

## **Treating the “Undesirable”: Venereal Patients in the Canadian Expeditionary Force, 1914–1918**

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### **Summary**

This paper explores how conceptions of Canada as a naturally healthy environment proved false when the ill-health of civilians was revealed during the First World War. Of particular concern, venereal disease rates in the Canadian Expeditionary Force (CEF) were reportedly the highest among the Allied armies. In turn, perceptions of venereal disease affected the ways soldiers were treated medically and socially in Toronto’s Military Base Hospital during the First World War.



A poster in the campaign against venereal disease during the Second World War in Canada, directed towards soldiers. The messages that women and immoral behavior were to blame are still present.

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Before the First World War, Canada was envisioned as a vast, unspoiled frontier wilderness—an environment lacking the crowded cities and unhealthy conditions of European cities. Settlers who lived within this rugged environment were thought of as strong, hardy hunters and natural sportsmen. When Canada began recruiting a civilian army in 1914, these ideas of place and environment were transferred to Canadian recruits. Recently historians [Nic Clarke](#), [Kris Inwood](#), and [John Cranfield](#) have challenged these “myths” about Canadian soldiers, which ignored the fact that most recruits were British-born, and that the crowded, urban slums of Canada’s major cities could compete with those in Britain.

As [Tim Cook](#) has shown, the propaganda machine worked efficiently throughout the war to build on the image of hardy Canadian soldiers from a rugged environment. Recruitment, however, revealed a different reality. On the home front in Canada, recruits were rejected in high numbers for diseases like tuberculosis and for psychiatric, musculoskeletal, and neurological disorders along with poor vision and dental health. Perhaps more

shocking was the revelation that the Canadian Expeditionary Force (CEF) boasted one of the highest rates of venereal disease infection among the Allies.



A photograph of Captain Gordon A. Bates (approx. age 33), who was in charge of the venereal ward at the Toronto Military Base Hospital during the latter half of the First World War. Bates' fight against venereal diseases continued until his death in 1975. In one article, entitled "Dr. Gordon Bates: A Personal War against VD," Bates was quoted as saying, "The venereal diseases, gonorrhea and syphilis are evidence of moral delinquency even though they result finally in sufferings to millions."

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In the winter of 1914–15, among Canadian soldiers on Salisbury Plain, 222 per 1,000 per annum were reportedly infected with venereal disease. In contrast, among Australian troops in Britain, the rate of infection ranged between 134 and 148 per 1,000 per annum. While these rates are shocking, they occurred before any policy towards venereal disease had been developed in the British Army. Furthermore, it is difficult to compare rates between groups because it is unclear how rates of infection were obtained (for example, rates determined by a mandated physical inspection would be different than those obtained by self-reporting to medical officers).

Military officials realized that the problem of venereal disease was not limited to soldiers overseas, and that many volunteers had contracted their infections on the home front. This perhaps explains the vigor with which the venereal disease problem was dealt with in Canada. According to Dr. Gordon Bates, the medical officer in charge of the venereal ward at the Military Base Hospital in Toronto, about 1,500 soldiers were admitted each year to his hospital alone. It is not surprising therefore, that the Military Base Hospital in Toronto became a place synonymous with the treatment of venereal disease.



Another poster in the campaign against venereal disease during the Second World War—the problem did not go away after the First World War, and Canadians were again shocked at the high rates of venereal disease in the army.

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The major recognized venereal diseases, which we now call sexually transmitted infections (STIs), during the



First World War were bacterial infections, namely syphilis, gonorrhea and chancroid. In Canada during the war, military medical officers examined soldiers for venereal disease at random, questioned them about the source of their infection, and held them in hospital until a cure was achieved. The venereal ward of the Military Base Hospital in Toronto was on the top floor of the hospital, and the windows and entrances to the ward were barred to prevent patients escaping. Patients were not allowed to have newspapers, or visitors, and they were not permitted outside of the venereal ward. Soldiers' pay was stopped while they were being treated for venereal disease. None of these measures were medically necessary to achieve a cure, and each can be seen as punishment for crime of contracting venereal disease.

The venereal disease problem in the military highlights the divergence between reality and long-held ideas about people and place. Assumptions about Canada as a healthful, unmarred frontier environment and Canadian soldiers as healthy rugged frontiersmen contrast with the reality of widespread ill-health within the population that was revealed through the war effort.



A photograph of the Toronto Military Base Hospital, formerly the Toronto General Hospital, on Gerrard St., Toronto, Ontario. Each ward was designed so that it could be shut off from the others, a feature that military officials used to segregate venereal patients. The venereal disease ward was on the top floor of this hospital.

Toronto Public Library, Baldwin Collection, X 63-10, 1900, Image in the Public Domain.



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### Diseases and Pests in History

#### Further readings:

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- Beaton-Mamak, Mary. "Dr. Gordon Bates: A Personal War against VD." *Dimensions in Health Service. Profiles* 52, no. 195 (1975): 16.
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#### Related links:

- Heiko Prümers et al., "Syphilis in South America: A Closer Look at Pre-Contact Bolivia," *RCC Perspectives* 2012/3  
<https://www.environmentandsociety.org/perspectives/2012/3/article/syphilis-south-america-closer-look-pre-contact-bolivia>
- Laurier Centre for Military, Strategic and Disarmament Studies (LCMSDS)  
<https://studyofcanada.ca/welcome-to-the-laurier-centre-for-the-study-of-canada/>
- Profile of Gordon Bates from the Canadian Public Health Association (CPHA)  
[https://www.cpha.ca/sites/default/files/assets/history/book/history-book-print-profiles\\_e.pdf](https://www.cpha.ca/sites/default/files/assets/history/book/history-book-print-profiles_e.pdf)

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Kandace Bogaert is a medical anthropologist who is currently a postdoctoral research fellow at the Laurier Centre for Military Strategic and Disarmament Studies at Wilfrid Laurier University in Waterloo, Ontario. Her present research focuses on veterans' post-war experiences with psychiatric illness, but she is also interested in infectious diseases. See her forthcoming article in the journal *Canadian Military History* for more detail on the experiences of soldiers in the venereal ward, as told in their own words (Forthcoming: Bogaert, Kandace. "The Segregation of Venereal Patients in Toronto's Military Base Hospital during the First World War." *Canadian Military History*. Fall Issue, 2017).

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