

Colliding Bodies:

Prostitutes, Soldiers, and Venereal Diseases in Colonial Egypt

BETH BARON

SUMMARY: This article explores attempts to control outbreaks of venereal diseases among prostitutes and imperial soldiers in Cairo and Alexandria leading up to and through World War I. Seeking to move beyond the usual colonial framing of center-periphery, it considers two British imperial outposts—Egypt and Australia—in conversation. The war brought thousands of Australian soldiers to Egypt, leaving their mark on Egypt and becoming marked by their time there, sometimes in indelible and deadly ways, as bodies and bodily fluids collided, and microbes passed between colonial and imperial subjects. The article argues that the highly racialized and classed system for regulating foreign and local prostitution that British officials implemented in Egypt to protect soldiers exacerbated rather than contained the spread of venereal diseases.

KEYWORDS: Egypt, syphilis, prostitution, colonialism, Australia, venereal diseases, imperialism, militaries

Shortly after their occupation of Egypt in 1882, the British promulgated regulations for licensing and inspecting prostitutes, incarcerating those found diseased in lock hospitals. The system of controls implemented in Egypt was one that had been tried first in India in the early 1800s, fine-tuned in Great Britain under the Contagious Disease Acts (CDAs) of 1864, 1866, 1869 to regulate prostitution in garrison towns in the metropole to mitigate high rates of venereal diseases—gonorrhea and syphilis—and disseminated to the colonies. After intense pressure in Great Britain from moral reformers and abolitionists, the legislation was suspended in the metropole in 1883 and then repealed in 1886.¹ Continued agitation against a policy considered socially regressive brought its end in India, where women’s groups objected to compulsory internal examinations lacking in privacy and confidentiality. They also characterized the insertion of speculums in the hands of physicians with little experience as akin to assault.² The

¹ See Philippa Levine, *Prostitution, Race, and Politics: Policing Venereal Disease in the British Empire* (New York: Routledge, 2003); Pamela Cox, “Compulsion, Voluntarism, and Venereal Disease: Governing Sexual Health in England after the Contagious Diseases Acts,” *J. Brit. Stud.* 46 (January 2007): 91–115. Cox argues that voluntary treatment of sex workers after the repeal may not have been so voluntary after all.

² Douglas M. Peers, “Soldiers, Surgeons and the Campaigns to Combat Sexually Transmitted Diseases in Colonial India, 1805–1860,” *Med. Hist.* 42 (1998): 137–60. Peers discusses the rise, fall, and rise again of lock hospitals in India during the first half of the nineteenth century. R. Basu Roy, “Sexually Transmitted Diseases and the Raj,” *Brit. Med. J.* 74 (1998): 20–26; Ashwini Tambe, “A Failed Experiment? The Contagious Diseases Acts in Bombay,” in *Codes of*

CDAAs were repealed in other colonies shortly thereafter, with Australia being the last of the states to roll them back.

Yet CDA-like regulations remained in force in British-occupied Egypt, which served as the last outpost of the empire where a compulsory inspection regime was carried out. Egypt thus became an outlier, as colonial officials there continued regulating prostitution, tightening the controls in World War I. Why was the system of regulation continued in Egypt when it had been dismantled in India and elsewhere? The answer may lie in Egypt's ambiguous status within the empire. A "veiled protectorate," Egypt was not an official colony: while de facto occupied by Great Britain, it was de jure still part of the Ottoman Empire. The veil came off only three decades into the occupation at the outbreak of World War I, with the British declaration of a protectorate. The persistence of a regulatory regime may also have been related to the Capitulations, a system of economic and legal privileges enshrined in treaties inherited from the Ottomans that gave foreigners special protections and exemptions. And it may have been connected as well to the place Egypt occupied in the Western imaginary: a space where soldiers and tourists could indulge in sexual fantasies with sex workers. As Hanan Hammad notes, "The concentration of brothels in and around al-Azbakiyya in Cairo—the European neighbourhood

Misconduct: Regulating Prostitution in Late Colonial Bombay (Minneapolis: University of Minnesota Press, 2009), 26–51.

that housed the Mixed Courts—provoked images that associated foreign economic exploitation and political domination with prostitution.”³

This article aims to make an intervention in the literatures on imperial soldiers and World War I, venereal diseases, and sex workers in Egypt. There is a great deal written about the experience of Australian soldiers in the Nile Valley during World War I, though little of it has been integrated into the Egyptian historiography or integrates Egyptian history.⁴ World War I remains a blind spot in Egyptian historiography, as scholars have generally passed quickly over it to get to the Revolution of 1919, reducing the war to a prologue rather than an event of interest in its own right.⁵ Venereal diseases have received some coverage within the history of medicine

³Hanan Hammad, “Regulating Sexuality: The Colonial-National Struggle over Prostitution after the British Invasion of Egypt,” in *The Long 1890s in Egypt: Colonial Quiescence, Subterranean Resistance*, ed. Marilyn Booth and Anthony Gorman (Edinburgh: Edinburgh University Press, 2014), 195–221, quotation on 212.

⁴For the story of Australians in Egypt, see, for example, A. G. Butler, *The Australian Army Medical Services in the War of 1914–1918*, 2nd ed. (Melbourne: Australian War Memorial, 1938); Richard White, “Sun, Sand and Syphilis: Australian Soldiers and the Orient Egypt 1914,” *Australian Cult. Hist.* 9 (1990): 58; and Raden Dunbar, *The Secrets of the ANZACS: The Untold Story of Venereal Disease in the Australian Army, 1914–1919* (Brunswick, Melbourne: Vic. Scribe, 2014).

⁵For exceptions, see Latifa Salim, *Misr fi al-Harb al-`Alamiyya al-`Ula* (Alexandria: al-Hay`a al-`Amma li-Maktabat al-Iskandariyya, 1984); Kyle J. Anderson, *The Egyptian Labor Corps:*

in Egypt, though not as much as some other diseases and arguably not as much as they deserve given the impact of the disease on fertility, infant mortality, insanity, and public health. By contrast, there has been a great deal of attention paid to prostitutes, due in large part to a rich source base and an interest in getting at the stories of marginal women. Most notably, Imad Hilal gives a richly textured social history of prostitution in Egypt and Hammad shows how regulated prostitution played out under British colonial rule, particularly in the provinces.⁶

Race, Space, and Place in the First World War (Austin: University of Texas Press, 2021); Anderson, “The Egyptian Labor Corps, Workers, Peasants, and the State in World War I,” *IJMES* 49 (2017): 5–24; Mario M. Ruiz, “Manly Spectacles and Imperial Soldiers in Wartime Egypt, 1914–19,” *Middle Eastern Stud.* 45, no. 3 (2009): 351–71.

⁶ See Imad Ahmad Hilal, *al-Baghaya fi Misr: Dirasa Tarikhiyya Ijtima`iyya 1834–1949* (Cairo: al-`Arabiyya, 2001); Hanan Hammad, “Between Egyptian ‘National Purity’ and ‘Local Flexibility’: Prostitution in al-Mahalla al-Kubra in the First Half of the Twentieth Century,” *J. Soc. Hist.* 44, no. 3 (April 2011): 751–83; Hammad, “Regulating Sexuality” (n. 3); Hammad, *Industrial Sexuality: Gender, Urbanization, and Social Transformation in Egypt* (Austin: University of Texas Press, 2016). See also Bruce W. Dunne, “Sexuality and the ‘Civilizing Process’ in Modern Egypt” (Ph.D. diss., Georgetown University, 1996); Khaled Fahmy, “Prostitution in Egypt in the Nineteenth Century,” in *Outside In: On the Margins of the Modern Middle East*, ed. Eugene Rogan (London: I.B. Tauris, 2001), 77–103; Liat Kozma, *Global Women, Colonial Ports: Prostitution in the Interwar Middle East* (Albany: State University of

This article builds on the invaluable work cited above and extends the arguments of Francesca Biancani, who in chapter 5 of her *Sex Work in Colonial Egypt* looks at the connections between war and prostitution in Cairo, arguing that “the regulation of sex work in the colonies was vital in maintaining a viable model of ‘garrison state’ overseas, especially in times of warfare and threat to imperial security and power.”⁷ Here, I draw on a different set of archival materials to place Alexandria alongside Cairo in order to make comparisons that are essential to understanding the nature of licensed prostitution during the war; focus on medical conditions, practices, and rates of disease rather than moral discourses; probe the costs of creating classes of prostitutes; and add the voices of prostitutes, acknowledging their agency.

For its source base, this article draws upon records of the Australian War Memorial Archives and the British National Archives as well as medical writings and memoirs. Within the British National Archives, the records used are part of the Foreign Office series rather than India Office or Colonial Office records, highlighting Egypt’s exceptional status within the empire. Imperial archival documents, whether of official, unofficial, or semiofficial colonies, are rife with racialized and gendered assumptions and constructed categories such as “native” and “foreign,” and British and Australian documents also tend to obscure or silence the voices of the local population and underclasses. Yet read critically they can provide a unique opportunity to

New York Press, 2017); Judith Tucker, *Women in Nineteenth-Century Egypt* (Cambridge: Cambridge University Press, 1985).

⁷ Francesca Biancani, *Sex Work in Colonial Egypt: Women, Modernity and the Global Economy* (London: I.B. Tauris, 2018), chap. 5, 111.

hear marginalized voices, while the bodies of prostitutes and soldiers also speak to us, narrating a history of medicine, disease, and regulation.

The text that follows looks at the character of the regulatory regimes before and during the war, official unease over diseased male bodies and military rampages, the privileges European sex workers enjoyed in Cairo, and the experience of licensed prostitution in Alexandria. Seeking to get beyond the usual colonial framing of center-periphery, the article considers two British imperial outposts—Egypt and Australia—in conversation. The war brought thousands of Australian soldiers to Egypt, leaving their mark on Egypt and becoming marked by their time there, sometimes in indelible and deadly ways, as bodies collided and bodily fluids and microbes passed between colonial and imperial subjects. During their short stays in Egypt, Australian soldiers suffered very high rates of venereal diseases, which incapacitated thousands of soldiers at a time and alarmed the dominion and imperial military commands. If left unchecked, syphilis in particular disfigured bodies, attacked minds, and took lives. The epidemic rates among Australian soldiers had an impact on soldiers, foreign and local prostitutes in Egypt, and the general population, though colonial authorities were much more concerned with the imperial soldiers and sex workers than the society at large. This article argues that the highly racialized and classed system for regulating prostitution that British officials implemented to control outbreaks of venereal diseases among prostitutes and imperial soldiers in Cairo and Alexandria leading up to and through World War I exacerbated rather than contained the spread of venereal diseases. At the same time, prostitutes devised inventive ways of circumventing the regulations and advocating for their rights.

New Regulatory Regimes: From Veiled to Unveiled Protectorate

Venereal diseases were not new to the Nile Valley in the early twentieth century. Authorities in nineteenth-century Ottoman Egypt, like their counterparts in the Ottoman center, saw the diseases as posing a major health threat and focused their attention mainly on soldiers rather than prostitutes as carriers and transmitters of disease.⁸ Mehmed Ali (r. 1807–48), the Ottoman governor, charged his chief medical officer, the French doctor Antoine Barthélemy Clot Bey, with treating soldiers in the new conscript army. In 1827, Clot Bey launched what would later become the Qasr al-`Aini Medical School and Military Hospital to train a cohort of Egyptian doctors, and he subsequently launched a School of Midwifery to train female health professionals, who in turn were meant to give medical care to military wives and other women. Because syphilis ranked high among Clot Bey's concerns, he created a system of inspection, surveilling officers and soldiers and limiting their access to prostitutes. Sex workers were barred from military camps and expelled from the main cities.⁹

⁸ Secil Yilmaz, "Threats to Public Order and Health: Mobile Men as Syphilis Vectors in Late Ottoman Medical Discourse and Practice," *J. Middle East Women's Stud.* 13, no. 2 (July 2017): 222–43.

⁹ Fahmy, "Prostitution in Egypt in the Nineteenth Century" (n. 6); Khaled Fahmy, *All the Pasha's Men: Mehmed Ali, His Army and the Making of Modern Egypt* (Cambridge: Cambridge University Press, 1997), 214–26; see also Fahmy, *In Quest of Justice: Islamic Law and Forensic Medicine in Modern Egypt* (Berkeley: University of California Press, 2018).

After the British conquered Egypt in 1882, officials shifted their attention from infected soldiers as the main vectors of venereal diseases to prostitutes as carriers, in this way feminizing the disease, as they sought to prevent the spread of syphilis and gonorrhea to British troops.¹⁰ This was initially consistent with British policy elsewhere in the empire, a policy meant to protect white soldiers from disease by “native” populations. Above all, the British wanted fighting men and celebrated military masculinity, which was shored up by allowing access to sex workers. Having sexual outlets was considered crucial at a time when most soldiers were unmarried and was meant to discourage homosexuality in the military ranks. Soldiers’ access to local prostitutes also showed the physical dominance of the colonizer, thus symbolically demonstrating the sexualized colonial order and reinforcing gender and racial hierarchies.

On October 31, 1882, six weeks after thirteen thousand British soldiers entered Cairo, the colonial government issued the first of what would become a series of decrees regulating prostitution in Egypt. Subsequent decrees followed under British “advisement” in 1882, 1885, and July and November 1896 detailing the conditions under which prostitutes could work and locales. Colonial officials attempted to limit the spread of disease by regulating prostitutes and mandating a regime of weekly medical checks, with incarceration in lock hospitals of those found diseased. Prostitutes in Cairo and Alexandria had to present themselves regularly to the

¹⁰See Mary Spongberg, *Feminizing Venereal Disease: The Body of the Prostitute in Nineteenth-Century Medical Discourse* (New York: New York University Press, 1998).

Prostitute Inspection Bureau (Bureau des Moeurs), and those in the provinces had to go to the government hospitals for evaluation by doctors or midwives there.¹¹

“The public women of the town are more or less perfunctorily examined every week under police supervision,” wrote Frank Cole Madden, an Australian surgeon who had received his medical degree in Melbourne and trained in London before coming to Cairo in 1898 as head of surgery, in a 1901 article in the *Records of the Egyptian Government School of Medicine*. Madden, who headed the skin and venereal departments at Egypt’s premier government hospital, continued, “All suspicious cases are sent to the hospital where special accommodation is provided for them.”¹² By “special accommodation” he meant incarceration and forced treatment at the Hud al-Marsud Lock Hospital, which was affiliated with Qasr al-`Aini. Madden was among the imperial physicians who displaced French, German, and Italian medical experts within the Department of Public Health and the Qasr al-`Aini Medical School and Military Hospital after the British occupation.¹³ He used his access to patients as an opportunity to study syphilis as well as other diseases in Egypt and pen scientific articles. “All the ordinary methods of treatment are adopted in these Lock-wards,” Madden noted. This included injections of

¹¹Hilal, *al-Baghaya fi Misr* (n. 6), 164–67; Hammad, “Regulating Sexuality” (n. 3), 198–200.

¹²Frank Cole Madden, “Syphilis in Egypt,” *Rec. Egyptian Gov. Sch. Med.* 1 (1901): 207.

¹³Ahmad Jamil al-Sharqawi, *al-Tibb wa-al-Jirafa fi Misr: Min Zaman al-Hamla al-Fransiyya wa-Hata al-`Asr al-Haditha* (Cairo: Matba`at al-Dar al-Kutub wa-al-Watha’iq al-Qawmiyya, 2016).

cyanide of mercury or mercurial creams for “inveterate cases,” and daily applications of acid nitrate of mercury or similar medicines to individual lesions, particularly in the genital region.¹⁴

The Egyptian women whom Madden examined rarely had primary-stage syphilis but frequently showed signs of past outbreaks, particularly syphilitic psoriasis and scaly patches. He noted that rounded bumps and elevated skin were also common around their genital region, as was progressive ulceration in the vagina, sometimes extending to the lower part of the cervix. They also occasionally had a solid “urticarial” or rash that was dull red on their face or arms or legs. These firm masses, he explained, disappeared after a long course of treatment, leaving a lingering brownish pigmentation.¹⁵ The women were detained until the treatment was verified as complete, at which time they were issued a health certificate. Yet some women learned to navigate and manipulate the regulatory system, making the most of the time invested in clearing up their conditions by renting out the certificates to friends.¹⁶

While abandoned in other colonies, the regime of inspection and incarceration of prostitutes that had evolved over the first two decades of British rule in Egypt remained in force, with the state issuing a comprehensive decree in 1905 that brought together the regulations.¹⁷ That year scientists in Germany identified *treponema pallidum*, the spiral-shaped microorganism (spirochete) that causes syphilis. By 1906, the Wasserman test to detect syphilis had been

¹⁴Madden, “Syphilis in Egypt” (n. 12), 207.

¹⁵Ibid., 207.

¹⁶Frank Cole Madden, “Syphilis in Egypt,” *The Practitioner*, July 1904, 83.

¹⁷Hilal, *al-Baghaya fi Misr* (n. 6), 164–67.

developed, though with its false positives it was not always accurate. The discovery of the syphilis spirochete led to new treatments, most notably Salvarsan in 1909.¹⁸ In the absence of a definitive cure, the focus in containing the disease in colonial Egypt remained on examining and testing prostitutes and incarcerating those who showed signs of disease. Of course, some prostitutes became adept at hiding these signs.

Under the updated regulations, Egyptian prostitutes had to live in licensed brothels in the prostitute quarter, which in Cairo meant the Waza`a, and small colonies in Wa`ili and Sayyida Zaynab. These were considered home to the “lowest class” of Egyptian (“native”/nonwhite) and European (“foreign”/white) prostitutes, who had to register with the police to receive identity cards. Each card had a photograph attached to prevent fraud, though, as noted above, some of the prostitutes apparently rented out their cards. When registered prostitutes presented themselves for weekly inspections by a special doctor at a branch of the Bureau des Moeurs, the date of the visit and observations were noted. And diseased women sent to the Hud al-Marsud Lock Hospital now had to pay a fee.¹⁹

Those European prostitutes who lived in a licensed brothel in one of the acknowledged quarters where prostitution was permitted also registered and went for weekly examinations, but many took advantage of the protections afforded them by the Capitulations and did not go to the

¹⁸Claude Quétel, *History of Syphilis* (Baltimore: Johns Hopkins University Press, 1990), 140–42.

¹⁹The British National Archives (TNA), see reports in series Foreign Office (FO) 141/466/1429; see also Hilal, *al-Baghaya fi Misr* (n. 6).

lock hospitals when diagnosed. They could do so because there was no mechanism to force protected foreign nationals infected with venereal diseases to isolate in a hospital ward or to keep them there for the duration of their treatment. Under the Capitulatory regime, they could appeal to their consuls for relief; if government officials took away their registration cards, they simply worked out of unlicensed brothels. European prostitutes also took up residence in the large numbers of brothels clustered outside the recognized prostitutes' quarter and pensions spread throughout the city where "elite" prostitutes worked. These women generally escaped the surveillance of the inspection regime.²⁰

Diseased Male Bodies and Discontent

With the outbreak of hostilities, the British severed Egypt's relationship to the Ottoman Empire, pronounced it a protectorate, and declared martial law. Egyptian men were conscripted into the Egyptian Labor Corps to support the imperial war effort but were not asked to take up arms. Instead, imperial troops from Australia, New Zealand, and India as well as troops from Great Britain flooded Egypt, which quickly became a major staging ground and front in the war. At this point, the presence of unregistered prostitutes became untenable to military authorities concerned about British and imperial soldiers' physical health, giving authorities a new impetus to increase controls. On December 23, 1914, British officials convened various consular representatives to get their agreement to recognize Azbakiyya, where a number of "middle-class"

²⁰TNA, FO 141/466/1429-9, Annexure "A": Precis of the Degree of 16th November 1915 Relating to Brothels; FO 141/466/1429-9, Harvey, Annexure "B," Cairo, 14 April 1916.

European prostitutes worked, as a licensed prostitute quarter and to extend to these prostitutes the same controls of registration and medical inspection applied to Egyptians. The consuls accepted the change, with the proviso “that some consideration should be given to the differences of habit and mode of life as between the European and Egyptian women,” thus constructing racial and class differences that were made manifest in treatment.²¹

In practice, it was agreed that military physicians would examine European prostitutes in a separate facility from Egyptian prostitutes and that, if infected, European prostitutes would be treated by European physicians in special hospital accommodations. In Cairo, this meant establishing a new Bureau des Moeurs, with its own medical examination room. Opened January 28, 1915, the new facility processed 537 unlicensed European prostitutes arrested by the police over the next fourteen months. Nearly half—234—were found to be diseased and sent to the new European Lock Hospital in Azbakiyya quarter for foreign prostitutes.²² Many of the well-paid and unrestrained Australian troops quickly contracted venereal diseases as soon as they landed. In the words of Arthur Graham Butler, author of the first volume of *The Australian Army Medical Services in the War of 1914–1918*, “The comparative freedom from venereal disease due to the restrictions of shipboard was followed by an outbreak which brought serious and far

²¹Ministry of the Interior, Egypt, Department of Public Health—Cairo City Health Inspectorate, *Report of the Medical Officer of Health, Cairo City, for the Years 1915 and 1916* (Cairo: Government Press, 1919), 75; see FO 141/466/1429-9, Harvey, Annexure “B,” Cairo, 14 April 1916.

²²TNA, FO 141/466/1429-8, Harvey, Note re: Prostitutes, Cairo, 20 March 1916.

reaching consequences and introduced the medical service to its most difficult problem in the war.”²³ Egypt had the distinction of being the site of the first epidemic outbreak of venereal diseases in the Australian Imperial Force.²⁴

Australian officers recognized the temptations that their hastily assembled troops faced at a moment when they were seeking to prove their worth as an imperial fighting force. W. R. Birdwood, the major-general commanding the ANZACs (Australian and New Zealand Army Corps), noted to W. T. Bridges, the major-general commanding the First Australian division, in late December 1914 that “there is no possibility whatever of our doing ourselves full justice unless we are every one of us absolutely physically fit, and this no man can possibly be if he allows his body to become sodden with drink or rotten from women.” He continued, “From perhaps a selfish point of view, too, but in the interests of our children and children’s children it is as necessary to keep a ‘clean Australia’ as a ‘White Australia.’”²⁵ The assumption on the part of the Australian officer class that the men were being infected by “native” women, who were

²³Butler, *Australian Army Medical Services* (n. 4), 1:73–74. See also White, “Sun, Sand and Syphilis” (n. 4), 58.

²⁴Ian Howie-Willis, “The Australian Army’s Two ‘Traditional’ Diseases: Gonorrhoea and Syphilis—A Military-Medical History during the Twentieth Century,” *J. Milit. Vet. Health* 27, no. 1 (January 2019): 14. One in seven Australian soldiers mobilized during World War I contracted gonorrhoea or syphilis.

²⁵Australian War Museum (AWM) 27 363/28, W. R. Birdwood to W. T. Bridges, Mena, 28 December 1914.

racialized as “non-white” and who threatened Australian racial purity, was not necessarily the case, as we shall see.

On April 2, 1915 (Good Friday), Australian and New Zealand soldiers rioted in the prostitutes’ quarter of Cairo in the first “Battle of Waza`a.” The inebriated ANZACs ransacked houses, throwing furniture, mattresses, and bedding out of windows, creating a bonfire and burning down a brothel. Although the soldiers did not directly attack prostitutes, some sex workers were injured, including one whose hip was broken as she ran out of a burning building. With two to three thousand soldiers joining the melee or cheering it on, the ANZACs in turn faced an Australian unit, which came to impose order; English military police, who fired their side arms; and the local fire brigades, whose hoses were cut up. It was only when armed Lancashire troops went out, pointing their rifles at the carousing men, that the crowds finally dispersed.²⁶ An inquiry was held the next day to determine what had sparked the riot. C. E. W. Bean, a journalist with the *Sydney Morning Herald* who witnessed the event, claimed, “Some New Zealanders who had picked up certain [venereal] diseases in a particular street near Shepherds Hotel seem to have made up their minds to go in and pay the house back for what they got there,” and things escalated.²⁷

²⁶AWM 25/229/3, “Proceeding at Court of Enquiry into Disturbances in Cairo 2/4/15”; Kevin Fewster, “The Wazza Riots, 1915,” *J. Australian War Mem.* 4 (1984): 47–49 (for the story of the injured prostitute, see 53n8); Suzanne Brugger, *Australians and Egypt 1914–1919* (Melbourne: Melbourne University Press, 1980), 145–47.

²⁷C. E. W. Bean, diary, vol. 3, April 2, 1915, in Fewster, “Wazza Riots” (n. 26), 47–48.

Although military doctors were alarmed by the numbers of men infected and incapacitated, they also found the cases medically intriguing. “From the clinical point of view,” Butler notes, “the outbreak was of interest through the very large proportion and virulent character of chancroid, complicated in most cases by large and very intractable buboes.”²⁸ The painful treatment for syphilis included anterior injections that scoured the urethra with silver salt and glycerine, and posterior irrigation with Condy’s crystals, a protocol that did not ensure against relapse. Soldiers were forced to stay in an isolated barbed wire compound on average thirty-five days.²⁹ Diseased men, who faced shaming and discharge, were shipped home with those wounded in battle and those who had succumbed to other mental and physical ailments. In May 1915, the troop ship *Kyarru* carried home 269 invalids, 49 of whom were wounded and 54 of whom were sent home for “change” (euphemism for soldiers suffering from the mental strain of war), “together with a quota of ‘venereals.’” More infected soldiers were evacuated on other ships, as medical officers tried to ease congestion in the hospitals and depots, making room for casualties from the front. When the troop ship *Ballarat* departed on July 5, 1915, it took 266 wounded, 120 sick, 68 for “change to Australia,” and 131 “venereals.”³⁰ The numbers of those sent home and hospitalized in Egypt or elsewhere added up over time.

²⁸Butler, *Australian Army Medical Services* (n. 4), 1:78.

²⁹White, “Sun, Sand and Syphilis” (n. 4), 60.

³⁰Butler, *Australian Army Medical Services* (n. 4), 1:263.

The original ANZAC rioters had been shipped out to Gallipoli, but a second Battle of the Waza`a broke out in the quarter on July 31, 1915.³¹ Men broke into houses and shops, stole and destroyed property, and set fires, resulting in injuries and the burning of four buildings. The Court of Enquiry convened on August 3 at military headquarters in Zaytun concluded that the origin of the trouble could be pinpointed to a brothel at 9 Maydan Qantara al-Diqqa, known to the soldiers as Red Blind Street, but could not say definitively who was to blame: “The cause of the trouble was a row between four to nine Australian soldiers and prostitutes,” the head of the court wrote, “the reason for this on one side, robbery of the soldiers by women, on the other side refusal to pay the women.”³² Among those who gave evidence were sex workers clustered in apartments or rooms on the first and second floors of buildings 7, 9, 11, 13, 19, and 37 on Red Blind Street. These women, like others in al-Waza`a, were not all Egyptian, as most foreign observers assumed, but rather represented a wide range of nationalities, showing the diversity of prostitutes in the quarter. Most spoke through interpreters, with their testimonies recorded in English. Three Egyptians gave testimony: Munira Kamel, Zakia Wahba-el-Damiattia, and Ani Sanama, owner of a coffee shop at number 9.³³

³¹See AWM 25/229/3, “Proceeding at Court of Enquiry into Disturbances in Cairo 2/4/15”; TNA, FO 371/2352/126613, Anderson to Grey, Paris, 2 September 1915; Fewster, “Wazza Riots” (n. 26), 50–51.

³²AWM 2020/8/917, “Court of Enquiry Dealing with the Circumstances Connected with the Disturbances in Cairo on the Night of the 31st July 1915,” 1.

³³Ibid., 8.

Mallaka Habbid, identified as a Syrian Maronite, recounted that she was on her way to her own quarters at number 19 when she was called by Anna Schultz, who had four soldiers in her apartment, to assist: “Between the four soldiers they had one bottle of whisky. On spending time with them [having sexual relations] the first time we were paid; but on the second time they refused to pay.” Mallaka reported that she then left and did not see other soldiers joining their compatriots in the apartment, throwing furniture out the window, setting fires, and destroying Anna’s home. Schultz, identified as a Russian, claimed that when the soldiers broke down her door and burst into her room demanding money, she jumped out of the window in fright and ended up in the hospital.³⁴ The fires spread rapidly in the vicinity, and at least six or seven women trapped in burning buildings were brought out in what was described as “hysterical” condition, though being trapped between fires and rampaging soldiers would generate alarm.³⁵

Women were clearly trying to escape soldiers who were acting aggressively, yet military officials were much more interested in tabulating destruction of property and looking for breeches in military discipline than recording information about sexual assaults. Rosa Yusuf, identified as a Christian Moroccan, reported that she left the area when she saw the large number of troops. Peppina Densen, identified as an English Maltese, said that when she saw that “a number of men had entered into my neighbor’s house and were attempting to throw her out of the window,” she escaped by the back entrance, injuring her arms and a foot.³⁶ Annina

³⁴Ibid., 8–9.

³⁵Ibid., 27.

³⁶Ibid., 8–9.

Mangelaro testified that soldiers came into her quarters and “tried to force me,” by which she no doubt meant rape, but no follow-up questions were recorded to clarify the issue.³⁷

Buried deep in the testimony about the night of the second Battle of Waza`a are the testimonies of Fatima Emilie, another Russian national and one of two sex workers who had lodged a complaint with the police against an Australian soldier; W. A. Smith, the soldier in question (Private 2158, Sixth Reinforcements, Sixteenth Battalion); and Captain Worthington, a civil police officer. The latter testified that Smith, who damaged property and started a fire, “says that he contracted venereal disease in one of the houses. His reason for smashing this place and others up was that he was having revenge.”³⁸ When the court asked Fatima if the man contracted venereal disease in her house, she denied it, asserting, “All the woman in my house are clean.” Yet Captain Worthington noted, “A woman was taken from this house to the hospital with a disease, and it is this woman whom the accused blames for giving him the disease.” Smith singled out a sex worker named Marie who, in addition to stealing his coat, had made him ill, forcing a stay in the Australian gonorrhoea hospital.³⁹

Sorting through this testimony, a variety of voices emerge: a pair of sex workers who were unafraid to register complaints with the police; a subaltern in the Australian army who had contracted gonorrhoea; and a British police officer who demonstrated intricate knowledge of the Cairene brothels, their inhabitants, and their medical histories. The plot line gives credence to the

³⁷Ibid., 8.

³⁸Ibid., 34–36.

³⁹Ibid., 34–36.

idea that the motivation behind the violence that broke out in Waza`a at the end of July was due to a desire on the part of infected and robbed soldiers to enact revenge on the quarter. This was not dissimilar to the rationale for the first Battle of Waza`a in April. As one observer noted, “The secret of the riots on both occasions was revenge for the many robberies that were committed on drunken soldiers and the terrible amount of disease given to them.”⁴⁰

The enquiry had set out to establish which soldiers, and thus which governments, would be held responsible for the property damage, and the British were happy to hold the Australians to account. The Australians, in turn, found the easy availability of brothels in Egypt and concomitant epidemic proportions of venereal diseases that their soldiers were contracting very troubling. “There is no doubt an agitation in Australia in regard to the depravity of Egypt,” the British commanding officer in Egypt, General Sir John Maxwell, wrote, noting that “Australia might disinfect her own premises before throwing stones at us.”⁴¹ There were clearly tensions between the Australian public, their civilian leaders, and the British imperial command.

The numbers of infected soldiers in the Australian Imperial Force in its first year in Egypt were alarming: Smith was only one of 4,046 Australians out of some 30,300 (over 13 percent) who were hospitalized in the special hospital for soldiers with venereal disease in Egypt in

⁴⁰TNA, FO 371/2352/126613, Anderson to Grey, Paris, 2 September 1915.

⁴¹TNA, FO 141/466/1429-1, Maxwell to McMahon, Cairo, 29 Sept. 1915.

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1915.⁴² By February 1916, medical officers had treated some 6,000 men from the Australian Imperial Force for venereal diseases in hospital stays averaging sixteen days, sending some 1,000 back home.⁴³ In the first five months of 1916 alone, 7,854 ANZAC troops were treated (compared to 2,350 British troops).⁴⁴ Australian soldiers kept visiting health facilities: over one seven-month period there were some 9,000 cases in the 2,000-bed Australian Dermatological (VD) Hospital (No. 2 Australian Stationary Hospital).⁴⁵ Averages of infections for the first five months of 1916 were put at 177.3 per thousand (17.73 percent or over one in six) for Australians (compared to 41.7 per thousand of British troops or 4.1 percent).⁴⁶ Diseased Australians who did not respond quickly to treatment in the military venereal disease hospitals in Alexandria and Cairo or who simply overwhelmed the medical staff and facilities by their sheer numbers were

⁴²James W. Barrett, “The Management of Venereal Diseases in Egypt during the War” (paper, Royal Society of Medicine, January 20, 1919), 6; Howie-Willis, “Australian Army’s Two ‘Traditional’ Diseases” (n. 24), 14.

⁴³Ruiz, “Manly Spectacles” (n. 5), 358, citing Alistair Thomson, *ANZAC Memories* (Melbourne: Oxford University Press, 1994), 31.

⁴⁴TNA, FO 141/466/1429-20, Report of the Cairo Purification Committee, Cairo, 1916, 4, 6, 20.

⁴⁵P. S. O’Connor, “Venus and the Lonely Kiwi: The War Effort of Miss Ettie A. Rout,” *New Zealand J. Hist.* 1 (1967): 11–32, 16n27; Howie-Willis, “Australian Army’s Two ‘Traditional’ Diseases” (n. 24), 15.

⁴⁶TNA, FO 141/466/1429-20, Report of the Cairo Purification Committee, Cairo, 1916, 4, 6, 20.

shipped home in shame or to Malta. By war's end, 1,344 men infected with venereal diseases had been sent back to Australia and 450 to Malta.⁴⁷

These high rates of venereal diseases among Australian troops came despite the best efforts by physicians such as Dr. James Barrett to manage the disease through an education program and distribution of prophylactics. Barrett had sailed to Egypt on the S.S. *Kyarra* in late 1914, giving lectures to the 800 men on board on the “natural history of these diseases and the modes of prevention and treatment.”⁴⁸ (The *Kyarra* was one of the ships that later took diseased Australians home “invalided, and in disgrace.”)⁴⁹ Once in Egypt, Barrett was entrusted by General Birdwood with organizing a moral and military campaign for the Australian troops, who were given leaflets advising them on the prevalence of venereal diseases in Egypt. Keen on providing prophylaxis, Barrett had kits containing calomel ointment for use against syphilis and permanganate potassium tablets for gonorrhoea as well as cotton swabs for application distributed to soldiers. The kits proved effective when used but were not sanctioned as part of official military policy and were not always promoted or used. In opposition to Barrett and those promoting prophylaxis, some clerical and military leaders lectured on the “virtues of chastity” and pushed abstinence rather than prevention and treatment.

Barrett left Egypt for England in November 1915, at which point the campaign lagged, and rates of venereal disease among Australian troops again shot up, in a pattern that would

⁴⁷Barrett, “Management of Venereal Diseases” (n. 42), 6.

⁴⁸Ibid., 3.

⁴⁹Ibid., 5.

repeat itself throughout the war. Ironically, the only soldiers in the British imperial army who seemed to escape high rates of venereal infection were those barred from entering quarters where licensed prostitutes could be found. Indian soldiers based near Port Said were not allowed to frequent the “Arab quarter” where prostitution was sanctioned and as a result had much lower rates of infection of venereal disease than white soldiers from Australia, New Zealand, and the United Kingdom.⁵⁰

The Privileges of European Prostitutes in Cairo

Containing venereal diseases generated a power struggle between British military authorities, police officials, and medical officers from the Department of Public Health. The conflict came to a head around the new European Lock Hospital in Azbakiyya launched in January 1915, for it was unclear who had ultimate authority—the Cairo City Police or the Department of Public Health. The hospital had a small staff that included a British medical officer, a European matron, an Arab assistant medical officer, local midwives, and other support staff. Opened with eighteen beds, the facility quickly added twelve more beds, and when that proved insufficient, in-patient capacity was increased to eighty-four beds.⁵¹

⁵⁰Levine, *Prostitution, Race, and Politics* (n. 1), 155. The British tried to eliminate brothels from the European sector in Port Said and to ban British soldiers from the Arab quarter.

⁵¹TNA, FO 141/466/1429-2, Cairo City Health Inspectorate, The Staff of the European Lock Hospital; Ministry of the Interior, Egypt, *Report of the Medical Officer of Health* (n. 21), 75.

Within a year or so, some of the “better class” European prostitutes, who until then had been able to send in weekly medical certificates from private doctors, drew upon their privileges as European prostitutes when they complained to the British assistant commander of the Cairo City Police about ill treatment and incompetence at the facility. Those making serious charges in preliminary statements were mostly French, Italian, Russian, or of other nationalities. They asserted that the hospital was dirty, ill-equipped, and unsuitable; that it served food of poor quality, which was unacceptable to sex workers of their class and nationalities; and that they suffered pain in examination and during treatment. They mentioned bleeding, which had not resulted when they saw private doctors. (Metchinkoff’s ointment may indeed have harmed the women, for it built up and caused blisters in the vagina.) A few women said that they had been detained as punishment and left unexamined for days.⁵²

In the enquiry held by a British military court to adjudicate the dispute, Colonel Harvey Pasha, the commander of the Cairo City Police, affirmed that according to the prior agreement, the better class prostitutes were to be examined and treated by military medical officers and not Department of Public Health officials. They were to be kept apart from second-class or

⁵²TNA, FO 141/466/1429-24, Bimbashi Teall, Assistant Commandant “B” Division in charge of Better Class Prostitutes, “Note,” 1–4; their names were Marica Cavalla, Anna Jacob, Tilly Dervillers, Gaby Dorvil, Lina Dina, Leontine Bertolini, Ida Weiss, Antoinette Catellan, Rachel Borginon, Jeanne Delys, Fanny Stern, and Gaby Marville. See also TNA, FO 141/466/1429-22, Murray, General Officer Commanding-in-Chief, Egyptian Expeditionary Force, to MacMahon, High Commissioner for Egypt, 3 November 1916; White, “Sun, Sand and Syphilis” (n. 4), 60.

registered prostitutes in the European Lock Hospital or in a separate lock hospital altogether, and that his men were trying to find a “just and fair treatment for them.” Dr. Ferguson Lees, the chief medical officer for Cairo City, disagreed and argued that there had been “an organized Police attack on the Administration of the Medical Work of the Lock Hospital.”⁵³

The turf war that had broken out between the Cairo City Police and Cairo’s Department of Public Health turned on such issues as who had the right to define who was a “public prostitute” and to protect “better class” prostitutes. After taking testimony, the court found “that the complaints of these women were organized by them for the purpose of breaking down the system of Inspection at the Bureau des Moeurs, and of compulsory hospitalization,” and sided with Public Health officials against the police, who had become allied with the women.⁵⁴ That the police had close ties to the women was borne out by Madden, who during the war was civil surgeon in charge of various military hospitals, the Red Cross Hospital in Cairo, and Qasr al-`Aini as well as attached to the Egyptian Expeditionary Force.⁵⁵ He would have directed the treatment of soldiers, a treatment that had advanced since the publication of his 1904 article on syphilis in the *Practitioner*. In his *Surgery of Egypt*, which came out right after the war, he details a “very good working scheme for soldiers, policemen and hospital patients” of repeated courses of intravenous injection of salvarsan, or something similar, then intramuscular injections

⁵³TNA, FO 141/466/1429-24, Harvey to Adviser, Ministry of the Interior, Cairo, 14 December 1916, 3.

⁵⁴*Ibid.*, 3.

⁵⁵“Obituary: Frank Cole Madden,” *Brit. Med. J.*, May 4, 1929, 833.

of mercurial cream. That he singles out policemen, the very group charged with enforcing the regulation of prostitutes, suggests that these were a group that showed up frequently at the clinics and hospitals.⁵⁶

General Maxwell had taken a keen interest in the European Lock Hospital no doubt because his soldiers and officers frequented the women sent there, and he regularly issued verbal orders to Harvey regarding it. Still, after the report came out documenting property damages and losses in the melee at Waza`a, he asked the head of the Cairo police to move the prostitutes' quarter outside the city. He soon learned, however, that this was not so easily done, given the extraterritorial protections enjoyed by the foreign nationals who owned many of these properties, and the anticipated resistance of the Coptic Patriarchy, which owned many as well.⁵⁷ When Maxwell left Cairo, it was decided that the police should cede all responsibility for European prostitutes' well-being to Cairo Department of Public Health.

In late September 1916, Maxwell's replacement as commander of British forces, General Murray, rescinded the martial law order requiring the "better class prostitutes" to undergo compulsory examination in Cairo.⁵⁸ He later noted, "The women had clearly a right to claim redress at the hands of the military authorities if the martial law order was being enforced in a

⁵⁶Frank Cole Madden, *The Surgery of Egypt* (Cairo: Nile Mission Press, 1919), 68; "Obituary" (n. 55), 833.

⁵⁷TNA, FO 141/466/1429-1, Maxwell to McMahon, Cairo, 29 September 1915; see AWM 2020/8/917, Zeitoun, 23 September 1915, Part II, Losses and Damages.

⁵⁸TNA, FO 141/466/1429-19, Graham to Altham, Cairo, 24 September 1916.

hurtful manner, or contrary to pledges given to them.”⁵⁹ That commanders of British forces in Egypt took such a keen interest in the proceedings in a lock hospital for European prostitutes speaks volumes about the high priority the military placed on maintaining the access of their soldiers and officers to prostitutes while making an attempt to contain venereal disease, which risked sidelining troops at a time when all personnel were needed for the war effort.

After Murray closed the examination and treatment room for “better class” prostitutes in Cairo, a British official proposed turning it into a free out-patient clinic for local men and women in light of the “very large amount of untreated venereal disease in Cairo which severely effects not only the health of the general population but of the Army also.”⁶⁰ Whether or not Egyptians had high rates of venereal diseases seemed material to British officials only if it impacted the troops, and the proposal for a public clinic did not meet with success. Regulation through inspecting and incarcerating prostitutes was still seen as the best way to protect officers and soldiers, not expanding medical services to the local population. Locals had to rely on private physicians such as Dr. Grégoire Sandiktjoglou, who had trained in Athens and put up a large but illegal sign in Cairo advertising his services as a healer of gonorrhoea, syphilis, and chancre. Sandiktjoglou was among those foreign doctors who flocked to Egypt at a time when the British colonial state had limited the ability of Egyptian graduates of the medical school to specialize

⁵⁹TNA, FO 141/466/1429-22, Murray, General Officer Commanding-in-Chief, Egyptian Expeditionary Force, to MacMahon, High Commissioner for Egypt, 3 November 1916.

⁶⁰TNA, FO 141/466/1429-24, Semple to Advisor, Ministry of Finance, Cairo, 15 October 1916; see also FO 141/466/1429-24, Haines to High Commissioner, Cairo, 16 December 1916.

and compete with foreign doctors and regulated prostitutes much more carefully than they regulated foreign medical workers.⁶¹

That September 1916, military authorities convened a commission, chaired by Lieutenant-General Altham, to study the larger issues surrounding regulation, forcing Harvey and Lees to sit down together. The Cairo Purification Committee, as it was called, included two other officers, the Bishop of Jerusalem, and a representative of the high commissioner. After meeting in over a dozen sessions, it issued a report.⁶² Although it was never formally published, the report called for medically examining prostitutes; repressing public indecency, unnatural offences, pimps, and alcohol; policing morality; providing lectures and guidance on moral behavior and hygiene; and setting up ablution rooms and supplying prophylactics. Some of these measures were adopted. For example, the imperial army opened lavage rooms for postcoital disinfection: the compulsory treatments included penile irrigations (flushing the urethra after intercourse) and prostate massage. For some time, venereal diseases seemed under control, but in time another outbreak occurred as soldiers ignored the preventative measures.⁶³

⁶¹TNA, FO 141/466/1429-68, Upson to Watson, Cairo, 11 September 1918, 5; Ministère de L'Intérieur, Egypt, Administration de L'Hygiène Publique, Listes Officielles des Médecins, Vétérinaires, Dentistes, Sages-Femmes, Pharmaciens et Aides-Pharmaciens (Cairo: Imprimerie Nationale, 1923), 62.

⁶²TNA, FO 141/466/1429-20, Report of the Cairo Purification Committee, Cairo, 1916.

⁶³Barrett, "Management of Venereal Diseases" (n. 42), 7–8; Biancani, *Sex Work in Colonial Egypt* (n. 7), 121; see also Levine, *Prostitution, Race, and Politics* (n. 1), 148.

There were those inside and outside the committee who called for dropping inspections altogether. Miss E. MacKenzie, general secretary of the Association for Moral and Social Hygiene, a British branch of the International Abolitionist Federation, wrote to the high commissioner of Egypt reiterating that the inspection system had been tried and failed in the United Kingdom and elsewhere and did not guarantee that women were free from infection. Having the government medical service examine women “as a part of its regular duty and certifying them as suitable for immoral purposes” gives the impression, MacKenzie argued, that “they regard indulgence in Sexual Vice as being normal or necessary for men.” The system “tends actually to foster habits of vicious indulgence while deluding the men by the expectation of a false security.”⁶⁴ Considering the numbers of clients a sex worker may have seen in one evening—estimated as between eight and sixteen throughout this period—suggested the futility of guaranteeing good health through a weekly inspection regime.⁶⁵

MacKenzie was not alone as a crusader against regulated prostitution. The balconies of the compound where Arthur Upson, a Christian missionary and publisher of the Nile Mission Press (publisher of Madden’s magnum opus *The Surgery of Egypt*), and over thirty other British and American missionaries lived, overlooked British military venereal huts. The tents of No. 17 hospital peaked during outbreaks, rising from 1,200 in June 1918 to 1,400 the following month. Upson wrote that the daily reminder of seeing “men’s diseased bodies rotting at No. 17” turned him into a leading crusader for cleaning up the brothels of Cairo. Concerned with the moral well-

⁶⁴TNA, FO 141/466/1429-12, MacKenzie to McMahon, London 29 March 1916.

⁶⁵Hilal, *al-Baghaya fi Misr* (n. 6), 139.

being of officers and soldiers, he obsessively tracked their movements in the prostitutes' quarter and repeatedly wrote top British military and civilian officials about "vice" in the city.⁶⁶

Inspections of prostitutes continued, just not of certain European prostitutes. The new regime of inspecting "better class" European prostitutes had lasted for barely a year and a half. Although venereal disease did not discriminate by race, class, or gender, the British did, and by the end of the war they had created an elaborate raced, classed, and gendered system of regulation in Egypt's main cities, a system of "better class" (Class A) and "common class" (Class B) prostitutes. Better class prostitutes were those who "require for various reasons special treatment." Determined by the commander of the Cairo City Police for the capital, this class included almost all those European prostitutes living outside the zone. Class A prostitutes registered their real names and addresses with the assistant commander of the Cairo City Police but could use fictitious ones on their certificates; Class B prostitutes registered their real names with the Bureau des Moeurs and had to use them on their certificates. Class A prostitutes could reside wherever they wished, unlike Class B prostitutes, who had to live within the agreed zone for prostitution. Class A prostitutes could be examined weekly by a private doctor of their choice subject to the approval of the Department of Public Health and forward a signed certificate on a form supplied by the military authorities that they were free from venereal disease. They did not

⁶⁶TNA, FO 141/466/1429-61, Upson to Allenby, Cairo, 17 August 1918, quote from 7; FO 141/466/1429-49, Upson to HC, San Stefano, 2 July 1918, 2; FO 141/466/1429-53, Upson to HC, San Stefano, 16 July 1918, 2; FO 141/466/1429-68, Upson to Watson, Cairo, 26 August 1918, 1.

have to wait in lines at the Bureau des Moeurs with the Class B prostitutes.⁶⁷ Treatment differed as well: those Class A prostitutes who were found infected with disease had to undergo treatment either at a private hospital—the Anglo-American, French, German, Greek, Italian or other hospitals—or free of charge at the European Lock Hospital; Class B prostitutes underwent forced treatment at Hud al-Marsud Lock Hospital at their own expense.⁶⁸

Alexandria's Experience of Regulation

The situation in Alexandria echoed that in Cairo, with evidence showing colonial disregard for prostitutes' privacy, the general population's sentiments toward prostitution, and prostitutes' own agency. During the war, all licensed prostitutes in Alexandria, whatever their nationality, were inspected weekly in a room in the Ginaina quarter, which was the heart of the licensed "native" prostitution quarter, under less-than-ideal conditions. This meant that the prostitutes were lined up and inspected without any privacy. Even the commander of the Alexandria City Police, H. Hopkinson, admitted in September 1915 that the examinations were undertaken "under conditions of publicity and promiscuity which are perhaps suitable to the majority of them but

⁶⁷TNA, FO 141/466/1429-47, Memorandum of the Measures to Be Taken under Martial Law for the Better Control of Prostitutes and the Prevention of the Dissemination of Veneral [*sic*] Disease among Soldiers of the Egyptian Expeditionary Force in Cairo; FO 141/466/1429-48, Russell to Adviser, Ministry of the Interior, Cairo, 15 June 1918.

⁶⁸TNA, FO 141/466/1429-47, Memorandum of the Measures to Be Taken (n. 67); TNA, FO 141/466/1429-48, Russell to Adviser, Ministry of the Interior, Cairo, 15 June 1918.

which are legitimately offensive to a more respectable minority.”⁶⁹ Like authorities in Cairo, Hopkinson was keen to distinguish between different classes and colors of prostitutes, with European ones getting preferential treatment. The commander worked closely with the “better class” of prostitutes, having promised them two years earlier, before the war, when expanding the quarters designated for licensed prostitution, that they would be able to undergo inspection with a European physician in a new office. With the war, authorities had further expanded the licensed quarters set aside for prostitution, but the special office for European prostitutes had not materialized, only a special day set apart for their examination.⁷⁰

Noting that he was working on a “more efficient control of the prostitutes in the city,” Alex Granville, head of the municipality, wrote to General Maxwell in September 1915, “As far as I can judge, the spread of venereal disease is principally due to the lower class of European prostitutes.”⁷¹ Infected “native” prostitutes in Alexandria were sent to the native hospital, where they were kept until they were presumed disease free. The “lower class” European prostitutes were examined and, if found infected, were sent to an Egyptian government or private European hospital, yet were not kept there long enough to effect a cure.⁷² The public hospital, in fact, did not want to treat these women, with the director of the Alexandria Government Hospital writing

⁶⁹TNA, FO 141/466/1429-2, Hopkinson, “Medical Examination of Prostitutes,” Alexandria, 20 September 1915

⁷⁰Ibid.

⁷¹TNA, FO 141/466/1429-2, Granville to Maxwell, Alexandria, 29 September 1915.

⁷²Ibid.

to the head of the military forces in Alexandria earlier that summer that he was “unable to accept cases of European prostitutes at Suri Prison [the lock hospital] owing to the place being totally unfit for them and the disturbances that have lately taken place by putting them with the natives.”⁷³ The fact that the director called the facility a prison rather than a hospital speaks to its real nature. His mention of disturbances also indicates that prostitutes did not go quietly to lock hospitals and that European prostitutes did not want to be mixed or imprisoned with locals. They knew that as protected nationals under the Capitulations they had privileges.

As in Cairo, public health and police authorities clashed in their efforts to control the bodies and movements of prostitutes. The sanitary inspector of public hygiene for the Municipality of Alexandria painted a grim picture of recovery rates in fall 1915. While 145 infected Egyptian women had been sent to the Suri Hospital and left, presumably healed, 100 European women had gone to mostly private hospitals and clinics (55 to the Greek Hospital, 19 to the Austrian Hospital, 2 to the Israelite Hospital, 1 to the European Hospital, 6 to private clinics, and 16 to Suri Hospital), but only 10 of them left facilities cured. The other 90 returned to work before their cure was complete, with the Bureau des Moeurs unable to track them.⁷⁴ Hopkinson, the Alexandria police commander, claimed that the European hospitals, busy with

⁷³TNA, FO 141/466/1429-2, Director of Alexandria Government Hospital to Beach, 29 June 1915.

⁷⁴TNA, FO 141/466/1429-4, “Rapport sur la Service des Moeurs,” Alexandria, 1 October 1915.

military cases, turned these prostitutes away; but he had them treated in clinics, not allowing them to work unless they were certified as cured.⁷⁵

With large garrisons of British soldiers stationed near Alexandria, General Maxwell took a keen interest in the founding of a European lock hospital in the port city, telling the high commissioner in September 1915, “We have started one successfully in Cairo and I consider it is an urgent necessity in Alexandria and ought to be organized at once.”⁷⁶ After consultations and negotiations over who would pay for the new hospital, officials launched a lock hospital for European prostitutes, situating it on the Mahmudiyya Canal in January 1916.⁷⁷ However, the owners of large villas nearby were not at all pleased with finding such a hospital in their midst.⁷⁸ Nor were locals in Muharram Bey pleased with the transfer by the Alexandrian Sanitary Department of Egyptian prostitutes from the Suri Hospital to the Austro-Hungarian Hospital,

⁷⁵TNA, FO 141/466/1429-2, Hopkinson to Beach, Alexandria, 21 September 1915; FO 141/466/1429-2, Hopkinson to Beach, Alexandria, 21 September 1915.

⁷⁶TNA, FO 141/466/1429-2, Maxwell to McMahon, Cairo, 30 September 1915.

⁷⁷TNA, FO 141/466/1429-2, ADMS Alexandria Office, 29 September 1915; FO 141/466/1429-5, McMahon to Maxwell, Cairo, 7 October 1915; FO 141/466/1429-7, Maxwell to McMahon, Cairo, 11 October 1915; FO 141/466/1429-8, Hopkinson to Maxwell, Alexandria, 19 March 1916, 1.

⁷⁸TNA, FO 141/466/1429-28, Telegram, Inhabitants of Khattab to High Commissioner, 31 March 1917; FO 141/466/1429-33, Haines to Herbert, Cairo, 5 May 1917; FO 141/466/1429-35, Haines to Herbert, Cairo, 9 May 1917.

which had been confiscated as enemy property under military law. Inhabitants of that quiet Egyptian residential quarter where the hospital was located also protested, but likewise to no avail. The medical official responsible for the move of Egyptian prostitutes from the lock hospital to the Austro-Hungarian Hospital responded, “I do not consider that it is the business of the public to judge what cases shall be treated in it.” Pointing out that the hospital stood on its own grounds surrounded by wasteland with only a few houses nearby, he noted that the number of women delivered daily by police van were no more than three, that the “public women” were well guarded—“kept in the hospital behind wired windows and . . . not allowed on the grounds”—and that a watchman was on night duty and a policeman was to be posted nearby during the day.⁷⁹

Medical and municipal officials differed on the extent of the problem of the location of lock hospitals, but proved equally indifferent to local protests of moral outrage. Meantime, local elites clearly did not want lock hospitals housed in their neighborhoods and prostitutes treated near their homes, whether they were European or Egyptian.

Municipal authorities also proved unsympathetic to Egyptian complaints about the location of newly opened “pensions”—houses of prostitution—outside the official prostitutes’ quarter. Residents of Boulevard de Ramleh, a wealthy thoroughfare near the sea, decried the large number of pensions that had sprung up in their neighborhood during the war. Prostitutes in

⁷⁹TNA, quote from FO 141/466/1429-31, Ekins to Director General, Department of Public Health, Alexandria, 19 April 1917; FO 141/466/1429-28, Telegram, Inhabitants of Khattab to High Commissioner, 31 March 1917; FO 141/466/1429-33, Haines to Herbert, Cairo, 5 May 1917; FO 141/466/1429-35, Haines to Herbert, Cairo, 9 May 1917.

these pensions drew a clientele of British soldiers and sailors; they came under a special arrangement by which they were examined weekly by private doctors to get health certificates. The pensions were run by *padronas*, who generally cooperated with the police and claimed they had a special knack for “cleaning up” the prostitutes who worked for them, hiding signs of disease.⁸⁰

While Egyptian women faced the toughest controls, European women and unlicensed prostitutes had the highest rates of venereal disease. The rate of infection among registered prostitutes was 24 per thousand (2.4 percent), a figure that included repeat illnesses, as opposed to the rate of infection among unregistered prostitutes, which was 306 per thousand (30.6 percent or nearly one in three).⁸¹ What eventually happened to the diseased women, European or Egyptian, in Alexandria, Cairo, and elsewhere? The British colonial state in Egypt kept detailed records on their movements and the state of their bodies, whether diseased, recovering, or ostensibly cured. The registers show shifting numbers of women moving between different quarters and cities during the war. Some of those foreign women showing incurable chronic gonorrhea and syphilis were sent home, as were enemy subjects, and incurably diseased Egyptian women were excluded from military areas. Other prostitutes dropped off the rolls, some to marry and some succumbing to disease.

⁸⁰TNA, FO 141/466/1429-60, Chorlian to HC, 17 August 1918; FO 141/466/1429-62, Garvin, “Note,” 22 August 1918; FO 141/466/1429-66, “Note,” 28 August 1918; FO 141/466/1429-8, Hopkinson to Maxwell, Alexandria, 19 March 1916, 1.

⁸¹TNA, FO 141/466/1429-20, Report of the Cairo Purification Committee, Cairo, 1916, 4, 6, 20.

Just as the rate of disease was not the same for all women, neither was transmission of disease unidirectional from female to male. Yet most men, military or otherwise, were not subject to inspection, with the notable exception of boys and men picked up for soliciting other men.⁸² Male soldiers were assumed to be contractors of disease not carriers and had the right to lodge complaints against a prostitute if they thought she had infected them, forcing the woman to appear at the lock hospital for inspection.⁸³ In Alexandria, Hopkinson noted that when confronted, the women usually turned out to be “perfectly sound,” and he pushed back against the notion that women were the main vectors of the disease. “I have very good reason to suppose that much of the venereal disease now believed to be rampant in Egypt was imported from abroad,” he wrote to General Maxwell in March 1916, blaming “Australian soldiers who had contracted it at Colombo on their way to Egypt.”⁸⁴ Australian ships carrying soldiers to Egypt for the imperial war effort often stopped in the Sri Lankan capital, and some soldiers may have contracted disease there or in Australia before embarking. While there is no proof, such possibilities overturn the notion that all of the Australians who contracted venereal disease did so in Egypt from Egyptian prostitutes. Rather, some may have arrived in Egypt already infected and spread it to foreign or local prostitutes, who in turn spread it to soldiers, while others picked it up in Egypt. In short, the disease circulated among soldiers and prostitutes, without one-way transmission, and from and to the larger Egyptian community at disturbingly high rates.

⁸²See Dunne, “Sexuality and the ‘Civilizing Process’ in Modern Egypt” (n. 6).

⁸³TNA, FO 141/466/1429-47, Memorandum of the Measures to Be Taken (n. 67), 2.

⁸⁴TNA, FO 141/466/1429-8, Hopkinson to Maxwell, Alexandria, 19 March 1916, 2.

Conclusion

This article has made three interventions. The first was to disrupt a colonial narrative that privileges the metropole-colony trajectory and instead emphasize Egypt's relationship to other imperial outposts and Egyptian's relationship with other imperial subjects. This highlighted the country's special status within the British Empire and revealed how unique it was within the empire when it came to regulating prostitution. Medical and police officials inspected and incarcerated sex workers in Egypt long after the British had abandoned this practice in Great Britain, India, and in other territories. Egyptian particularism, however, did not protect British imperial and colonial soldiers, and especially Australians, who poured into the country between 1914 and 1918 to prepare for incursions at Gallipoli, in Palestine, and elsewhere, from contracting syphilis and gonorrhea. Frustration grew with the high rates of debilitating disease and manifested itself in a series of riots in Cairo, which were examined here with new attention to the second Battle of Waza`a. Imperial privilege proved a double-edged sword, as race and nationality played a large role in the epidemic rates of disease.

A second intervention was examining how the racialized and classed system of regulations that the British implemented impacted the spread of disease. Throughout the war, colonial officials prioritized the health of imperial and colonial soldiers over that of the general population and saw regulating sex work as key to keeping soldiers safe. While venereal diseases did not respect national and racial distinctions or class, the British took great pains to distinguish between Egyptian and European prostitutes. They were good at regulating Egyptian prostitutes, less good at tracking and treating foreign prostitutes. Foreign sex workers, who enjoyed protections and privileges under the Capitulations, could circumvent inspection and

incarceration, which was erratic during the war, particularly in the main centers of Cairo and Alexandria discussed here. As a result, they had higher rates of infection than Egyptian prostitutes. At the same time, Egyptian prostitutes faced a state keen on surveilling and incarcerating them, without giving them the benefit of private examinations or privacy in revealing their identities.

Yet a third intervention showed that neither set of sex workers stood by passively as the state issued dictates. The fact that prostitution itself was legal gave the women a measure of protection to make appeals to authorities, particularly in situations that got violent, such as the riots in Waza`a. Foreign prostitutes appeared before commissions to make property claims, wrote petitions to the police demanding access to European doctors, and launched “disturbances” in lock hospitals, calling for racially segregated facilities. They also played the police and public health officials against one another, with some success in loosening the surveillance over their bodies and limitations in mobility. Like foreign prostitutes, Egyptian prostitutes were not always docile in the face of the regulatory regime. Racialized by both colonial officials and foreign sex workers, Egyptian prostitutes found their own ways to circumvent or subvert the mandated medical checks: renting out health certificates, douching and applying creams to hide evidence of disease, and moving from quarter to quarter. They also submitted property claims after the riots. Foreign and local women, who at times fought and at other times cooperated, no doubt saw through the false sense of security that the weekly inspections provided to their clients.

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BETH BARON is Distinguished Professor of History at the City College and Graduate Center of the City University of New York and Director of the Middle East and Middle

Eastern American Center at the CUNY Graduate Center. She is a former editor of the *International Journal of Middle East Studies* and a past president of the Middle East Studies Association of North America. Her books include *The Orphan Scandal: Christian Missionaries and the Rise of the Muslim Brotherhood* (Stanford University Press, 2014), *Egypt as a Woman: Nationalism, Gender, and Politics* (University of California Press, 2005) and *The Women's Awakening in Egypt: Culture, Society, and the Press* (Yale University Press, 1994). She also co-edited *Women in Middle Eastern History: Shifting Boundaries in Sex and Gender* (Yale University Press, 1991) with Nikki Keddie and *Iran and Beyond: Essays in Middle Eastern History in Honor of Nikki R. Keddie* (Mazda, 2000) with Rudi Matthee. Her current writing project looks at the history of medicine, disease, and childbirth in modern Egypt.

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