

Venereal Diseases

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This essay traces belligerent policies toward venereal disease (VD) on the fighting and home fronts in Austria-Hungary, France, Germany, Great Britain, Russia, and later, the United States. VD rates and treatment facilities varied among the warring parties, depending on geography and strategy, as well as economic, national, and social differences. The militaries' goal in treating VD was the speedy return of as many soldiers as possible to service. The great wartime spread of VD among military personnel and civilians also affected the permeability of the home and fighting fronts.

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Introduction

The First World War offered myriad opportunities in all belligerent countries for new [sexual experiences](#) and for the spread of sexually transmitted infections because of the anonymity and mass mobility that war facilitated. The number of sexually transmitted infections grew exponentially during the war and spread to previously unaffected populations, including married women, as

increasing numbers of married men were mobilized during the course of the war; and to [rural areas](#), where it had previously been rare.^[1] The major powers all entered the war without a coherent policy for combatting venereal disease in the military.^[2] At the same time, the war disrupted traditional constraints as well as communal and familial monitoring mechanisms.^[3]

In addition to issues such as combat losses, shortage of [weaponry](#) and parts, [prisoner of war](#) transfers, and food shortages, VD - increasingly widespread among the troops, and potentially weakening the fighting force - was an important military concern. VD was a great source of military inefficiency: although it had a low mortality rate, it resulted in loss of manpower, and the cure was expensive, time-consuming, and often ineffective.^[4] Rates of VD varied among the belligerents with [Germany](#) having the lowest. Soldiers in the field tended to have lower rates than those in [occupation zones](#) or behind the lines. In contrast to the badly wounded soldier who faced the loss of health and possible future employment, but posed no danger to those around him, soldiers with VD were thought to endanger their families.^[5] Married soldiers who were infected in the *Étappe* (the Hinterland) might carry VD back to their families. Or, their own wives, having engaged in extramarital relations, sometimes with other soldiers, might also infect them while they were on leave. VD thus played an important role in the increasing military intervention in civilian life, especially police regulation of prostitution. Government and military inability to stem the spread of sexually transmitted infections reflected the limitation of state power under the exigencies of total war.

Discourse on Venereal Disease and the Nation

Syphilis and gonorrhea posed challenges to public health across the belligerent states. The former was blamed for stillbirths and the latter for causing blindness and sterility, therefore both constituted a threat to future generations. The way that both the French and the Germans treated VD in the military reflected pro-natalist concerns. Owing to a long-term decline in birth rates, French efforts to stem the growth of VD celebrated reproductive sexuality on the one hand, while increasing intrusive medical examinations and surveillance of soldiers and [prostitutes](#) alike, on the other.^[6] French pro-natalists framed fatherhood as a service to the nation and implored soldiers to assume the responsibility to repopulate the nation.^[7] The [French government](#) focused on balancing healthy sexuality with disease control, encouraging rising birth rates while also attempting to prevent the spread of VD. Pro-natalism had also been a concern in Germany before 1914. According to Ann Taylor Allen, “military strength depended directly on the size of the army and thus on birthrates,” and there was broad popular support for “pro-natalist measures, especially campaigns to reduce infant mortality.”^[8]

In contrast, British interest in VD reflected a “crisis of [masculinity](#)” as increased scrutiny of soldiers’ health led to the development of robust physical standards that many men failed to achieve. The specter of physical and moral degeneration among civilians and soldiers alike led to greater government attention to public health. Therefore, as the British military codified punishment for soldiers who contracted VD with Regulation 40D of the [Defence of the Realm Act](#) (1918), it also

positioned VD as a public health issue. Moreover, the refusal to provide an infected soldier's family its standard separation payment reflected the gravity of the threat the [British government](#) believed VD posed to family health and economic well-being.^[9] The withholding of pay and other measures reflected governmental attitudes that a soldier who contracted VD had failed to adequately protect himself, constituting a dereliction of duty.

Most belligerents considered VD a threat not only to their military but also to their countries' long-term strength, owing to the danger it posed to the family as a reproductive unit. Both military strength and familial health played a role in their anti-VD strategies.

Treatment of Venereal Disease in Entente Nations

Neither [Great Britain](#) nor the [United States](#) had a coherent policy for managing VD during the war. VD rates among the soldiers from the British dominions — [Australia](#), [Canada](#) and [New Zealand](#) — placed under the imperial army increased exponentially at the beginning of the war and remained higher than those of the British army for the duration of fighting. The British government emphasized protecting the “innocent” — namely soldiers' wives and potential children — from VD. It therefore established a Royal Commission in 1913 to prevent the spread of VD through educational campaigns and to treat infected soldiers.^[10] As in the British army, United States and Canadian military physicians encouraged “restraint” to prevent VD; grudgingly, the British army eventually “armed the men with the knowledge and means of prophylaxis.”^[11] Although the British army was reluctant to supply disinfecting post-coital prophylactics, some Canadian officers and the New Zealand military command made them available. By the war's end, the U.S. army would also provide disinfection packages and mandate post-coital disinfection. The attitudes of the American, Canadian, and New Zealand commands may have owed to the fact that it was virtually impossible for their [soldiers to have home leave](#), of course, because of the distance.^[12]

Russian troops had high rates of contagious diseases, including sexually transmitted infections, all of which posed a threat to the Russian military. Infectious diseases were rampant owing to both the Russian military's abject lack of medical services and to its population's general lack of knowledge of hygiene.^[13] While most Russian VD policies focused on prostitutes, some also held soldiers responsible for their own health. Military officials sought to keep soldiers separate from the civilian population — and prostitutes in particular — to protect against both espionage and VD. Officers warned soldiers that prostitutes were “vehicles of both,” and should be avoided.^[14] Avoiding the presumed sources of VD constituted the primary means of attempting to prevent its spread in wartime Russia, a policy that failed miserably.

British military VD rates rose at the beginning of the war, but not consistently and less than experts had predicted they would.^[15] Indeed, with the exception of 1916, the annual VD admissions to military hospitals dropped to one half of 1911 levels.^[16] While the military rarely withheld pay from

infected soldiers, which the Royal Commission's legislation permitted, many soldiers feared the threat of losing pay and its deleterious consequences on their families. However, contracting – or simulating – a VD infection appealed to some soldiers as an easy means of shirking duty. Allegedly, “men bruised their penises” and deliberately had sex with infected prostitutes. If they still failed to become infected, some shirkers even injected condensed milk into their urethras, preferring punishment to fighting.^[17] Indeed, according to one British gunner who served from 1914 through 1918, “a great many soldiers were prepared to chance VD, rather than face a return to the front.”^[18]

U.S. attempts to regulate VD in the military mirrored the British penalization approach. When the United States entered war in April 1917, its military sought to control VD, and employed a system that punished soldiers, who were examined bi-monthly, for signs of VD.^[19] Men who exposed themselves to venereal infection were required to report for prophylactic treatment immediately upon their return to camp. U.S. officials claimed that the combination of chemical prophylaxis and strict sexual discipline — abstinence - would significantly reduce the rate among its soldiers.^[20] By requiring soldiers who had potentially exposed themselves to VD to medical surveillance and treatment, the American military sought to discourage soldiers from any type of sexual activity.

The French government sought to control VD to keep soldiers healthy while increasing the birthrate. In 1914, a handbook, *Conseils au soldat* (Advice to the soldier), and army-supplied condoms comprised French preventative measures. The text advised soldiers to use condoms, wash after sexual relations, and apply antiseptic to their genitals.^[21] Stricter wartime legislation included the formation in 1916 of the “Commission de Prophylaxie des Maladies Vénériennes,” to control VD. The Commission introduced measures, among them better regulation of prostitutes, the establishment of voluntary VD treatment centers, increased availability of prophylaxis for soldiers, including in brothels, and obligatory sex education about the danger VD posed to society.^[22] In addition to bi-weekly medical examinations, soldiers also submitted to medical exams when they departed for and returned from leave. French inspections of soldiers to ensure that they remained free of VD were similar to measures taken by other belligerents.

To be effective, soldiers needed to be physically and morally healthy, and, avoid prostitutes, who were assumed to have VD. The French government expected soldiers' sexual behavior, including extramarital activity, and so did not condemn it. Wartime policies encouraged increased attention to disease prevention to staunch VD spread by extra-marital sex. Although the military forced tolerated prostitutes in brothels near the fighting front to have regular pelvic examinations, soldiers also had sexual relations with women who did not self-identify as, and were not registered as, prostitutes. Therefore, the French Ministry of the Interior produced a number of short films depicting the danger that VD posed to soldiers as well as their potential progeny, stressing that the diseases' symptoms often remained hidden until it was too late to treat them.^[23] By highlighting the threat VD posed to family health, [French propaganda](#) prioritized the importance of the family. The Commission Générale de Propagande continued to appeal to public and private organizations with social-hygiene

propaganda focusing on venereal disease during the interwar period.^[24]

Treatment of Venereal Disease in Germany and Austria-Hungary

Among the European combatants, Germany had done the most to stem the spread of VD in the military since the turn of the 20th century, with the army and the navy both encouraging the prophylactic use before 1914.^[25] Although the German military feared an increase in VD rates during the war, the rate of VD among soldiers did not rise dramatically.^[26] Despite the pre-war efforts of its ally, Austria-Hungary, to raise sanitary standards and lower VD rates, the prevalence of sexually transmitted infections among Habsburg soldiers, remained greater than in Germany and France, but lower than in Great Britain and Russia. Austria-Hungary's military, together with the civilian government, increased its efforts to stem the "loss of warriors" that venereal disease had left unfit to serve, lessening the numbers of soldiers and weakening the fighting force.

The Habsburg military intervened into civilian life on the fluid Eastern and Southeastern fronts and elsewhere on the home fronts in an effort to staunch VD. The military and civilian police searched for clandestine prostitutes - who constituted the majority of prostitutes and whom the vice police sought to force to register when they were apprehended - and other women who exchanged sex for money - who constituted the majority of prostitutes and whom the vice police sought to force to register when they were apprehended - and strictly regulated the smaller number of tolerated prostitutes.^[27] The Great War marked the first time that Habsburg authorities, in managing society for the purposes of military strength, expanded their focus from controlling only women's bodies - especially those of prostitutes and women thought to be prostitutes - to include limited focus on male bodies in the battle against VD. Many Austrian military and civilian authorities remained resistant to recognizing that the male consumers of commercial sex bore responsibility for the spread of disease and holding them accountable.

Because VD treatment was costly and sometimes ineffective, Habsburg military physicians sought to instruct the 7.8 million men mobilized on how to protect themselves against VD, ascertain where most soldiers had been infected and with which disease, and then heal them, or at least enable the men to return to combat. Some physicians argued that men "in the best years of life" engaging in extramarital sexual intercourse was understandable if not entirely excusable. Similar to Britain's Lord Horatio Herbert Kitchener (1850-1916), many Habsburg authorities asserted that abstinence was the safest route for soldiers, especially in belligerent territory where "strange, unknown, in part racially foreign and hostile peoples" were afflicted with "all possible venereal diseases."^[28] Behind the lines the military also took proactive measures: in Olmütz/Olomouc, northern Moravia (today, the Czech Republic), far-reaching measures in November 1915 included increasing examinations of soldiers from two to three times a month, instituting obligatory prophylactic measures, and as in Britain, punishing men for failure to use prophylactics. Soldiers in the local barracks were urged in to "Protect yourself from venereal disease!" and reminded in five languages that "Where there are many

soldiers, there are prostitutes,” “Prostitutes on the street are all diseased!,” and “Avoiding sexual congress never hurts!”^[29]

Post-war Treatment of Venereal Disease

Some allies maintained wartime anti-VD measures into the interwar period, but changed the messages for the civilian population. The French government continued its anti-VD campaign by showing short films crafted for the civilian population after the war. Played regularly in [French cinemas](#), these instructional films stressed the importance of healthy families and demonstrated that VD could result in even higher death tolls than had the war itself.^[30] In an effort to promote larger families, French propaganda focused on healthy sexuality and encouraged chasteness aside from healthy reproductive efforts. The British government and middle-class reformers increased their efforts to promote robust public health measures after the war. As Frances L. Bernstein has written, VD reached “‘epidemic’ status” in Russia during the first decade of Soviet rule, prompting “the development of an entire subfield of sanitary propaganda, known as sexual enlightenment.”^[31]

Soon after the founding of the Weimar Republic, the German national government, responding to widespread anxiety about a possible epidemic carried by demobilized soldiers, passed emergency laws mandating treatment of all persons, male and female, infected with VD, and penalizing its spread. Germany’s state governments passed similar laws.^[32]

The Habsburg successor-state governments made connections among public hygiene, prostitution, sexually transmitted infections, and military strength. It was commonly accepted that venereal disease was spread primarily through extra-marital relations and prostitutes remained popularly condemned as the main culprits.^[33] The rates of sexually transmitted infections increased during the hostilities and did not immediately drop after the war’s end.

The Austrian government promulgated new public-administrative, preventative measures regarding VD in a 21 November 1918 decree. The gender-neutral document required all those suffering from VD to take responsibility for their own treatment and sexual behavior. In the nascent [First Czechoslovak Republic](#), the post-war parliament followed the “democratic” route and passed Law No. 241, *O potírání pohlavních nemocí* (Combatting sexually transmitted diseases) on 11 July 1922. This law closed the country’s brothels and abolished the regulatory system for reasons of morals and public hygiene. Continuing practices developed in late imperial Austria, but employing gender-neutral language, the law made endangering the health of others a crime for both men and women.

Conclusion

Wartime policies were part of a turn-of-the-century European-wide shift away from the moralizing way in which VD had been previously handled. The policies increased both state involvement and investment in public health. Many policies would be continued into the interwar period, because the

rates, which had risen during wartime did not immediately drop with the cessation of hostilities.

After the war's end, many of the former European belligerents focused on VD as a threat to the health of their recovering states. Rates of sexually transmitted infections, with which prostitutes remained intimately associated, had increased during wartime but did not immediately decline with the resumption of peace. Syphilis and gonorrhea both continued to pose challenges to public health.

While the language of much interwar European state legislation, as in Czechoslovakia, might be gender neutral, the focus remained on prostitutes as the dangerous vector of VD. The French government included a propaganda committee devoted to combatting VD in its public health department throughout the interwar period.^[34] The British government continued to rely on the Venereal Disease Act of 1917 to limit the spread of VD in the military as well as the public. Aside from a 1926 amendment that included provisions for chemists to prescribe disinfectants for VD treatment, the 1917 Act remained relatively unchanged.^[35]

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Notes

1. ↑ According to the Medical Chief of the k.k. Army High Command during wartime, Johann Steiner, despite the military's best efforts, sexually transmitted infections were more widespread during the war than previously. See: *Der Militärärztliche Dienst des österreichisch-ungarischen Heeres während des Weltkrieges im Hinterlande und bei der Armee im Felde*, in Pirqet, Clemens (ed.): *Volksgesundheit im Krieg*, Vienna 1926, p. 103. On the spread of VD among married women in the belligerent states, see: Finger, Ernst: *Die soziale Bedeutung und die Bekämpfung der Geschlechtskrankheiten*, in: *Wiener Medizinische Wochenschrift* 22/69 (1919) p. 1069; Rhoades, Michelle K.: *Renegotiating French Masculinity. Medicine and Venereal Disease during the Great War*, in: *French Historical Studies* 29/2, 2006, p. 293; Sauerteig, Lutz D.H.: *The Fatherland is in Danger, Save the Fatherland! Venereal Disease, Sexuality, and Gender in Imperial and Weimar Germany*, in: *Sex, Sin, and Suffering. Venereal Disease and European Society since 1870*, Davidson, Roger/Hall, Lesley A. (eds.), p. 85; and Sauerteig, Lutz D.H.: *Sex, Medicine, and Morality during the First World War*, in Cooter, Roger et al (eds.): *War, Medicine, and Modernity*, Gloucestershire 1998, p. 169.
2. ↑ Sauerteig, *Sex, Medicine, and Morality* 1998, p. 172.
3. ↑ Baldwin, Peter: *Contagion and the State in Europe, 1830-1930*, Cambridge 1999, p. 455; Herzog, Dagmar: *Sexuality in Europe. A Twentieth-Century History*, Cambridge 2011, p. 47; Roberts, Mary Louise: *Civilization without Sex. Reconstructing Gender in Postwar France, 1917-1927*, Chicago 1994; and Sauerteig, *Sex, Medicine, and Morality* 1998, p. 167.

4. † Patch, F. S.: The Military Aspect of the Venereal Disease Problem in Canada in: *The Public Health Journal* 8/11 (1917) p. 301.
5. † Rhoades, *Renegotiating French Masculinity*, p. 293.
6. † Corbin, Alain: *Women for Hire. Prostitution and Sexuality in France after 1850*, Cambridge, MA 1990, p. 335; Surkis, Judith: *Enemies Within. Venereal Disease and the Defense of French Masculinity between the Wars*, in: Forth, Christopher E./Taithe, Bertrand (eds.): *French Masculinities. History, Culture and Politics*, New York 2007, pp. 70-1, 75.
7. † Childers, Kristen Stromberg: *Fathers, Families, and the State in France 1914-1945*, Ithaca 2003, p. 42.
8. † Allen, Ann Taylor: *Feminism and Eugenics in Germany and Britain, 1900-1940. A Comparative Perspective*, in: *German Studies Review* 23/3 (2000) pp. 482-483, 487.
9. † To compensate for the loss of income when a soldier was away, his family received payment from the government for the separation. The British government dropped Regulation 40D in September 1918, just before the war's end.
10. † Cox, Pamela: *Compulsion, Voluntarism, and Venereal Disease. Governing Sexual Health in England after the Contagious Diseases Acts*, in: *Journal of British Studies* 46/1 (2007) p. 96.
11. † Gibson, K. Craig: *Sex and Soldiering in France and Flanders. The British Expeditionary Force along the Western Front, 1914-1919*, in: *The International History Review* 23/3 (2001) p. 569.
12. † Sauerteig, *Sex, Medicine, and Morality* 1998, p. 167.
13. † Bernstein, Frances L.: *Envisioning Health in Revolutionary Russia. The Politics of Gender in Sexual Enlightenment Posters of the 1920s*, in: *Russian Review* 57/2 (1998) p. 191; Sanborn, Joshua A.: *Imperial Apocalypse: The Great War and the Destruction of the Russian Empire*, Oxford 2014, pp. 162-163. For contemporary comments, see Krzyształowicz, Franz von: *Zur Frage der Vorbeugung der venerischen Erkrankungen in der Armee*, in: *Der Militärarzt* 6/49 (1915) p. 89.
14. † Sanborn, Joshua A.: *Unsettling the Empire. Violent Migrations and Social Disaster in Russia during World War I*, in: *The Journal of Modern History* 77/2 (2005) p. 300.
15. † Levine, Philippa: *Prostitution, Race, and Politics: Policing Venereal Disease in the British Empire*, New York 2003, p. 145.
16. † Bourke, Joanna: *Dismembering the Male. Men's Bodies, Britain, and the Great War*, Chicago 1996, p. 156.
17. † *Ibid.*, p. 85.
18. † Makepeace, Clare: *WWI Brothels. Why Troops Ignored Calls to Resist 'Temptation'*, in: BBC News, February 2014, online: <http://www.bbc.com/news/uk-england-25762151> (retrieved 28 April 2016).
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20. † Rhoades, *Renegotiating French Masculinity*, p. 295.
21. † Rhoades, *Renegotiating French Masculinity*, p. 317.

22. † Winter, Jay M.: Military Fitness and Civilian Health in Britain during the First World War, in: *Journal of Contemporary History* 15/2 (1980) pp. 308, 309; De Luca Barrusse, Virginie: *Natalism et Hygiénisme en France de 1900 à 1940. L'exemple de la lutte antivénéérienne*, in: *Population (French Edition)* 643 (2009) p. 534; and Le Naour, Jean-Yves: *Le Sexe et La Guerre: Divergences Franco-Américaines pendant la Grande Guerre (1917-1918)*, in: *Guerres Mondiales et Conflits Contemporains* 197 (2000) p. 109.
23. † Barrusse, *Natalism et Hygiénisme*, pp. 539-40.
24. † *Ibid.*, p. 479.
25. † Gaston Bodart cited numbers from the British Army Medical Report (1910) that reflected similar relationships: Germany 19.8 (1905-1906); France (1906) 28.6; Austria 54.2 (1907); Russia (1906) 62.7; and Great Britain (1907) 68.4; see Westergaard, Harald/Bodart, Gaston/Vernon Kellogg (eds.): *Losses of Life in Modern Wars. Austria-Hungary; France*, Oxford 1916, p. 195. On the German military's use of prophylactics before 1914, see Sauerteig, *Sex, Medicine, and Morality* 1998, pp. 167-188.
26. † Sauerteig, *Sex, Medicine, and Morality* 1998, pp. 170-171.
27. † Wingfield, Nancy M.: *The Enemy Within. Regulating Prostitution and Controlling Venereal Disease in Cisleithanian Austria during the Great War*, in: *Central European History* 46/3 (2013) pp. 468-98.
28. † Veress, F.: *Die Behandlung der geschlechtskranken Soldaten im Felde*, in: *Der Militärarzt* 17/50 (July Besatzungsregime im Ersten Weltkrieg zwischen Medizin, Moral und Kriegsnotwendigkeit," *öt kontinens*, no. 2010 (2011), pp. 365-80; Scheer, Tamara: *Zwischen Front und Heimat. Österreich-Ungarns Militärverwaltungen im Ersten Weltkrieg*, Frankfurt 2009; and Kerschmawe, Hugo et al.: *Die Militärverwaltung in den von den österreichisch-ungarischen Truppen besetzten Gebieten*, Vienna 1928.
29. † Archiv města Ostrava, Stadtpolizeiamt Mähr.-Ostrau.
30. † Barrusse, *Natalism et Hygiénisme*, pp. 552-53.
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32. † Allen, Ann Taylor: *Feminism, Venereal Diseases, and the State in Germany, 1890-1918*, in: *Journal of the History of Sexuality* 4/1 (1993) pp. 47-48. House of Commons Session: *Venereal Disease, and for Other Purposes Relating Thereto*, London 1926.
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Wingfield, Nancy M.: **The enemy within. Regulating prostitution and controlling venereal disease in cisleithanian Austria during the Great War**, in: Central European History 46/3, 2013, pp. 568-598.

Citation

Steward, Journey, Wingfield, Nancy M.: Venereal Diseases , in: 1914-1918-online. International Encyclopedia of the First World War, ed. by Ute Daniel, Peter Gatrell, Oliver Janz, Heather Jones, Jennifer Keene, Alan Kramer, and Bill Nasson, issued by Freie Universität Berlin, Berlin 2016-09-23.

DOI: [10.15463/ie1418.10968](https://doi.org/10.15463/ie1418.10968).

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