system was modest, despite the city's size and resources.[501]

Given that the 1937 and 1943 surveys were the most comprehensive indicators of Toronto's venereal disease situation, it is somewhat surprising to note that they did not exactly point to a "secret plague" which threatened to undermine the city's wartime viability at any moment. The available statistics suggest that venereal disease was a minor, albeit constant, health issue for which treatment was available (and pursued by Torontonians) and which typically impacted less than one percent of the civilian

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and were more acutely aware of venereal disease in general. Such a hypothesis would posit that the increased number of early ("fresh," as Bates calls them) cases was possibly the result of improved awareness and access to treatment, rather than a marked increased in infection rates. As it stands, the survey simply doesn't provide enough information to assert the absolute validity of either interpretation.

[500] "A Survey of the Incidence of Venereal Diseases in Toronto in 1943," 240.

[501] Interestingly, provincial statistics concerning Toronto and those gleaned from sample lectures meant for Toronto audiences all arrive at different figures than those given by the Health League/Academy of Medicine survey. The most obvious explanation is, of course, differing data collection/compilation methods.

population. Many of those living in Toronto who sought out treatment turned to venereal disease clinics for help, though the economic recovery engendered by the war saw some (particularly in the case of early syphilis) preferring to visit private physicians. The fact that Toronto's clinics were being frequented attested to their value and to people's willingness to seek treatment for venereal disease, and the rapid treatment available in the case of gonorrhea (hence explaining its relative decline in the statistics) hinted at the increased efficiency modern treatment had yielded.

Despite the overall stability of Toronto's venereal disease situation, the rhetoric which emerged from various individuals and organizations in the city did not shy away from dire predictions and morally charged appeals. While the work of the Health League in Toronto and elsewhere has already been discussed at length, that group was not alone in its attempts at fostering moral-medical education. One of the most prominent offices to take up arms against venereal disease was none other than that of Toronto's wartime mayors, who often found themselves working as arousers of public sentiment and liaisons between medical officials and the city's citizens.

There is not very much evidence to indicate that Ralph Day (elected before the war and replaced in 1941) was personally very involved in the city's campaigns against venereal disease, though his two wartime successors apparently took to the task of "cleaning up the city" with some enthusiasm. As leaders of a major city embroiled in a major conflict, Frederick Conboy (1941-44) and Robert Hood Saunders (1944-48) were key figures- at least from a public education standpoint- in the fight against venereal disease. One of the most quintessential roles the mayor had to play in terms of venereal disease awareness was to issue pronouncements, reassurances and warnings, which

served to create a link between the public and professionals: the mayor was a celebrity and leader—a symbol of authority and respectability during confusing wartime years—and was important person to have onboard for local anti-venereal disease initiatives.

This status as a political celebrity and wartime leader gave Toronto's mayor a platform from which to broadcast facts about venereal disease, true or otherwise. The tone and tenor of the mayor's rhetoric varied, though the gravity of venereal disease-related pronouncements seemingly corresponded to both political concerns (such as the need to respond to accusations levelled at the city, or upcoming elections) and the ebb and flow of Toronto's own campaign. In October 1944 Mayor Conboy proudly announced plans to enhance municipal-provincial cooperation with regards to venereal disease control, emphatically declaring "we are going to control it, no matter what the cost."[502] This declaration, questions of political self-interest two months before an election notwithstanding, did coincide with increased Health League activity and proscriptive suggestions from the Provincial Department of Health that Toronto ought to recognize the importance of signing-on to a hybrid municipal-provincial-military control scheme. The last of these factors had been impressed upon the Mayor's Office in a scathing memo from the Ontario Department of Health, which waxed on grandly about the importance of public health in Toronto and the worrying infection rates on display in the city. "Where a serious venereal disease problem exists in the province as a whole," the memo begins, "it will be found even more acute in Toronto."[503] The provincial Department of Health bemoaned that Toronto's venereal disease rate was, conservatively

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[502] "War on Public Enemy No. 1," *The Globe and Mail*, October 25, 1944.
[503] Ontario Department of Health, *Venereal Disease Control in the City of Toronto*, October 12th, 1944, City of Toronto Archives, Box 140521, Folio 4, 1.

guessing, "TWENTY TIMES HIGHER. . .THAN THE RATE IN SWEDEN" (emphasis in original), and that there was "a wide-spread pattern of facilitation taking place in down-town Toronto."[504]

The province laid the blame at the feet of beer parlours, dance halls and other establishments of ill-repute, but it nonetheless did not absolve the city of its responsibility to carry out the mandates laid out in the Venereal Disease Prevention Act, a responsibility which entailed heeding the "consultative, advisory and supportive" wisdom coming from provincial officials.[505] The memo's authors round off discussions of municipal versus provincial jurisdiction and responsibilities by recommending that Toronto's own Health Department take steps to establish its own department for venereal disease control and ensuring that the department received ample funding and personnel, that it might serve as a frontline in the war against urban venereal disease.[506] The fact that mere weeks after receiving this memo the city adopted most of its suggestions (with much fanfare from the Mayor's Office) suggests that Conboy took these suggestions seriously and wanted the public to know as much.[507]

Voluntary organizations were also quite keen to have the Mayor's Office approve of and advertise their own initiatives, lending disparate movements publicity born of mayoral legitimacy. The Health League, ever a presence in Toronto, eagerly wrote to the mayor prior to launching many of its campaigns; a publishable statement or the like was

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[504] *Venereal Disease Control in the City of Toronto,* 1-2.
[505] *Venereal Disease Control in the City of Toronto*, 2.
[506] *Venereal Disease Control in the City of Toronto*, 4-5.
[507] "Back Ontario Program for Control of V.D.", *The Globe and Mail,* October 24, 1944.

apparently simple enough to procure.[508] Of course, the mayor was not simply a source of quotes and also sought to bring groups into the fold against venereal disease. When the Ontario Council of Women held its 1944 annual meeting in Toronto Mayor Conboy was invited to address members and took the opportunity to beseech the group to lend its support in the fight against venereal disease.[509] Likewise, groups which had an interest in venereal disease control and education but were unsure of how they might contribute to the cause occasionally wrote to the mayor seeking guidance and applicable materials, as did those who had ideas concerning how to curb the spread of venereal disease but lacked the power to enact any policies themselves. For example, Reverend John Coburn of The United Church's Board of Evangelism and Social Service wrote to the mayor to forward his board's concerns over certain Toronto establishments, urging him to take what action he could to withdraw or deny licences to places "believed to be contributing to the venereal disease problem."[510]

While rolling out the mayor to create publicity and serve as an intermediary between Torontonians, provincial health authorities and voluntary organizations were essential parts of the city's venereal disease control scheme, so too was repression through the deployment of municipal police officers. Toronto's officers individually enjoyed significant powers during the war when it came to arresting alleged sex workers or

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[508] Of course, the mayor often went above and beyond this in support of the League. For an example of a statement provided to the League (prior to launching a round of *No Greater Sin* viewings), see: Mayor Frederick J. Conboy to "Fellow Citizens of Toronto," September 19 1944, City of Toronto Archives, Box 140521, Folio 4.
[509] "Lauds Provincial Council for Persistent Policies," *The Globe and Mail*, December 1, 1944.
[510] Rev. John Coburn to F.J. Conboy, November 28, 1944, City of Toronto Archives, Box 140521, Folio 4.

individuals (typically women) suspected of sexually provocative or suspect behaviour. Officers demonstrated a willingness to arrest women on "nominal" vagrancy charges for being in the wrong place at the wrong time, such as alone on the city streets in the evening (heedless, at times, of wartime work schedules or other exigencies).[511] Once held in custody, a suspect could be subjected to a routine Wassermann test, regardless of whether they were to be charged with any offence or whether there was much in the way of evidence to suggest they were actually engaged in sex work or other "immoral" activities.

The fact that the police were keen to use wartime concerns over venereal disease control to crack down on establishments and individuals deemed morally and medically troublesome is indicated by the sharp rise in sex-related arrests soon after the war commenced. In 1938 a total of 38 Torontonians were charged with working in a bawdy house: by the end of 1939, that number had skyrocketed to 172, a 400 percent increase.[512] New emphasis was placed on the work of Toronto's vice squad, which (in conjunction with Mayor Conboy's renewed pledge to fight venereal disease in late 1944) at least doubled in size by the end of the Second World War.[513] The work of vice squads was decidedly different from that of the ordinary police officer, both in terms of their primary directives and policing methods. A postwar Maclean's article showcasing the work of Toronto's vice officers helps shed light on how these officers approached matters like

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[511] Mary Louise Adams, "Almost Anything Can Happen: A Search for Sexual Discourse in The Urban Spaces of 1940's Toronto," in *Moral Regulation and Governance in Canada: History, Context and Critical Issues,* ed. Amanda Glasbeek (Toronto: Canadian Scholars Press Inc., 2006), 241.
[512] Keshen, *Saints, Sinners and Soldier,* 135.
[513] "Order Police to Hold VD Infection Suspects," *The Globe and Mail*, November 3, 1944.

cracking down on sex workers. Vice officers, whether engaged in investigating gambling, sex or alcohol related crimes, often visited establishments disguised as civilians, primarily with the intent of gathering information and deciding whether any given place merited attention. Should a business be deemed suspicious or criminal, vice officers would use any information they had gathered to assist in organizing raids, with the hopes of arresting key suspects and thereby disrupting the ability of said business to continue functioning normally.[514] A small group of female officers were part of the vice squad (Toronto had been using female officers for vice work since 1913), though it seems that by the 1940's these women were largely absent from patrols and street assignments.[515]

While the contributions of the sex trade to Toronto's venereal disease rates were, at most, quite small, female sex workers received a noticeable share of blame in the crusade against immortality and perceived public health threats. Toronto's Medical Officer of Health was inclined to believe, based on contact tracing derived from military authorities in Toronto, that "the professional prostitute (i.e., money paid) is not a problem of much magnitude."[516] Yet, educational materials and public announcements made little attempt to downplay the role of sex workers in the spread of venereal disease, instead emphasizing that women who received monetary compensation for sex were the most blatant source of the problem. A sample lecture provided to Toronto lecturers recognized

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[514] Trent Frayne, "Vice Squads," *Maclean's*, June 1, 1948, 63-65.
[515] "Vice Squads," 63; Amanda Glasbeek, *Feminized Justice: the Toronto Women's Court 1913-34* (Vancouver: UBC Press, 2009), 60. Glasbeek's discussion of negative initial reactions to female officers in 1913 (especially among male police officers) might help explain why, even when the vice squad was expanded in the 1940's, the role of its female members was not correspondingly broadened.
[516] Gordon Park Jackson to F.J. Conboy, May 1st, 1944, City of Toronto Archives, Box 140521, Folio 4.

that "certain hotels, dance halls, restaurants and rooming halls" were a major threat to public health while simultaneously reminding audiences that bawdy houses and places where sex workers plied their trade were also worthy of condemnation.[517] While public businesses might, through poor management, facilitate the spread of venereal disease by permitting "vulgar and licentious talk," brothels and the like more openly "dished up" venereal disease.[518]

Besides policing and education, recreation was also proposed as a way to limit the spread of venereal disease in Toronto. Emphasis on the supposed positive impact of wholesome recreation was not novel by the Second World War: the idea that wholesome distractions filled idle time which might otherwise be used in pursuit of sin had long become rote wisdom by the 1930's. Early 20th century moral reformers assumed that masturbation, premarital sex and other "abnormal" expressions of sexuality were just as much the product of idleness as they were of poor moral education, and in time the importance of providing "helpful recreation" in lieu of "bad amusements," particularly to younger Canadians, was noted.[519]

Within the context of Second World War Toronto, the matter of amusements on Sundays represented a vexing concern. While Sunday morning and much of the afternoon was, at least in theory, accounted for thanks to churchgoing and familial activities, the

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[517] "Specimen V.D. Talk," [n.d., 1944?], City of Toronto Archives, Box 140521, Folio 4, 3.
[518] "Specimen V.D. Talk," 3.
[519] Mariana Valverde, *The Age of Light, Soap and Water: Moral Reform in English Canada 1885-1925* (Toronto: University of Toronto Press, 2008), 72. This line of thinking fit into what was sometimes envisioned as "positive" reform, contrasted with the more stern and proscriptive "negative" reform movement (though, both seemed to coexist rather happily in the minds of reformers).

later afternoon and evenings were imagined to be a vast desert of free time for young Torontonians looking to get up to all sorts of trouble. This state of affairs led to the proposal that a "wide-open Sunday," wherein various institutions provided wholesome evening recreation to the city's youth, could serve some useful purpose. The wartime "wide-open Sunday" initiative was first proposed at a Health League sponsored meeting at the Royal York hotel on April 4, 1944, and attendees were largely supportive of the suggestion that "normal, healthy recreation" on Sunday evenings was a grand idea.[520] Representatives from the Toronto Labor Youth Federation, the federal venereal disease control division, the Toronto Teacher's Council and the Catholic Welfare Bureau were among those who threw their support behind the "wide-open Sunday" initiative, though what exactly constituted acceptable Sunday-evening recreation remained unclear in the immediate aftermath of the meeting.[521]

Still, there is little indication that the "wide-open Sunday" initiative ever amounted to much. In part, the premature failure of "wide-open Sunday" as part of the city's venereal disease control plan reflected pre-existing worries about protecting the moral sanctity of Sunday. Mere days after the suggestion that loosening restrictions towards commercial amusements on Sunday was made a joint statement by the social service boards of the Anglican, Baptist, Presbyterian and United Church expressed skepticism towards "wide-open Sunday"; the Christian Social Council of Canada and the Lord's Day Alliance also

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[520] "'Open' Sunday proposed as V.D. Remedial Step," *The Globe and Mail*, April 5, 1944.

[521] "'Open' Sunday." The representative from the Toronto Teacher's Council supposed that dancing, which (when sufficiently monitored) could provide an avenue for the release of sexual tension, was one possibility.

broadly denied the value of this initiative.[522] This coalition of naysayers reiterated common talking points about venereal disease transmission in defence of their stance, namely that commercialized sex work was the real issue and that easy access to liquor in the city enabled bad behaviour.[523] Further still, the religious coalition which opposed "wide-open Sunday" proposed that it was, in fact, the debauchery of Saturday evening which deserved attention, and that cities which did relax restrictions on Sunday amusement (such as Montreal) saw no improvement in their local venereal disease situation.[524] These assertions made, those against "wide-open Sunday" supposed that there was no good reason to embrace any alterations to the Christian Sabbath day in Toronto, especially since it was already deemed to be under siege by the disrupting influence of war.

Though "wide-open Sunday" was dead on arrival, its proponents and opponents alike articulated familiar concerns regarding youth delinquency and military-civilian interactions. With regards to the former matter, the talking points on offer were fairly traditional; youth sexuality had long dominated anti-venereal disease campaigns both moral and medical. If one thing was different, it was the increased presence of "strangers" in the city; transient, often young wartime workers who brought with them bad habits and represented a new and growing vector for transmission.[525] Speaking of the latter, a sort of grudging acceptance that soldiers both needed protection and were dangerous sexual bodies in and of themselves seemingly prevailed. Like youth (and

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[522] "Deny Wide-Open Sunday Social Disease Remedy," *Toronto Daily Star*, April 13, 1944.
[523] "Deny Wide Open Sunday."
[524] "Deny Wide Open Sunday."
[525] "Open' Sunday."

indeed, many soldiers were rather young), soldiers required wholesome recreation to distract the passions and remain morally and medically fit for service. While there was disagreement regarding how "bored" these soldiers were, and whose responsibility it even was to cater to men on leave, neither the pro "wide-open Sunday" lobby nor its counterpart denied that the presence of soldiers in the city was highly disruptive in terms of venereal disease control.[526] Noble though their service might be, soldiers were, in effect, just another group of (especially raucous) young people who required proper moral instruction and recreation.

Toronto's venereal disease control and education program was, in summary, a composite one. For its part, the city assumed responsibility for monitoring venereal disease rates and coordinating between higher-level health authorities, whether military or otherwise. When problematic locales were identified, either through local or military contact-tracing efforts, the city relied on its municipal police force to clamp down on individuals and businesses. Local eateries, beer parlours and other establishments were also monitored, and when possible licences could be withheld and businesses shuttered in the name of public health.[527]

What the city apparently did not do was maintain a robust education program, at least

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[526] It is worth noting that the alliance of groups against "wide-open Sunday" believed that the military's own amusement facilities and programs were sufficient for uniformed men, and that Toronto did not need to cater to them. See: "Deny Wide Open Sunday."

[527] "When possible" is an important caveat to include here, however. Particularly with regard to locations which served alcohol or offered services regulated by provincial authorities, the city's hands could be tied by the decisions of the province, as it was generally accepted that any licences approved by the province would also be approved by the municipal government. For example, in response to 1944 church-led protests against the Casino Theatre (which gained a reputation for raunchiness soon after its opening in 1936) Mayor Conboy explained that the city could not deny a licence to the establishment, since it had already been granted one by the province.

for much of the Second World War. While the mayor was oftentimes a celebrity sponsor of education events, especially those put on by the Health League, there is little evidence that the municipal health department oversaw many lectures or distributed many pamphlets. Even after the city's own health department established a separate venereal disease control division in 1944, it seems to be the case that the standard operating procedure was to cooperate with educational initiatives born of voluntary organizations or the province, rather than truly launching anything of its own accord.[528] In chapter two the Health League's "Stamp Out VD" campaign was discussed at length, and serves as a perfect example of how Toronto relied on actors outside the municipal government's control to carry out the essential work of venereal disease education. While Mayor Saunders and the city's health department undoubtedly threw their weight behind the campaign, the fact remains that their role was fundamentally a supportive, auxiliary one.

"The Most Difficult of Public Health Problems": Venereal Disease Control and Education in Halifax

Halifax, as Canada's premier eastern port, was a uniquely important asset to wartime Canada. The city had a deep harbour which defiantly remained unfrozen during even the blusteriest of months, a consistency undoubtedly appreciated by military and merchant minds alike.[529] Prior experience gleaned during the Great War (and, to a lesser extent, the earlier Boer War) confirmed Halifax's importance to the nation when war was the order

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[528] There were some attempts in the final months of the war to rectify this, however. In March, 1945 Mayor Saunders announced a plan to kick-off a municipally-created education program in large factories: lectures, films and other materials were hand-picked by Dr. Pequegnat, head of the city's VD control division.

[529] Steven Schwinghamer and Jan Raska, *Pier 21: A History* (Ottawa: University of Ottawa Press, 2020), 74.

of the day, and with the coming of the Second World War the city would once again see itself on the frontline of transatlantic movement.

With war came people; in the case of Halifax those people filed in steadily over the course of the conflict. Between 1939 and 1940 the city's population grew from sixty-eight thousand to seventy-six thousand and by 1944 Halifax was home, temporary or otherwise, to nearly one hundred and ten thousand people.[530] Soldiers and labouring folk filed into the city, some to remain over the course of the conflict, others destined to board transport to where the fortunes of war dictated. Lezlie Lowe, writing for a popular audience, captures how profoundly this influx of people altered Halifax's social and business landscape by referencing the staggering growth of the city's restaurant and eatery industry. Between 1939 and 1944 the number of registered eating establishments in Halifax doubled, the new additions ranging from traditional dining locales to humble hot-dog stands, that ubiquitous and archetypical provider of mid-day meals for working people.[531] The war caused serious growth spurts in the city, and many hoped to benefit from said growth by providing services for its residents.

Besides providing more mouths to feed, likely to the joy of enterprising restaurateurs, population growth brought with it a host of new public health concerns. The bodies of "strangers," often conceived of as possible threats to public health, had the potential to strain Halifax's health infrastructure during the critical wartime years. It should come as no surprise that venereal disease arose to become one of the public health menaces which arrived (or, at the very least, was revived) by the return of war to the city, with syphilis

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[530] Lezlie Lowe, *The Volunteers: How Halifax Women Won the Second World War* (Halifax: Nimbus Publishing, 2022), 17.
[531] Lowe, *The Volunteers*, 17-18.

and gonorrhea singled out as being especially dangerous threats to public health just as (and indeed, sometimes more) concerning than the rising rates of measles, mumps, tuberculosis and other common illnesses.[532] Furthermore, the aforementioned prominence of Halifax as a port city *par excellence* meant that many of its inhabitants were transient soldiers, whose presence in the city introduced a host of new concerns from the perspective of venereal disease control. Periods of leave provided opportunities for soldiers and civilians to mingle right off the waterfront, and as discussed further below the comings and goings of naval personnel in particular introduced new challenges for medical officials and police.

Like Toronto, Halifax physicians entered the war with a spotty picture of how acute the city's venereal disease problem was, itself a symptom of the imprecise data available for the province of Nova Scotia generally. Writing in the December, 1939 issue of *The Nova Scotia Medical Bulletin*, J.K. McLeod (a physician and medical health officer in Sydney) referenced the same Toronto studies physicians in that city used to gauge venereal disease rates, making no reference to more local data. "There can be no doubt," McLeod wrote, "that what is found in the province of Ontario is found in all the other provinces."[533] That a public health official chose to reference Ontario-based information suggests that information for Halifax, Sydney or Nova Scotia as a whole was either unavailable or difficult to obtain for contemporary physicians, leaving them little choice

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[532] P.S. Campbell, "Report of the Committee on Public Health," in *The Nova Scotia Medical Bulletin* 20, no. 9 (1941): 313. Note that Campell's report does not minimize the significance of rising disease rates generally, though it does uniquely call out venereal disease suppression as being a matter of both public health and public justice.
[533] J.K. McLeod, "Venereal Disease," in *The Nova Scotia Medical Bulletin* 18, no. 12 (1939): 664.

but to point to the data from other places in the Dominion and proclaim that something similar was afoot closer to home.

Panic (or measured concern, if cynicism is discarded) about the Atlantic venereal disease situation was also in evidence within this issue of *The Nova Scotia Medical Bulletin*. In an editorial ostensibly devoted to celebrating the achievements and discussions on offer at the annual meeting of the Provincial Association of Medical Health Officers Dr. H.W. Schwartz wasted little time before diving into an impassioned plea that something- anything- needed to be done to curb the spread of venereal disease. Schwartz describes to readers the "havoc" venereal disease had caused in the past, the extent of which was so great that public treatment centres needed to be established in 1922.[534] The potential ruination of men in Halifax was quite a concern for Schwartz, who bombastically declared that the city was "swarming with young, healthy, regularly paid men of the navy, army and air force, along with those of the merchant marine," and that its streets were "the happy hunting ground of many of those from the greater centres of iniquity."[535]

Who were these prowling predators, and from which "greater centres of iniquity" did they hail? Schwartz provides no further explanation of this phrase, though it is clear that he intended to imply that the city's woes were, at least in part, caused by licentious female "hangers-on" who had trickled into Halifax following Canada's entry into the war. Schwartz describes how local magistrates had, in certain cases, expelled from Halifax women accused of spreading venereal disease: while referencing these cases very

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[534] H.W. Schwartz, "Editorial," in *The Nova Scotia Medical Bulletin* 18, no. 12 (1939): 713.
[535] Schwartz, "Editorial," 714.

much revealed the association between transience and sexual immorality in Schwartz' mind, he nonetheless pessimistically opines that those rendered pariahs in Halifax could simply relocate to Dartmouth.[536]

For Schwartz and those sharing in his mindset, the early months of the war represented something of an opportunity (if not an obligation) to embrace preventative medicine, the better to lessen strain on the medical system and to keep men fighting fit. Yet, the early vision of preventative medicine Schwartz outlined to readers was anything but revolutionary: impressing upon bachelors the importance of Christian marriage, providing wholesome recreation and carefully monitoring public health. Schwartz does, near the conclusion of his editorial, toy with the notion that medical officials might be better suited to dealing with bawdy houses than the police, though this is again not explored in anything but passing remarks.[537]

If the papers and proclamations in *The Nova Scotia Medical Bulletin* are treated as a decent, albeit incomplete aggregate of the medical profession's opinion on how they fared in the fight against venereal disease in Halifax, then by 1943 the sentiment was that doctors were struggling in an uphill battle. In an article entitled simply "Venereal Disease Control" Dr. J.S. Robertson, a divisional medical offer for the province, outlined what he saw as primary hurdles against eradicating venereal disease. Education, he stressed, was of paramount importance, for every individual who entirely avoided exposure was one who did not need to see their doctor. Robertson's article put forth the idea that wartime conditions caused "laxity" among educators, who had sometimes forgotten that "illicit

[536] Schwartz, "Editorial," 714.
[537] Schwartz, "Editorial," 715.

sex adventures must be condemned both from a moral and a medical point of view."[538] Lectures, films and other educational materials were said to be underutilized; churches, parents and schools had, by 1943, failed in their duties to inculcate a strong moral-medical education among young people, particularly those of high-school age.[539] This allegedly poor showing when it came to venereal disease education had, according to Robertson, allowed misinformation to flourish, such that "in several cases female patients who knew they had gonorrhea thought this could be cured by intercourse- the idea apparently being that they would lose the disease by transmitting it to another."[540]

Besides bemoaning the state of venereal disease control and education in the province generally, Robertson also outlined what the standard operating procedure was for physicians dealing with venereal disease patients in Halifax or otherwise. When a patient was diagnosed with syphilis or gonorrhea the physician was, of course, to provide "prompt and efficient treatment."[541] A lack of funds on the part of the patient was not sufficient grounds to take no action, as provincial clinics (including the one in Halifax) existed to assist those who could not afford private care and were happy to receive referrals. Likewise, if a doctor found themselves short on the drugs used to treat venereal disease (or could not afford to procure them out-of-pocket) the provincial Department of Health was willing to provide these at no cost, though Robertson does not explain if or how a physician would need to demonstrate financial need to draw upon provincial

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[538] J.S. Robertson, "Venereal Disease Control," in *The Nova Scotia Medical Bulletin* 22, no. 6 (1943): 125.
[539] Robertson, "Venereal Disease Control," 125-126.
[540] Robertson, "Venereal Disease Control," 125.
[541] Robertson, "Venereal Disease Control," 126.

resources.[542]

When treating a patient with venereal disease physicians were expected to provide educational literature which both explained the process of treatment and the importance of following any proffered medical advice. Provincially approved materials included, rather gravely, excerpts from the Public Health Act outlining the penalties for failing to adhere to treatment plans; Robertson warned readers that explaining the penalties for non-compliance was essential, for any individual brought to court for failing to adhere to public health guidelines could turn the tables on their physician by offering the defence that they were unaware adhering to treatment plans was mandatory.[543] Besides protecting the profession as a whole from accusations of misconduct, Robertson's advice was evidently meant to enshrine the notion that living with venereal disease was a matter of individual moral failure. Physicians could provide sage advice and treatment, but so long as patients were explicitly reminded that venereal disease was *their* burden to bear the onus was on them to seek help and make things right; failure to do this after being warned reflected poorly on the patient, not their physician.

Outside of treatment, Robertson also explained that physicians had a duty to inform local health officers of any infections, who in turn monitored cases, followed up on delinquent patients and, if necessary, called for legal action against infected persons. These local officers had wide-ranging powers granted to them in the name of public health and could order police to detain any individuals identified through contact tracing for as long as it took to administer a test (and, indeed, to provide treatment if said test

[542] Robertson, "Venereal Disease Control," 126.
[543] Robertson, "Venereal Disease Control," 126.

returned a positive result).[544] Health officers were also expected to pursue any leads given to them by military officials: Robertson was of the opinion that military contact tracing was effective, and that civilian health officers ought to take advantage of this and enthusiastically seek out individuals named by the military.[545]

While Robertson's stern-though-worried remarks hinted at his belief that doctors were facing an uphill struggle against venereal disease, the question remains whether Halifax really was losing the fight against sexually transmitted infections. As aforementioned, there was not really much in the way of a statical basis for making any claim whatsoever about venereal disease in the city during the early-war period, since the statistics which were commonly cited hailed from Ontario. While more information became available over the course of the Second World War, it is nevertheless difficult to describe the statistics available for Halifax (and the province as a whole) as anything besides "ramshackle." 374 cases of venereal disease were reported by medical officers in Nova Scotia during 1943, the majority of which were gonorrheal infections.[546] 1943 marked the first time a limited record of laboratory reports was kept (encompassing only mainland Nova Scotia), which found that just over 1100 cases of venereal disease were identified via positive test results.[547] While the disparity between lab results and reported cases was duly noted as a cause for concern, suggesting that physicians were struggling to report or

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[544] Robertson, "Venereal Disease Control," 126. It should be noted that detention was theoretically only resorted to if a suspect did not report to their own physician or a clinic for testing within 24 hours of receiving notice that they were identified as potentially infected.
[545] Robertson, "Venereal Disease Control," 128.
[546] Eldon L. Eagles, "Venereal Disease Control in Nova Scotia," in *The Nova Scotia Medical Bulletin* 23, no. 9 (1944): 241.
[547] Eagles, "Venereal Disease Control," 241.

identify venereal disease, the results nonetheless did not conclusively suggest that the province as a whole had an unusually high infection rate.[548]

Probably the best source of information regarding the ebb and flow of venereal disease control in Halifax itself is found in the annual Department of Health reports, which included individual summaries of the public health operations each major health unit undertook (as provided by the medical health officer of a given unit). Halifax, befitting its status, was considered its own health unit, and the municipal Department of Health reported as such. Early-war reports from the medical health officer for Halifax did not feature much in the way of detailed statistics, and this continued to be the state of affairs for some time: by the end of 1942 Dr. J.J. MacRitchie simply reported how many cases were "investigated" in Halifax (249 cases) and how many of those investigated were successfully located and gave a positive test for venereal disease (90 individuals).[549] MacRitchie offered no estimates regarding the city's infection rate in the 1942 report, and reports from previous years scarcely mention venereal disease, if at all.

By the latter half of the war, however, the summary reports from Halifax become more concerned with the details of the city's venereal disease problem, and reports from this period allude to changes and expansions in its control scheme. In 1943 the report describes both the number of cases reported from civilian doctors (including those in the municipal venereal disease clinic) and those which were forwarded by military authorities, and the 1945 report even distinguishes between alleged infections among

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[548] Eagles, "Venereal Disease Control," 241.
[549] J.J. MacRitchie, "Office of Public Health and Welfare Halifax, N.S.," in *Report of the Department of Public Health for the Year Ending November 30th, 1942* (Halifax: King's Printer, 1943), 29. For copies of this report and the others mentioned here see: Nova Scotia Archives, J 104, K3, R29, H435.

servicemen and those reported by former servicemen.[550] Broadly speaking, the reports do not suggest that Halifax's venereal disease rate fluctuated too greatly over the course of the conflict: Halifax went from reporting 594 investigated cases in 1943 to 585 in 1945.[551] What these annual reports do tease at, however, were the ways in which the city's health officials set about expanding the scope and scale of their work in response to the perceived threat of venereal disease. In 1943, for example, "two workers from the City were sent to Montreal and trained in Social Hygiene at the expense of the Provincial Department of Health, and both are working in Venereal Disease Control in Halifax since their return."[552] Despite attending the same classes these two women found themselves engaged in very different lines of work: one served as a nurse in the city's employ while the other, "the City's Police woman," went on to apply the lessons she learned in Montreal to dealing with "vagrants and other female prisoners."[553]

The annual reports from Halifax also point to increased cooperation between the city and province as the war wound on. For example, in 1944 Halifax undertook a considerable anti-venereal disease education drive (coinciding, it seems, with similar

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[550] J.J. MacRitchie, "Office of Public Health and Welfare Halifax, N.S.," in *Report of the Department of Public Health for the Year Ending November 30th, 1943* (Halifax: King's Printer, 1944), 33; J.J. MacRitchie, "Office of Public Health and Welfare Halifax, N.S.," in *Report of the Department of Public Health for the Year Ending November 30th, 1945* (Halifax: King's Printer, 1946), 39.

[551] MacRitchie, "Office of Public Health and Welfare Halifax, N.S.," 33 (1943 edition); MacRitchie, "Office of Public Health and Welfare Halifax, N.S.," 39 (1945 edition). Note that these figures combine reported cases and investigated cases, even when those investigations yielded a negative result or could not locate the individual under investigation. As such, while they ought to be taken with a grain of salt, these figures do help illustrate how many cases/reports were "on the radar" of city health officials, so to speak.

[552] MacRitchie, "Office of Public Health and Welfare Halifax, N.S.," 33 (1943 edition).

[553] MacRitchie, "Office of Public Health and Welfare Halifax, N.S.," 33 (1943 edition)

campaigns elsewhere in Canada) which included making use of "poster supplied by the Provincial Department of Health," which were duly displayed in "rest rooms, toilets, washrooms of restaurants, hotels and other public buildings."[554] This poster-based initiative was itself only supervised by the city, which turned to the Junior Board of Trade to provide the numbers needed to effectively blanket Halifax with the materials. While public lectures by "men well qualified to speak on V.D." accompanied this poster drive, it is worth noting that the locations these posters were displayed (primarily in washrooms, it seems) does suggest that the topic of venereal disease remained touchy, and efforts to publicize it were moderated by a sense of restraint; while the public needed to know about this health menace, taste and decency demanded that this be done quietly and (ironically) not wholly within the public eye.[555]

Subtlety may have carried the day when it came to raising awareness about venereal disease, but when it came to policing within Halifax the law favoured heavy-handedness. Arrests for vagrancy gradually declined during the war, but the percentage of women charged with vagrancy across the province skyrocketed beginning in 1941. In 1938 31 women in the whole of Nova Scotia were arrested for vagrancy, representing 16.5 percent of individuals detained for this crime.[556] In 1941 Halifax reported apprehending 75 female vagrants, representing just under three-quarters of women in the province arrested

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[554] J.J. MacRitchie, "Office of Public Health and Welfare Halifax, N.S.," in *Report of the Department of Public Health for the Year Ending November 30th, 1944* (Halifax: King's Printer, 1945), 33.
[555] MacRitchie, "Office of Public Health and Welfare Halifax, N.S.," 33 (1944 edition).
[556] *Province of Nova Scotia, Penal Institutions Thirty-Eighth Annual Report: December 1st, 1937 to November 30th, 1939* (Halifax: King's Printer, 1939).

for vagrancy (who collectively represented 49.75 percent of vagrancy arrests).[557] 1944 saw more women arrested in Nova Scotia for vagrancy than men (57 percent of cases), something which was hitherto unheard of, with Halifax being the site where the lion's share of arrests were made.[558] While the number of women arrested for vagrancy declined sharply by late 1945 (falling to 32 percent provincially), the pattern which had emerged during the wartime years was simply astounding.[559]

The reasons behind the considerable increase in women arrested for vagrancy are, luckily, easy to deduce. Commenting on the formidable 1944 rates P.S. Campbell, the provincial Inspector for Penal Institutions, wrote that "the noticeable upward tendency in female incarcerations is due to the more aggressive programme now in progress against the venereal diseases."[560] Women were being arrested on nominal vagrancy charges because the drive to eradicate venereal disease was undergirded by the assumption that "loose" women, usually not suspected of involvement in the sex trade, were its primary propagators. Any young woman on the streets of Halifax was, in effect, a potential threat to the bodies of men.

Legislative changes also help explain why arresting women on the grounds of vagrancy was preferable to other options. In 1938 section 66 of the Public Health Act specified that any person committed to a place of detention could be tested for venereal

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[557] *Province of Nova Scotia, Penal Institutions Forty-First Annual Report: December 1st, 1940 to November 30th, 1941* (Halifax: King's Printer, 1942).
[558] *Province of Nova Scotia, Penal Institutions Forty-Fourth Annual Report: December 1st, 1943 to November 30th, 1944* (Halifax: King's Printer, 1945).
[559] *Province of Nova Scotia, Penal Institutions Forty-Fifth Annual Report: December 1st, 1944 to November 30th, 1945* (Halifax: King's Printer, 1946).
[560] *Province of Nova Scotia, Penal Institutions Forty-Fourth Annual Report,* 1.

disease by a qualified practitioner.[561] Two years later this same section was amended to specify that one need not be "committed to" an institution before testing was permitted; merely being held "in custody" provided sufficient grounds to force an individual to undergo testing for venereal disease.[562] This ostensibly minor change created a new paradigm wherein arresting an individual, even if they were not later charged, was all that was required to demand that they submit to medical examination. In 1942 the Public Health Act was further amended such that any medical officer could, even without the flimsy probable cause of a vagrancy arrest, "examine or cause to be examined by a qualified medical practitioner, any persons, with or without their consent, in order to ascertain whether such persons are infected with any venereal disease."[563] While this theoretically removed the need to resort to arrests for crimes such as vagrancy in order to effect an examination, it seems reasonable to conclude that the earlier habit of "arresting and testing" nonetheless remained preferable to simply ordering tests en masse or at random. Since young women were allegedly menacing the populace with their sickly bodies, arresting them on the grounds of vagrancy both punitively took them off the street for a time (ensuring that they could not avoid any proscribed treatment) and strongarmed them into submitting to the anti-venereal disease alliance forged between police and physician.

The combination of a subdued, somewhat late-blooming public education campaign

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[561] *The Statues of Nova Scotia, Passed in the Second Year of the Reign of His Majesty, King George VI* (Halifax, King's Printer, 1938), 218. Again, copies of the statues are available at the Nova Scotia Archives.
[562] *The Statues of Nova Scotia, Passed in the Fourth Year of the Reign of His Majesty, King George VI* (Halifax, King's Printer, 1940), 327.
[563] *The Statues of Nova Scotia, Passed in the Sixth Year of the Reign of His Majesty, King George VI* (Halifax, King's Printer, 1942), 133.

and an aggressive shift towards policing vagrant young women were the core of Halifax's wartime civilian venereal disease campaign. Unlike Toronto, Halifax's mayor seemed to take a more "hands-off" approach to venereal disease control: municipal council minutes and correspondence seem to suggest that the city's mayor deferred to municipal and provincial health authorities. However, the presence of naval personnel in the city introduced unique concerns for both civilian and military health officials, who shared concerns that ships could serve to ferry venereal disease to and from Halifax. The navy as a whole maintained that the sex trade was not a great threat to its personnel (as of 1944, it was estimated less than 10% of infections originated in bawdy houses, some as far-flung as China), supporting the narrative that "amateur girls" were the primary vectors for transmission.[564] With regards to Halifax specifically, it is noteworthy that the Naval Health Service was keen on tracking statistics for that city separately, hinting at both the perceived importance of venereal disease control in the region and the primacy of the port as a whole.

Part of the issue naval officials in Halifax were forced to confront was that it could be difficult to ascertain whether cases identified while in port actually originated within the city. For example, an October 1944 report stated that, while 89 cases of venereal disease were identified that month, only 20 were alleged to have been picked up in Halifax (with another 2 believed to have been contracted in Dartmouth).[565] The especially transient nature of naval life also contributed to high communicable disease rates in general:

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[564] Note that this figure is derived from West-Coast reports. See: V.D.C.O to Staff Medical Officer, September 12, 1944, LAC, RG 24-D-1-C, Volume 34281, file 4478-17.
[565] Naval Health Officer to Command Medical Officer, C.N.A., November 15, 1944, LAC, RG 24-D-1-C, Volume 34281, file 4478-17.

outbreaks of mumps or venereal disease (assumed to be contracted in one place then manifesting aboard some time later) were a constant threat for sailors.[566] While naval men in Halifax were making good use of condoms- 3120 were handed out between four ships in October, 1944 alone- and were shown regular venereal disease films while in port, there nonetheless arose a feeling that further action was required in order to protect seamen within Halifax.[567]

The solution which was envisioned involved a commitment to close cooperation between naval officers and their civilian counterparts in Halifax, though it took time for both sides to iron out what exactly this would entail. By the spring of 1944 a standard operating procedure was in place: the navy would report any relevant contact information to provincial health authorities, who would in turn instruct local medical officers to pursue leads within the city.[568] For their part, the navy did not simply "fire and forget" accusations into the hands of the province and could expect updates regarding the progress of any contact tracing attempts. Civilian authorities were usually quite keen on pursuing leads offered by the navy; civilian enthusiasm towards information provided by naval medical officers was noted by the latter, who were broadly pleased with the results this cooperation produced.[569] Of course, information sharing had its limits, and the navy generally did not provide civilian physicians with any contact information about their own: while the names and alleged misdeeds of women in Halifax were fair game in

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[566] While the RCN often returned significantly higher venereal disease rates than their counterparts in the army or air force, this generalization does not apply to the WRNS.
[567] Naval Health Officer to Command Medical Officer, C.N.A.
[568] Naval Officer, H.M.C.S. "Scotian" to Command Medical Officer, H.M.C.S. "Scotian," June 24, 1944, LAC, RG 24-D-1-C, Volume 34281, file 4478-17.
[569] Naval Officer, H.M.C.S. "Scotian" to Command Medical Officer, H.M.C.S. "Scotian."

communications, provincial and municipal health officials could not expect to have the names of naval personnel to hand when they actually set about the task of contact tracing.[570]

Cooperation between the navy and civilian health officials also occurred in other contexts. While the RCN sourced its own educational materials, they also gratefully received posters and other literature from civilian sources, displaying them both onboard ships and elsewhere.[571] Liaison between naval personnel and various provincial and municipal groups were also maintained, ostensibly for the purposes of presenting a united front against venereal disease and exchanging information about problematic rate trends.

Of course, the navy itself represented only part of Halifax's busy port population. Merchant seamen ferrying goods to and fro represented a significant asset to the allied war effort and a significant avenue for the spread of venereal disease. While the city was limited in terms of what it could do to enforce medical policies among merchant seamen, officials expressed significant anxiety surrounding (particularly foreign) merchant marine visitors. Like perceptions of "strangers" from outside Halifax, considerable suspicion regarding health and moral habits was levelled towards sailors from abroad who stopped in the city to pick-up or drop-off essential war supplies. One especially compelling example of the ways in which this anxiety manifested came to the fore late in 1942, when

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[570] Naval Officer, H.M.C.S. "Scotian" to Command Medical Officer, H.M.C.S. "Scotian." One might expect this sometimes resulted in awkward situations, like an individual being accused of having (or spreading) venereal disease by medical officials who did not know whom they had even spread it to.

[571] Naval Officer, H.M.C.S. "Scotian" to Command Medical Officer, H.M.C.S. "Scotian." Given that the city's previously discussed "washroom poster campaign" kicked off in 1944, it seems likely that ships and barracks were provided with these provincially sourced materials by enthusiastic civilians working under the auspices of the city.

the Royal Canadian Mounted Police were confidentially asked to investigate a number of merchant seamen-related security claims centred around Halifax. These ranged from accusations that Axis infiltrators might be spreading venereal disease through the port to the (acknowledged as dubious) claim that local sex workers were being "pimped out" by British merchant seamen.[572]

The RCMP's response to such claims provides a prime example of how extensive their invasive wartime intelligence gathering could be and the assumptions that were made about non-British merchant seamen. With regards to the latter, the RCMP plainly reported that, while Scandinavian and Greek vessels might be "the worst" for carrying venereal disease, there was no evidence that this was the product of anything besides bad behaviour by foreigners.[573] Reporting on the former, the RCMP maintained that the names and locations of the city's foremost sex workers were well known, and the few brothels in town were run by "madames," who followed suit with the military in deeming their establishments "out of bounds" for servicemen.[574]

A "very undesirable honour": Montreal

Like Toronto and Halifax, Montreal was a major gathering point for Canada's soldiers during the Second World War, and the city had not yet lost its status as the largest city in

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[572] W. Mortimer, "RE: Suspected Spreading of Venereal Disease to Halifax, Nova Scotia," October 21, 1942, LAC, RG 12, vol. 1484, file 8042-14.
[573] Mortimer, "Re: Suspected Spreading."
[574] Mortimer, "Suspected Spreading." For reference, two of the known brothels were run by a Parisienne, one by a local Algonquin woman and one by a woman from Montreal (who also maintained an establishment in Dartmouth). The RCMP report includes names and other identifying information which I do not believe has a place in this work.

the Dominion.[575] Economically speaking, Montreal was without a doubt one of the most important cities in wartime Canada; numerous firms making everything from ammunition to self-propelled artillery operated in and around the city.[576] Montreal was also, by the Second World War, a city with a long history of moral panic centred around its comparatively vibrant and well-entrenched sex trade. During the First World War moral reformers had loudly questioned why Montreal seemed relatively unwilling or unable to stamp out organized sex work, their ire directed most strongly towards the red-light district which commodified female impurity and which supposedly enabled the practice of "white slavery" in the city.[577] When reformers accused the city of ineffectually supressing sex work they looked to the vice commissions of other North American cities for inspiration, culminating in the formation of the Committee of Sixteen.

The Committee of Sixteen, enjoying the membership and patronage of prominent Montreal citizens, published the findings of its municipal survey in 1918. Unsurprisingly, the Committee roundly condemned sex work as both a menace to public health and the moral fibre of the city, though it was especially concerned with the ways in which commercialized prostitution provided avenues for the ruination of young women. Scandalous stories about white women selling their services to Asian and Black

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[575] The 1941 census lists Montreal's population as 903,000, nearly 240,000 more than Toronto in the same period. See: Dominion Bureau of Statistics, *Eighth Census of Canada, 1941, Volume II: Population by Local Subdivisions* (Ottawa: King's Printer, 1944), 9.

[576] I remember fondly my visit to the national War Museum in Ottawa, where a Montreal-manufactured Valentine type tank which saw use in the Soviet Union is still displayed. Evidently the manufactured war materials made in the city (and indeed, elsewhere) were fated to see use all throughout the world!

[577] Tamara Myers, *Caught: Montreal's Modern Girls and the Law, 1869-1945* (Toronto: University of Toronto Press, 2006), 60.

customers, or of extremely young boys contracting venereal disease from rapacious and predatory sex workers, were the bread and butter of reformer rhetoric.[578]

Reformers bemoaned the state of affairs in Montreal throughout the early twentieth century, but it was not until after the Second World War that the "grand sweep" finally pushed sex work out of the public eye.[579] As expected, then, the continued visibility of sex workers in Montreal impacted its wartime campaigns against venereal disease in ways distinct from other cities. While sex workers were always demonized in anti-venereal disease messaging, their actual influence on rates was often rendered ethereal by the fact that statistics deemphasized the extent to which commercialized sex played a part in the spread of venereal disease. In Montreal, however, the prevalence of the sex trade prior to and during the Second World War remained a sticking point for those behind the city's venereal disease control and education initiatives.

While venereal disease panic gripped wartime Montreal, the evidence suggests that infection rates had largely declined in the years preceding the conflict, though they did tick upwards again from 1937 onwards. Professional discussions about the situation in Montreal (and Quebec as a whole) seemed to centre around syphilis rates more than anything else; in some reports and articles gonorrhea goes entirely unmentioned. Within the city itself, syphilis occurred at a rate of 19.6 per thousand in 1930, rose to 21 per thousand in 1931, and by 1936 it had fallen considerably to 12 per thousand.[580] Nevertheless, between 1939 and 1941 the number of syphilis cases in the province as a whole had risen by twenty percent, which led Jules Archambault, director of the

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[578] Myers, *Caught*, 61.
[579] Myers, *Caught*, 60.
[580] Marcel Costa, "Resultats Des Plus Satisfaisants," *Photo Journal*, September 9, 1937.

provincial Division of Venereal Diseases, to conclude that legislative reform was needed to enforce treatment, particularly among sex workers.[581] Worrying too was the lack of provincial venereal disease clinics in Quebec as a whole: the province was relying largely on municipal clinics and private practice to treat venereal disease by 1940, though the cost of anti-syphilitic drugs remained funded by provincial and federal authorities.[582]

Archambault was not the sole member of the medical establishment laying the blame for rising rates (particularly of syphilis, which caused the greatest degree of concern) at the feet of Montreal's sex workers, nor was he alone in insisting that the city had to bring the hammer down on the profession. In an article published in the *Canadian Journal of Public Health* Archambault was joined by the Assistant Deputy Minister of Health and Social Welfare for the province in recommending that "specific laws be enforced against those who participate in or exploit prostitution," and "that appropriate action be instituted to remove those conditions which facilitate association of prostitutes and healthy persons."[583] While obviously a direct reference to Montreal's red-light district, this statement is also telling in that it distinguishes between sex workers and "healthy" persons, rather than specifying that some professional sex workers might not be in good health: sex work, by this logic, was inherently unhealthy. It is tempting to conclude that this was perceived to be the case because of how it withered morality as much as it spread venereal disease. Certainly, Archambault himself was not wholly opposed to

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[581] Jules Archambault, "The Need of Legislation and Social Service to Combat Syphilis in the Province of Quebec," *The Canadian Medical Association Journal* 44, no. 1 (1941): 64.
[582] Frank Cormia, "Syphilis as a Canadian Problem," *The Canadian Medical Association Journal* 42, no. 5 (1940): 477.
[583] Elphege Lalande and Jules Archambault, "Administration of a Provincial Venereal-Disease Control Program," *The Canadian Journal of Public Health* 35, no. 2 (1944): 58.

describing the consequences of venereal disease and sex work in moral terms: when discussing children born with hereditary syphilis he resorted to describing them as "weaklings destined to degeneracy and immorality."[584]

Strong condemnations of the sex trade in Montreal as a medical and moral threat alike only persisted as the war progressed, and calls to more sternly deal with sex workers were a regular feature in public education campaigns and published materials. In 1944 Adélard Groulx, director of Montreal's municipal health department, published a pamphlet which outlined what steps the city was taking in the fight against venereal disease. While Montreal's program was organized in large part by the provincial Ministry of Health and Welfare, medical officials in the city nevertheless had their work cut out for them, particularly when it came to overseeing the operations of the city's venereal disease clinics.[585] Education of the public remained a shared responsibility between the Ministry and the municipal health department, which launched its own information campaign in 1944 (in tandem with those begun by the Health League of Canada and the Montreal Junior Chambre de Commerce).[586] Groulx only briefly comments upon the sex trade in the introductory remarks of this pamphlet, though what he says is unequivocal: "la suppression de la prostitution," was among the "les principales mesures de contrôle" authorities had at their disposal.[587]

When considering the campaigns launched by the voluntary organizations mentioned by Groulx, it becomes plainly evident that sex work was singled out as one of the primary

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[584] Archambault, "The Need of Legislation," 65.
[585] Adélard Groulx, *La Lutte Contre les Maladies Vénériennes á Montréal*, (Montreal: Department of Health, 1944), AM, CA M001 VM166-1-1-D2591, 3.
[586] Groulx, *La Lutte Contre,* 4-5.
[587] Groulx, *La Lutte Contre,* 2.

issues Montreal needed to come to terms with if it wanted to be rid of venereal disease. The Health League's own stance on sex work is discussed in chapter 2 of this work, and its condemnatory tone complemented that of the Junior Chambre de Commerce. While the Chambre's 1944 educational push was modest (lasting only for six days between the twentieth and the twenty-fifth of March), it did not make any attempt to obfuscate its contempt for sex work. In a resolution presented to Montreal's mayor and supported by thirty-eight associations, the Chambre declared that "les maisons de prostitution sont les principaux centres de dissémination des maladies vénériennes," adding further that "le commerce de la prostitution est illégal et contraire aux bonnes moeurs."[588] The insistence that sex work was both a threat to public health and social mores entirely fit within the typical moral-medical campaign models of the time, and was probably imagined to have more social capital in Montreal, where sex work remained highly visible. While the literature distribution and public talks were, as tended to be the case, a staple in the Chambre's brief campaign, the up-front attack on sex work was something of a regional twist.

Accompanying pleas for legislative reform and general calls for action were supplemented by arguments about the economic havoc venereal disease had wreaked upon Montreal. In a so-called "special article" featured in the *Canadian Medical Association Journal* the financial cost of syphilis to Montreal was explored, with comparisons drawn between the city and other (American) municipalities of comparable

[588] "La Campagne Contre la Syphilis Débute," *La Presse*, March 20, 1944. It is tempting to conclude that approaching the mayor with this resolution was a publicity stunt, since correspondence on stationary specially made for the campaign already listed him as a patron.

size. Frank E. Cormia, the article's author, used data from hospitals and psychiatric institutions to gauge whether or not Montreal was spending an inordinate amount of money on caring for syphilis relative to other cities, ultimately arriving at the conclusion that "the venereal disease program here is not as efficient as that conducted in the other cities with which it was compared."[589] The reasons for this were numerous, according to Cormia, but the solutions were plainly obvious: public education, better access to well-funded clinics and implementing more legislation to deal with syphilis.[590] While Cormia did not specifically reference the financial cost of syphilis as limiting Montreal's contributions to the war effort, his insistence that it imposed a collective burden on the municipality shared similarities with the rhetoric of disease-related inefficiency and wastage used within military circles, as discussed in chapter 3.[591]

Yet, concerns regarding the civilian rates and cost of venereal disease were not what vexed those who most vocally voiced displeasure with the state of affairs in Montreal: the military. As the war ran its course, military medical officers noted with displeasure the high venereal disease rates among soldiers stationed in the Montreal area. While there is little evidence to suggest that the military was particularly enthused with the situation as it developed over the wartime years, it was not until early 1944 that it decided to take drastic action in the form of calling a meeting between various representatives from the services and civilian authorities. Held on January 13th, 1944, this meeting gathered together various federal and provincial health officials, members of the RCMP and the

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[589] Frank E. Cormia, "The Direct Cost of Syphilis to the City of Montreal," in *The Canadian Medical Association Journal* 43, no 3 (1940): 282.
[590] Cormia, "The Direct Cost," 282.
[591] Cormia, "The Direct Cost," 281.

provincial police and, of course, Adhemar Raymault, the mayor of Montreal.[592] From the military came representatives from the Army, the RCAF and the RCN, equipped with a set of dire statistics and a mind to iron out a plan of action going forward.

Presenters from the army claimed that between January 1st, 1940 and December 31st, 1943 Military District No. 4 (an Army district which included Montreal) reported just over 4000 cases of venereal disease, representing sixteen percent of all infections within the domestically stationed Canadian army.[593] An analysis of 2219 Canadian Army venereal disease reports from a five-month period in 1943 revealed that 364 listed Montreal as the place of infection.[594] These figures were taken as evidence that Military District No. 4, despite only hosting approximately eight percent of Canada's domestically stationed Army, was disproportionately struggling with venereal disease, with Montreal serving as the cornerstone of the problem.[595]

More troubling than the high infection rates were their source. Army officials estimated that thirty-two percent of soldiers who contracted venereal disease in Montreal did so while visiting a bawdy house; another thirteen percent fell ill after intercourse with a sex worker met on the streets. Combined, this meant estimates supposed that the sex trade was responsible for forty-five percent of Army venereal disease cases in Montreal, a figure which left military authorities reeling.[596] "In relation to the total Canadian Army venereal disease picture," Captain Leclerc explained to attendees, "five percent of

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[592] *Minutes of a Conference held at Headquarters- Military District Number Four in Connection with Venereal Disease Control*, January 13, 1944, AM, CA M001 P043-4-2-D02, 7.
[593] Captain Leclerc, *Minutes,* 7.
[594] Leclerc, *Minutes*, 7.
[595] Leclerc, *Minutes*, 7.
[596] Leclerc, *Minutes*, 8.

infections for the Canadian Army as a whole have come out of Montreal bawdy houses in the five-month period studied."[597] RCAF Flight-Lieutenant Anderson, representing the Venereal Disease Control Section of the RCAF headquarters in Ottawa, heaped further statistics upon those derived from the Army: "sixteen percent of all cases studied, reported from the whole Dominion, were infected in Montreal."[598] While the RCAF's data was not as dire as the Army's, it nonetheless believed that something like one-third of airmen who contracted venereal disease while in Montreal got it from a professional sex worker.[599]

The navy had less in the way of statistics to offer, but did maintain that infection rates in Montreal (and Quebec City, interestingly) were twice as high as those seen elsewhere, and that this had an obvious impact on the readiness of seamen.[600] Two anecdotes were provided by the navy to illustrate how even a handful of infections could cripple a ship, thereby hindering its combat readiness. Both of these anecdotes related incidences of corvettes—smaller warships used as convoy escorts and patrol boats—being unable to leave port because some of their crew were hospitalized with venereal disease; the obvious implication made here was that ships meant to escort vital supplies across the Atlantic had been rendered combat ineffective thanks to the Montreal's laxity in cleaning house.[601]

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[597] Leclerc, *Minutes*, 8.
[598] Flight-Lieutenant Anderson, *Minutes of a Conference held at Headquarters- Military District Number Four in Connection with Venereal Disease Control*, January 13, 1944, AM, CA M001 P043-4-2-D02, 10. Note that Anderson refers here to cases from 1943.
[599] Anderson, *Minutes*, 11.
[600] Lieutenant-Commander J. Jarry, *Minutes*, 14.
[601] Jarry, *Minutes,* 14; Surgeon Lieutenant Battersby, *Minutes*, 14. During a recent trip to Halifax I had the chance to tour the HMS *Sackville*, a flower-class corvette (and the only museum-ship of its type). It is not difficult to imagine that the loss of a between ten and

This barrage of stories, statistics and stern reprimands preceded an unvarnished list of demands from the meeting's military attendees, chief among these being that "civilian Health and Law enforcement authorities of the Province of Quebec and the city of Montreal be requested to institute immediate effective measures to remove the threat to the armed forces situated in and passing through the city of Montreal."[602] To remove any doubts, the resolutions presented by the military further specified that venereal disease was spread to uniformed men by "brothels and other unsavoury community conditions."[603] The potential consequences of failing to heed the demands imposed by the military included, in the words of a RCAF representative, "placing the city of Montreal out-of-bounds."[604]

For the meeting's military men, shuttering brothels was both a logical and moral necessity which also had the potential to aid the progress of moral reform. Lieutenant-Colonel Williams, army venereal disease control officer, pre-emptively dismissed the idea that shutting brothels would simply send sex workers out into the streets, where they would be exposed to danger and press on with their work regardless. To support this view, Williams asserted that roughly half of female sex workers were essentially damsels just waiting for the opportunity to be saved. "25% of the older girls. . .want something to break them away from the business, and closing up houses is their best break," Williams

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thirty crew (as these were the numbers provided by the naval representatives during their anecdotes) could indeed render these small ships unable to carry out their duties, especially if certain key personnel were among those missing. In fact, unable to resist the urge to ask about this, I was told by one of the volunteer staff aboard the ship that if a handful of engineers, the smith or the radarman responsible for U-boat detection were missing the *Sackville*'s efficiency would undoubtedly be compromised.

[602] Major General Renaud, *Minutes*, 25.

[603] Renaud, *Minutes*, 25.

[604] Wing-Commander Emard, *Minutes*, 21.

declared, with the other twenty-five percent of easily saved women being younger women who would simply "drift back into a legitimate occupation" if they were put out on the street.[605] This latter category, the young sex-worker, was described by Williams as "little farm-girls," who had fallen afoul of "the white slaver" and could be saved from further peril by swift action.[606] Evidently the military was not opposed to using the traditional talking points of moral reformers to impress upon Montreal the moral improvements public health measures could have.

While the concerns of the military were noted by the civilian representatives in attendance, they also took the chance to push back against the accusations levelled at the city, or to point out how unrealistic some of the military's expectations were. Mayor Raynault insisted that the venereal disease rates in Montreal were not unusual for a city of its size, and that it was worth noting that a city containing sixteen percent of the nation's population might very well be expected to also have sixteen percent of infections.[607] Director of Provincial Police Marcel Gaboury went a step further in poking fun at the matter, light-heartedly suggesting that perhaps the root of the problem was the "French girls are more attractive than others!"[608] While it is easy to imagine such comments failing to amuse attendees, given the perceived gravity of the situation, Gaboury did follow up his snide remarks with comments concerning the difficulty of policing brothels, emphasizing the ways in which sex workers strategized to evade arrest

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[605] Lieutenant-Colonel Williams*, Minutes*, 18.
[606] Williams, *Minutes*, 19.
[607] Mayor Raynault, *Meetings*, 20. The mayor does seem to ignore of misunderstand the point that this sixteen percent figure occurred within eight percent of the nation's military population.
[608] Marcel Gaboury, *Minutes*, 22.

and ensure they could continue making a living. For Gaboury, raids on brothels accomplished little in the long run because the only individuals typically charged (and then, only after repeated offences) in the aftermath were proprietors, who were seldom on the premises when a raid was conducted and simply paid any fines or fees arrested women faced.[609]

Gaboury also wondered whether false allegations against sex workers were made in order to protect the actual soldiers of partners or the reputation of more "respectable" women.[610] While he offered no evidence for this, Gaboury's line of thinking was not entirely unsound. The visibility of sex workers and their places of work meant that a soldier could quite possibly list off a well-known brothel or woman in order to avoid implicating someone else, and given the assumptions made about sex workers such a lie was inherently believable. There is not really any way of assessing how often redirection took place, and there is little reason to suppose that Gaboury made his statements out of sympathy for women in the sex trade, yet his comments nonetheless illustrate how othering sex workers rendered them readily available for scapegoating.

Though Mayor Raynault urged his fellow attendees to refrain from publicizing details concerning the situation in Montreal, the civilian media eagerly carried stories about this meeting and later developments regarding venereal disease and the military in the city.[611] For his part, Raynault believed that "certain people" found "malicious pleasure" in besmirching the good name of Montreal, and that the January 13th meeting (one it had

[609] Gaboury, *Minutes*, 22.
[610] Gaboury, *Minutes*, 23.
[611] Raynault, *Minutes*, 21.

become public knowledge) contained assertations he found inaccurate and unfair.[612] Certainly, headlines published in the wake of the meeting reminded Montreal residents that venereal disease was a especially rampant in their city, thereby gaining it an infamous reputation within military circles. In an article for the *Standard*, Jacqueline Scrois described the confused and uncoordinated responses police, municipal health officials and the mayor had taken in response to demands from the military, and that these ineffectual efforts resulted in Montreal becoming synonymous with venereal disease.[613] "Montreal has the infamous record," Scrois writes, "of having had a warning issued to soldiers at the District Depot which contains the words 'Montreal is filthy with V.D.- remember that.'"[614]

To be fair, efforts to clamp down on sex work in the city did escalate following the January 13th meeting. From mid-March 1944 onward the Provincial Police were supplanted by a municipal morality squad, which took over the former's duties policing gambling dens and bawdy houses.[615] The morality squad arrested suspected sex workers with greater vigour than their predecessors, and harsher penalties for brothel keepers soon followed. For example, thirty-five-year-old Joan Larraine was handed a six-month sentence jail sentence after a raid by the morality squad shuttered her business: prior to this, it was almost unheard of for a madame to receive any jail sentence whatsoever.[616] Military pressure in 1944 had closed many of the city's brothels and led to stiffer penalties for those accused of participating in the sex trade, but the profession continued

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[612] "39 Organizations in Anti-V.D. Move," *The Gazette*, March 21, 1944.
[613] Jaqueline Scrois, "City VD Rate is Still High," *Standard*, September 9, 1944.
[614] Scrois, "City VD Rate is Still High."
[615] "100 Suspects Arrested in Gambling House Raid," *The Gazette,* March 27, 1944.
[616] "'Business as Usual' gets 'Mistress' Jailed," *The Gazette*, April 13, 1944.

to shoulder the blame for what civilian and military authorities framed as a relentless problem.

Conclusion

Undoubtedly, much of what can be said about venereal disease campaigns in any of the three cities discussed here has some general applicability. Whether in Toronto, Halifax or Montreal venereal disease was perceived as an issue, and the overwhelming sentiment from medical and military authorities was that something had to be done to reduce infection rates. The "something" to be done was usually included paying closer attention to infection rates, encouraging education, procuring treatment and fostering cooperation between the alliance of organizations and governmental institutions working to stamp out venereal disease. Additionally, the civil rights of women in particular could sometimes be cast aside in the interest of making progress against venereal disease. For these reasons, it is not entirely unreasonable to say that there were nationally consistent principles- typically adhering to a blend of medical and moral maxims- in Canada's wartime fight against venereal disease.

Yet, this bird's eye view of venereal disease control and education does not give us a full picture of the minutiae which sculpted local campaigns. Arguably a sampling of three cities, however prominent they might have been, only provides supplementary information at best, and only serves to raise more questions. What of the provinces west of Ontario? How did municipalities in the Prairies conduct their venereal disease campaigns? What of Vancouver, a city which, like Montreal, imagined itself as having a sex work problem? Does the focus on cities not ignore that which is all too often ignored in conversations about the past, namely the denizens of rural Canada who- though

becoming outnumbered by their urban counterparts in the period- nonetheless constituted a massive percentage of the nation's population?

A comparison of wartime venereal disease control and education in Toronto, Halifax and Montreal does hint at there having been noteworthy regional differences in how these public health projects were approached. In Toronto a strong mayoral presence and a (comparatively) well informed medical establishment resulted in campaigns which leaned on a curious mix of statistics and public endorsement. Halifax saw its own efforts shaped by both the presence of naval personnel and the clear delineation of responsibilities between province and municipality. Finally, the visibility of organized sex work in Montreal compared to other Canadian cities meant that the profession dominated discussions of venereal disease in that municipality, providing an easy source of scapegoats and a profound point of friction between the city, the military and the province as a whole.

Conclusion: Wars Won and Worries Without End

In early October, 1945 the Canadian Army in Canada held a conference in Brockville, Ontario to discuss the matter of venereal disease control among male troops undergoing the process of repatriation. The conference's first presentation briefly summarized the program which had been put in place for male personnel during the war, the obvious implication being that there were established procedures and chains of command which had not simply disintegrated now that peace had been declared. The speaker, Major A.B. Sinclair, reminded attendees that there remained work to be done before the duties of venereal disease control officers could be considered well and truly satisfied. "The coincidence of liberation and the end of the war in Europe," Sinclair warned, "had resulted in a sort of carnival spirit."[617] While Sinclair was speaking specifically about revelry—and a corresponding rise in infection rates—within Holland, given the context of the conference it seems fair to conclude that he was expressing concern about Canadian soldiers and their civilian hosts in general. For those who recorded casualty rates, the end of fighting promised a swift journey to statistical irrelevancy: for venereal disease control officers, the battle raged ever onwards.

Medical officers could at least take comfort in the fact that they now had the tools at hand needed to protect their wards. Penicillin remained a potent ally in the fight against venereal disease and—loathe though some men might have been to use them—V-kits remained available for those who decided to celebrate peace by cutting loose, if they hadn't done so already. Likewise, imperfect though it might have been, education

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[617] Major A.B. Sinclair, "Venereal Disease Control in the Canadian Army Overseas," in *Conference of Venereal Disease Control Officers in the Canadian Army in Canada at Brockville, 9, 10 and 11 October, 1945*, 5, LAC, RG 29, vol. 213, file 311-V3-12.

remained a cheap option for scaring men straight or, at the very least, making sure they knew where to go after drink had flowed and mistakes had been made. Soldiers were, after all, in active service until fully demobilized, and medical officers could therefore take comfort in the fact that there remained plenty of time for health lectures between the end of the war and when soldiers actually got to go home. Yet, there was a need to remain cautious as well, since there was an expectation on the part of soldiers that peace would bring with it at least a little more leisure time, and military officials were keenly aware that simply keeping soldiers awaiting repatriation confined to depots, safely locked away from venereal disease, was a recipe for disaster.[618] Soldiers could still be made to wear the uniform and march from place to place on the long road back to Canada, but there was little point in trying to force them to stifle their excitement now that the war was won.

While medical officers were wringing their hands about what to do with soldiers awaiting the return to civilian life, some back home in the Dominion remained ever anxious to keep alive the momentum of the domestic anti-venereal disease campaign. Organizations like the Health League incessantly pushed for laws mandating premarital blood testing, the hope being that the spirit of social hygiene would not be lost again as it had following the Great War. To be fair, the League's decision to continue pleading with provinces to pass laws concerning premarital screening was informed by data suggesting that postwar Canadians were indeed broadly in favour of testing laws. Polling from early

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[618] Officers were especially worried that soldiers in Britain would riot if they were kept cooped up for too long. See: Major S.L. Williams, "Venereal Disease Control in Personnel Returning from Overseas," in *Conference of Venereal Disease Control Officers in the Canadian Army in Canada at Brockville*, *9, 10 and 11 October, 1945*, 6, LAC, RG 29, vol. 213, file 311-V3-12.

1946 reported that eighty-nine percent of Canadians wanted engaged couples to undergo premarital blood testing, and were not opposed to the state passing legislation which ensured that they had no choice in the matter.[619] The League was joined by numerous organizations, including numerous women's organizations and recreational clubs, in asking the government to protect the moral and medical health of Canadians by passing compulsory premarital testing legislation, though the majority of provinces declined to do so in the postwar period.[620] Evidently, while the fervour of wartime anti-venereal disease activists did not disappear once peace was declared, the movement's ability to translate its concern into actual legislative action was limited.

Of course, there is much more to be said about venereal disease control in the postwar period, especially once the fact that their country was entering the Cold War dawned on Canadians. Scholars like Christabelle Sethna have described the "sexual chill" of the 1950s, wherein anxieties about national security led educators to embrace fundamentally conservative models of sexual education in Ontario schools.[621] Conscious of the fact that what lies just beyond the scope of my dissertation holds great potential, I end my analysis right at the war's end. Exploring venereal disease control and education as it related to demobilization represents may merit further research, though the evidence used here

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[619] Carstairs, Philpott and Wilmshurst, *Be Wise! Be Healthy!,* 86.
[620] RG 29, vol. 213, file 311-V3-10 contains many petitions and resolutions directed towards the federal Division of Venereal Disease Control, from a diverse array of organizations. Late 1944/early 1945 seemingly saw an increase in the number of petitions received by the division, and while most were broadly in favour of compulsory testing, some dissident voices can be heard. For example, the Canadian Anti-Vivisection Society supported the educational components of anti-venereal disease campaigns, but were vehemently opposed to mandatory premarital testing.
[621] Christabelle Sethna, "The Cold War and the Sexual Chill: Freezing Girls out of Sex Education," *Canadian Women's Studies* 17, no. 4 (1998): 57.

suggests that soldiers were not exposed to very much new information at all. Indeed, for Canadian servicewomen in particular there would have been no need to adapt any anti-venereal disease messaging: the entirety of their military sexual education had always been obsessively focussed on the return to normal womanhood after the war.

Throughout this dissertation, I have argued that the moral-medical model of venereal disease control which emerged during the Second World War was not simply the result of old-fashioned thinking on sexuality. While a through line can be drawn from moral reform, the Great War and other prior facets of Canadian history to the Second World War, to simply conclude that wartime venereal disease control and education schemes were something which organically came into existence would be both teleological and overly simplistic. Continuity was a factor which shaping the Second World War program, certainly, but so too were contemporary anxieties bred specifically within the context of global conflict. So much of the messaging deployed to further anti-venereal disease campaigns anchored itself to the fact that Canada was perceived to be in a fight for its very existence.

To opine a bit more about that which has been argued here, I think it is manifestly clear that it is not unfair to say that the anti-venereal disease campaigns of the Second World War were shaped by moral panic. This is not to say that venereal disease was not a real threat to public health—many Canadians did catch venereal disease and suffered from its effects—or had no military consequences, since it was indeed fair for contemporary observers to conclude that high infection rates could have a negative impact on the war effort. Yet, in choosing to frame venereal disease infections as a sign of moral degradation or a somehow uniquely unacceptable form of illness that

undermined the war effort, concerned parties ensured that value-free solutions to the problem would not—could not—be forthcoming. Moral panic lent urgency to campaigns against venereal disease, but that urgency could only be sustained by rallying around programs which uncritically accepted the core assumptions of the panic. Unsurprisingly, the resulting logic underpinning anti-venereal disease campaigns was circular: immoral sexuality was bad because it resulted in venereal disease, and venereal disease was bad because its prevalence was a sign that Canadians were enamoured with immoral sexuality. The end solution was therefore imagined as necessarily including a moral commendation of any sexuality which was not heteronormative and happening within the context of marriage, regardless of the medical measures which were to be put in place.

Armed with a moral-medical model and in the throes of panic, the final piece of the anti-venereal disease puzzle I discuss throughout this dissertation was education. Every attempt to oppose the spread of venereal disease, whether within military or civilian circles, was always accompanied by a push to inform Canadians about the dangers of sexually transmitted infections. Undoubtedly, the educational methods and materials of the Second World War were remarkably diverse, and educators drew upon both domestic and foreign materials in order to spread awareness of venereal disease and its consequences. No two programs were identical, in that the nature of the anticipated audience for any given presentation, pamphlet or film was considered, but what all had in common was a fixation on the promotion of "right" sexual practices and an insistence that "abnormal" sexuality (again, meaning sex outside the context of heterosexual marriage) was inherently dangerous and disruptive.

Tempting though it might be to conclude that it was within the military that the most

liberal views of sexuality triumphed—out of necessity if nothing else—the sources confirm that it would be overly optimistic to describe the Canadian military as blazing a path towards judgement-free sexual education. For starters, women within the Canadian military were effectively given a form of sexual education derived from "abstinence only" schools of thought which pleaded the case that women ought to keep in mind their duties as future mothers and their individual and collective dignity before pursuing sexual relationships. In the case of men, while a begrudging acceptance of bad behaviour was ostensibly tolerated, it cannot be denied that most of the educational content on offer did express, in no uncertain terms, that commanders and medical officers really did prefer that the men under their command do their best to avoid promiscuity. Whether or not it proved to be effective, venereal disease education in the military sought to remould notions of manliness to include an emphasis on the virtue of manly chastity, hearkening to the notion of duty (to the country, to fellow soldiers and to the race) and an abstract vision of future fatherhood in hopes that moral suasion could drive down infection rates.

Years ago, while poking around newspaper collections, I encountered excerpts from a sermon which I think serves as a decent indicator of what many Canadians thought was at stake during the Second World War. Written by Reverend T. Christie Innes and delivered to the congregation of Toronto's Knox Presbyterian Church, the "Victory and Venereal Disease" sermon argued that Canada's war with the Axis was as spiritual as it was physical, and that to pretend that matters of moral warfare were irrelevant was to align themselves with what one Toronto Rabbi called the "ghastly emptiness" of Nazi

Germany.[622] Reverend Innes told congregants that so much of the trouble in dealing with venereal disease lay in how it was conceptualized by some within the medical community. Venereal disease, he preached, was "primarily a moral problem with a medical aspect," and that there was a sort of naïve foolishness in proposing that something related to sexual morality could be "a medical problem with a moral aspect."[623] Perhaps unsurprisingly, the good Reverend's solution to Canada's apparent venereal disease problem was to undertake a project of "nation-wide spiritual regeneration," the first step in this being to recognize that matters moral and spiritual needed to prevail over purely physical concerns.[624]

Despite making unvarnished and emphatic arguments in favour of moral solutions to venereal disease, even Innes' bombastic rhetoric could not avoid making mention of more practical concerns. Alongside its spiritual cost, Innes recognized that syphilis and gonorrhea were imposing undue financial hardships on the Canadian government, a claim which tapped into patriotic cries to maximize the wartime efficiency of the nation.[625] Far from denouncing the moral-medical model, Innes' sermon fundamentally argued for its value as a way of understanding venereal disease. While his individual preference might have been to discuss the moral in favour of the medical, he recognized that these two perspectives could exist harmoniously; there was no issue in imagining that venereal disease was a spiritual and bodily scourge alike, just as the present war was waged for both the souls and sovereignty of civilized nations.

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[622] "Problem of V.D. Said Big Issue for Churches," *The Globe and Mail,* January 31, 1944, 4.
[623] "Problem of V.D.," 4.
[624] "Problem of V.D.," 4.
[625] "Problem of V.D.," 4.

While the overt Christian overtures of Innes' sermon might not have been present in all anti-venereal disease campaigns, I have argued that the crux of his message was very much the status quo in wartime Canada. In fact, the value of moral purity in ensuring sexual health was one of the commonplace elements within the vast body of anti-venereal disease literature, regardless of who was on the receiving end of it. Men and women, French and English, civilian or solider: no film, lecture, pamphlet or poster really shied away from moral messaging in any meaningful way, regardless of how interested their creators were in providing useful medical information. While the marriage of morality and medicine might grate many present-day audiences, there was nothing inherently wrong with fusing Judeo-Christian values and modern medical practice to activists and educators operating in Canada during the Second World War, especially when venereal disease became understood as more than a personal problem. Individual moral culpability never disappeared from the discourse—it couldn't, even while social workers and others sought to direct attention towards the environmental circumstances which created vice and uncleanliness—but while the nation was at war the bodies of its people were just another resource to be managed efficiently, and any who reduced the ability of those bodies to fight or work undermined the war effort. Even in instances where anti-venereal disease activists made the case that moral messaging needed to be toned down, there is little indication that they felt that this was because sexual morality had been somehow undermined by sexuality. The chief concern of the moral moderates was figuring out what sort of messaging would appeal to their audiences, rather than rethinking their core assumptions about the relationship between poor morals and poor health.

The prevalence of morality in anti-venereal disease campaigns meant that it was not

terribly difficult to incorporate narratives of guilt into the discussion in ways which would seem unhelpful from a purely medical standpoint. Yet, in ascribing guilt for Canada's venereal disease woes, the anti-venereal disease crowd was anything but even-handed. Certainly, those who fell victim to venereal disease were not wholly absolved of their guilt, but for some infection was not a prerequisite for blame. Sex workers were categorically denied any claim to innocence, and were deemed morally and medically culpable for venereal disease regardless of whether or not they themselves were individually ill. Furthermore, the "woman saving" mindset of previous decades were seriously challenged by the reframing of sex work as something militarily harmful during the Second World War. The supposed link between sex work and venereal disease meant that women who sold their virtue for financial gain were increasingly cast not as fallen women in need of redemption, but as pernicious predators sapping away the virility and moral superiority of Canada's young men, whether they be workers in cities or soldiers awaiting their next assignment. Far from being a distinction without consequence, this reimagining of sex work heralded the coming of hard times for the profession. As noted throughout this dissertation, few anti-venereal disease campaigns—military or civilian—neglected to mention sex work in some capacity, and calls to improve the nation's venereal disease situation invariably led to demands that some action be taken to supress those who profited from it. While the exact scope and scale of persecution varied from place to place, it is difficult to deny that sex workers faced increased scrutiny during the Second World War, often at the behest of the military. Montreal may have been the site of the most dramatic anti-sex work thrust, though that city was not alone in taking action against working women in the name of public health.

Of course, none of this is to say that the anti-venereal disease campaigns of Second World War Canada ought to be understood as a failed project riddled with patronizing attitudes and uncritical moral appeals. Imperfect though they might have been, anti-venereal disease campaigns did usually provide useful medical information to Canadians, even if one had to sift through the sand a little to find it. For many, events like those organized by the Health League were the only way to broach the topic of sex in a public setting, and for folks suffering from a venereal disease infection materials describing symptoms and treatments indisputably provided life-saving advice. For those who hoped to don the uniform in service to the Dominion, health screening could turn up illness which had hitherto gone undetected, and while military service brought with it a host of dangers and the loss autonomy it also ensured access to the latest in effective medical treatments. Where men were concerned, the military's newfound acceptance of condoms (which were not widely promoted by the CEF during the Great War) and other prophylactic techniques did serve to make sex safer, though it remains useful to consider how these tools also reinforced prevailing and permissive attitudes towards male sexuality that were not extended towards Canada's military women.[626]

Penicillin's grand entrance onto the scene partway through the war also bears mentioning, both as a wondrous medical innovation and as a something which threatened—and ultimately failed to seriously challenge—the moral-medical paradigm. Antibiotic treatments were, without a doubt, a massive improvement over the chemotherapy-based methods for treating venereal disease developed in decades prior. While not without its skeptics, penicillin was able to treat venereal disease cases quickly

[626] Rosenthal, "Venus in the Trenches," 67.

and without many of the unpleasant side effects of drugs like Salvarsan and, though it did not wholly supersede older treatment methods, its entry into the medical discourse was nothing short of stunning.

That said, far from renewing the discourse on venereal disease during the war, penicillin came to be understood as merely a more efficient way to protect Canadians (particularly soldiering men) from its ravages. While it might be tempting to conclude that the introduction of antibiotics made possible a moment of sexual revolution, the evidence suggests otherwise. Penicillin was incorporated into existing treatment schemes which, while permissive of sex to a degree, adopted such a stance out of necessity. Antibiotic availability made treatment more effective, but it did not initially spark conversations about rethinking how the military approached sexual education. There was, in brief, no serious renaissance in anti-venereal disease thinking born of this medical innovation: antibiotics did not shred the thin veil between morality and modern medicine, nor did contemporary officials imagine that this was necessary. Penicillin became the crowning achievement of military anti-venereal disease efforts, but it came to the fore during a period when unformed physicians had already come to begrudgingly accept that soldiers could and did catch venereal disease. There was room to incorporate medical innovation, but the hard mental work of accepting that venereal disease was a medical problem with moral origins was already done by the late-war period.

All things considered, can the anti-venereal disease campaigns of Second World War Canada be considered a success? Did the Dominion achieve victory against venereal disease? The answer, of course, depends on how one defines victory. Certainly, the aforementioned medical accomplishments cannot be disregarded, and did meaningfully

contribute to the health of Canadians. Penicillin, however cautious its adoption was, revolutionized already improving venereal disease treatments, and on the whole the revival of interest in sexually transmitted infections renewed public sexual education. These are not minor accomplishments by any means, and Canadians stood to benefit from public discourses on sexual health. Syphilis and gonorrhea could, if left untreated, become debilitating, and it is impossible to argue that silence benefitted either the infected or those who stood to become infected because they wanted to have sex. In these ways, the venereal disease campaign of the Second World War was highly impactful and contributed to both public health and knowledge.

Yet, any perceived victory against venereal disease must be considered alongside its cost. The persecution of sex workers was an ethical failing of Canada's anti-venereal disease programs, and a lesson on the ways in which moral opinions can shape medical discourses claiming to be wholly objective. Further still, while venereal disease education became increasingly accessible over the course of the war, this accessibility meant that the heteronormative, gendered, and patronizing materials used to inform the public dominated discussions of sex and sexual health. In framing venereal disease as a moral-medical problem with societal implications activists, educators, physicians and officials all contributed to a movement that homogenized sexual experiences: certain relationships became "safe" or "patriotic," while others became "unsafe" or "threatening." Medical and educational innovations which could have made sexual self-discovery safer and easier were instead used to reinforce prevailing sexual norms and castigate those deemed sexually abnormal or, especially damning in times of war, a threat to national health and victory.

The irony underlining the entirety of the anti-venereal disease campaign was that the moral obsession over "good" sexual behaviour overshadowed far more relevant discussions about the morality of war in general. While it was acceptable to wring one's hands over who Canadians slept with, there was little concern shown for who they had to kill in order to achieve victory overseas: having sex was a grave concern, but putting people in graves was not. Sex could be—and was, at times—portrayed as a wonderful thing, but only if it was not a distraction from the cause of winning the war and strengthening Canada's position on the world stage. The drive to lessen the harm of venereal disease saw victories, but it is worth remembering that not all of these victories were had against causes which needed to be defeated in the first place.

When I initially began work on this dissertation, it seemed so clear to me that I would conclude with the assertion that there was something strange about the moral-medical model of venereal disease control in Second World War Canada. I imagined that, as the end of my dissertation drew near, I would be able to proclaim that wartime anti-venereal disease campaigns were so unfathomably different from their modern equivalents as to defy any meaningful comparison. I was only in the preliminary research stages of this project when, ahead of the 2018 provincial elections in Ontario, I was compelled to jettison this perspective. After all, how could I argue that the moral-medical model was well and truly a thing of the past when a key electoral issue but five years ago was whether 2015 updates to the provincial sexual education curriculum (which was twenty years old at the time, and therefore hailed from a time before most Canadians had access to consumer home internet) to reflect modern realities had been a good idea? While much of the opposition to the Liberal government's 2015 curriculum changes employed the

language of "fact" in formulating their arguments, even a cursory examination yields that moral-medical views on sexual orientation and practice were at play. Perhaps, then, it would be wiser to borrow a turn of phrase from historian Barbara Tuchman by describing the anti-venereal disease campaigns of the Second World War as "a distant mirror."[627] However far removed from present debates those of wartime Canada may seem, in studying them one finds the creation of a model which stubbornly resists consignment to the past.

[627] Barbara Tuchman, *A Distant Mirror: The Calamitous 14th Century* (New York: Alfred A. Knopf, 1978).

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