

Sexuality And Soldiery Combat & Condoms, Continnence & Cornflakes

I Palmer

The results of a short sexual health study of 75 male soldiers undertaking humanitarian aid relief in Africa are presented in an historical context relating to sexuality and soldiery.

Key words: Sexuality, Sexually Transmitted Disease, History, Rape, Sexual Intercourse, Masturbation, AIDS, Public Health, Occupational Health, Condoms, Sexual Health.

Introduction

'A great danger is like wine, it makes men affectionate'

de Tocqueville 1805-59

'War breeds vice and venerel'

Brig. F D Crozier 1930

Throughout history soldiers and sexually transmitted diseases (STD) have been frequent bedfellows. Greek warriors were noted by Xenophon to ignore warnings about 'issues of the flesh'; Julius Caesar had soldiers with symptoms of gonorrhoea flogged and Richard III hanged soldiers who contracted the 'pox'. Before effective quarter-mastering, armies were like a plague of locusts ravaging the countryside and its inhabitants. Perhaps the most well known link between STDs and soldiers is that of the 1494 French Army of Charles VIII in Italy, who were blamed for the spread of the 'French Evil' (*Il morbo Gallico*), later renamed syphilis¹, across Europe (1). Charles' army was actually composed of mercenaries from England, Hungary, Italy, Spain, Switzerland as well as Slavs, King Ferdinand V of Castile sent soldiers to help his kinsman Frederick II of Naples. Thus both sides had soldiers who had been in contact with Columbus' men [and their ladies]. The Castilians infected the Neapolitan women who in turn gratified the 'French' soldiers and infected Neapolitan soldiers used the prostitutes in the French camps after the siege was lifted. The mercenaries returned home and set about infecting their women. By 1495 Spain and Italy were ravaged by syphilis, 1497 for the British Isles, Russia and Hungary by 1499, the first reported case on India was in 1498 and Canton in 1505 (2).

The spread of syphilis in England was hastened by the activities of Perkin Warbeck the Pretender to the throne. His merry band included men who had served in Naples and this led to an epidemic in Scotland in 1497.

During the Crimean War, VD diminished the troop strengths almost as seriously as malnutrition, TB and dysentery. By 1860 25% of the foot guards in London had syphilis and by 1864 30% of all sick cases among soldiers were VD. In the Royal Navy VD accounted for one in eight cases admitted to hospital in 1862. In India up to 60% of hospital patients had VD and 30% of the British Army in Bengal were similarly infected; a steep rise in VD was noted for return of British troops from India (4).

By 1896 the annual rate for admissions [VD] of British troops in India had reached 52% and only 37% of British troops in India had never contracted a venereal disease – 96% of them were bachelors who would then marry on their return to England ... indeed 74% of the patients at the Netley military hospital had a history of syphilis and their average age was under 25 years. Eventually rates in India were cut by better treatment and education relating to hygiene and safer forms of sex as well as medical examination of prostitutes, which was felt to be of lesser import in achieving this reduction.

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It is interesting to note that on the continent a potentially effective treatment of syphilis had been described and had reduced infection by 62% in some regiments in Austria. Work carried out by Metchnikoff and Roux showed that applying subchloride of mercury (or calomel) within a few hours of infection could kill the spirochete of

Col I Palmer L/RAMC
Royal Defence Medical
College;
Fort Blockhouse,
Gosport, Hants,
PO12 2AB.

¹Heironymus Fracastor coined syphilis in 1521 in his medical poem *Syphilis sive Morbi Gallicus* as part of a preventative medicine campaign highlighting the sexual basis of the infection. *Syphilus* comes from the Greek meaning 'lover of swine' or 'companion in love' – it is also deliciously sibilant and allies the disease with the snake to which it had been likened. In Fracastor's poem *Syphilus* was a Greek shepherd who was infected with a new plague for defying Apollo (3).

syphilis. This work was not replicated or embraced in the UK (6). One enlightened General, Sir Alexander Godley, provided this for his troops in Egypt in 1914-16 out of his own pocket.

Military medicine acts as a force multiplier by diagnosing, treating and returning men to duty as quickly as possible. It is not surprising, therefore, that attention was given to VD, as soldiers, before the advent of penicillin, could be absent from duty for up to 50 days (8).

In 1914 the British Army had a closer involvement with moral reform within society than either the French or Germans and sexual restraint was held to be part of military virtue. This was used as propaganda to attain the 'moral high-ground' in the conflict and traces of this remain today. Certain parts of society have always been morally concerned and censorious of soldiers' sexuality either at home or abroad and have brought political and other pressures to bear on commanders in the field to minimise soldier's opportunities for sexual release despite expecting them to lay their lives down for their Country or kill other human beings (9,10). Whilst isolating and segregating large numbers of males for extended periods creating a kind of critical mass of unspent sexual desire (11).

War removes social taboos and promiscuity increases (12) as both (male and female) civilians and soldiers are less focussed on long-term futures. In 1939 the Ministry of Health alerted local Health Authorities in UK to the link between war and the spread of VD within a population which may at times reach epidemic proportions, as happened in Naples in WWII (13,14). In WWI the VD rates of the British Army were said to be seven times that of the Germans. But this was nothing new, in 1860 the rates were 394/1000 equalling the total for TB, respiratory infections and fevers, and higher than the Navy and other European nations (15). National prudery prevented the British authorities from acknowledging there was a problem at all until 1915 when the Canadian and New Zealand Prime Ministers forced the Joint Chiefs of Staff to issue free contraceptives to the troops (16). But nowhere is there literature that reveals it is possible to prevent soldiers from indulging, or attempting to indulge, in sex. In 1945 the following were listed as factors contributing to the persistence of VD in British Forces overseas (India):

- Distance from home and the diminished feeling of shame at having contracted VD.
- The long duration of the Indian tour. Few men consorted with prostitutes during their first year in India but became habitual users after 3-4 years.
- The lack of social amenities.
- The lack of (respectable) European female company.

- The availability of facilities for cheap sexual activities.
- Climatic conditions- it was generally agreed that the 'sex glands' of persons in a hot climate were more active than in a temperate or cold climate, increasing the strain on the sex-starved soldier.
- The effect of war- the ever present prospect of active service, with the chance of death in action, tended to induce the attitude of 'getting as much out of life as possible' (17).

The issue of soldiers' sexuality is, therefore, important from both military and civilian public health viewpoints, especially if preventative measures are to be attempted.

The Study

This is the first study of its kind to be undertaken on British troops since 1945. In 1994 a British Army medical unit was sent to Central Africa. As it was to undertake medical surveys, clinics and outreach interventions in a population where approximately one third of the population were believed to be HIV positive the issue of HIV and AIDS required addressing both in the work place (e.g. needle stick injury) and the sexual arena.

Table A. Demography.

TOTAL N=75	
Age range	18-37 years
Mean	24.5 years
Years in service	1-17 years
Total service experience	461.75 years
Mean	6.2 years
Married	25
Marriages duration	0.5 – 15 years
Mean	11.8 years
Married without children	8
Married with children	12
Total number of children	34
Divorced parents	23
Operational Tours before Rwanda	43
Experience of Death before the tour	66
Family bereavement	43
Deaths others	45
Marital status	
Married	25
Divorced or separated	3
Single	30
Engaged	10
Long-term relationship	8
Trade	
Combat Medical Technician Class 1	36
Combat Medical Technician Class 2	11
Combat Medical Technician Class 3	8
Registered Nurse	1
Dental Technician	2
Signaller	9
Driver /radio operator	8

Information about HIV and AIDS was provided as part of a pre-deployment briefing package, alongside the medical and public health briefs which included information about endemic diseases, purity of water and food, personal hygiene, prophylactic medication and STDs. However sexual aspects of a deployment are seldom discussed in other than hushed terms despite their omnipresence.

If sexual activity with local women was proscribed how did men relieve their frustration? Most men masturbate: does operational deployment alter this practice? Would the provision of condoms condone sexual activity etc? Questions about sexuality were posed at the end of a voluntary semi-structured psychosocial interview. All individuals freely volunteered to take part and, whilst the investigator knew all participants, no record of their names was recorded and all comments were anonymised. (Table A).

Libidinous Drives

Any deployment disrupts the social systems and norms of a peacetime soldier's world. Life constricts into a daily routine of drudgery, lack of privacy and boredom interspersed with anxiety and occasional fear. Existence, other than duty and work, is reduced to basics, e.g. socialising, eating, sleeping, urinating, defecating, masturbating, coitus (possibly) and dying (hopefully, unlikely). So what happened to the soldier's libidos in Africa? (Table B)

Table B.

LIBIDO ~ has your sex drive altered? If so, how and why?
44% Diminished
Reasons for decrease:
<ul style="list-style-type: none"> • No temptation, few 'triggers' • Too busy, tired • Always in the company of men
46% ISQ
10% Increased
Reasons for increase:
<ul style="list-style-type: none"> • Time to think • As sex is not available

Does erotic material relieve or exacerbate the situation? The French have always been in the forefront in the production of pornography, which incidentally was widely used during *'The Revolution'* as a way of fomenting revolution and attacking the ruling classes. In the initial phases of WWI French women *'Marraines'* were encouraged to visit the trenches and 'adopt' a soldier *'filleul'* (foster-son), quite naturally romantic attachments ensued in numerous instances. When trenches were over-run souvenirs were sought and any salacious material was much valued (18).

Even today letters provide erotic outlets for their recipients some of which may be

shared amongst the group. Soldier's conversations are often seeped in sexual matters and in WWI, given the age of the combatants, there was a fear in some quarters of society that young minds would be 'poisoned' by lewd chatter and songs and pornography before they even lost their virginity. The history of sexually titillating, salacious and pornographic material associated with service especially overseas is a long one. Such information has always formed the basis of 'black' propaganda endeavouring to raise doubt and a worry in the mind of enemy soldiers (and officers) that whilst they are fighting their partners are having sex with someone else (19). These issues remain of prime concern to soldiers and officers in every theatre of action today.

When the British Army was dispatched to Africa a number of publishers sent salacious magazines out for the troops. Whilst it is generally accepted that such material will sexually arouse men there is less work to show its effects on women. However there is some evidence that women's masturbatory habits may be affected by exposure to sensual, erotic or pornographic images (20). (Table C)

Table C.

STIMULUS ~ does pornography effect your sexual frustrations? If so how?
30% Relieves
20% Increases
40% Both in turn
10% No effect

Available Sexual Outlets

Potential outlets for soldiers' libidos include abstinence; non-sexual (tattoos and 'anal eroticism'); sexual intercourse (hetero-sexual and homosexual); masturbation (single, dyadic or group) and bestiality and all have various consequences as adumbrated below.

Abstinence – During Combat

Abstinence from sex is not physically injurious to health. Sex in front line fighting is unlikely, given the preoccupation with survival and the lack of 'outlets' for sexual desire in such situations. Living at close quarters makes masturbation impractical and unlike the more peaceful areas 'behind' the lines, in direct combat, sexual desire almost invariably becomes extinguished.

During WWI sexual excesses after abstinence occurred more generally during the mobile rather than the later, stationary trench phase (21). Escape from a great danger (or being about to be exposed to one) was noted to increase the desire to live every moment to the full as many would soon die. Indeed many soldiers adopt the fatalistic mindset of considering themselves already dead in a way similar to the Bushido code of the Samurai.

Social psychological investigation in WWII saw sexual deprivation as a major stressor resulting from a combination of hedonistic drives and men's need for emotional reassurance when faced with the immediate possibility of impersonal annihilation amid the vast impersonal destruction of war (22).

Abstinence – After Combat

Hirshfeld (23) reported seeing numerous cases of women complaining of premature ejaculation in their husbands returning from the war on leave or following demobilisation, the problem not having existed before. He ascribed erectile problems to the time limit set for coitus during leave (and with prostitutes) or to the 'dishabituation' of the senses. Interestingly a police physician resident in a town behind the lines confirmed Hirshfeld's observations. This doctor, who's job it was to examine the prostitutes of the town for STDs, had asked them about sexual matters and was told that men 'just in' from the front lacked 'customary sexual power' and frequently showed incomplete or imperfect erections. Unsurprisingly erectile difficulties were often accompanied with fears about potency. The motivation to avoid VD in American soldiers in WWII could be split into two. Those who had the most sexual experiences said 'VD could ruin your health'. Those with the least sexual experience said 'If I caught VD I might pass it onto a loved one' (24).

Non-Sexual Options

In the Freudian terms of the day these would be termed 'displacement' and 'regression' behaviours. Tattooing was even regarded as a 'well-known consequence of sexual abstinence' at the time. Reversion or 'regression' to a more 'infantile' form of living related to the constriction of soldier's worlds where physical needs assume central importance in their lives, *vide supra* (23). Hirshfeld describes soldiers as losing the 'achievements of civilization' where bodily functions become a pleasure and men are unable to understand why they had formerly been squeamish about matters that are as natural as eating and drinking. Petomane activity amongst the soldiery was (and remains) *de rigueur* and the latrine can replace the restaurant table as the place for conversation; conversation which reflects bodily functions and originated where those very same functions were shared; toilet humour if you will!

Toilet taboos were suspended for the duration. 50 of us shared one latrine and took turns at cleaning it, in a symphony of grunts and smells and flushing noises. There were no doors on the booths, nor privacy at the urinal. Answering nature's call meant subjecting yourself too loud and detailed criticism-perceptive and merciless descriptions of your sex organs, ranging from a

glowing admiration; brilliant critiques of your style of defecation, with learned footnotes on gas-passing. Expert discussions gave new meaning to your technique of urination – which hand, how many, or no hands to all – or how nonchalant you managed to look. We soon learned to flaunt our genitals and brag about our toilet mannerisms. Anyone who was modest about these was immediately and forever labelled a homosexual (25). (Table D)

Table D.

RELIEF of SEXUAL TENSION ~ other than masturbation do you do anything else to relieve your sexual frustration?	
52%	Exclusive masturbators
25%	Exercises as well
16%	Writes erotic letters home
7%	Other methods: Listen to music Day dream Distraction Juggle, Read, Smoke, Relaxation exercise

Sexual Intercourse

In both WWI and II whilst there was little sexual activity on the front line, it flourished in rear areas. In WWI it was felt that since prostitution could not be controlled, it should be implicitly accepted as preferable to the potential for homosexual acts between soldiers confined without female company.

The average US soldier who served from D-Day to the end of the war was estimated to have had sex with 25 women and in one survey 80% of American soldiers reported having regular sexual intercourse - less than half used condoms (26). As in WWI there is a suggestion that '*to the victors the spoils*' i.e. when armed forces are advancing they are more able to access sexual favours, some freely given, others roughly taken. But even in these conditions there are always tensions between combat and support troops. Supply troops were often in a powerful (market) position more able to buy sexual favours with food and other luxuries and as Italy and Germany fell to the Allies sex became a 'commodity' to be traded for the necessities of life (27).

Hirshfeld noted that whenever soldiers entered a place where normal sexual intercourse was possible any preferring, or choosing to masturbate were mocked, jeered and even accused of being homosexual by their comrades who indulged in heterosexual intercourse (28). Some women were not averse to welcoming 'liberating' soldiers. Some may have already had relationships with prisoners of war as their men were away fighting. In Continental USA there were even young women termed 'Victory Girls' who were prepared to offer free sex to soldiers as their patriotic duty! On a darker note rape has been a constant in war (29). American

soldiers raped French women and German and Russian forces raped their way through each other's countries. The Russians were said to have raped in the order of 2,000,000 German (as well as Russian, Ukrainian, Belarusian) women in their advance on Berlin, fired up by alcohol left behind by the Germans who thought it would halt or delay their advance. Stalin conceptualised these events in terms of 'just retribution' for the horrors inflicted by Germans during Operation Barbarossa (30).

Sexual risk taking may not just be a male attribute. A 1996 paper from America looked at sexual risk behaviour amongst female army recruits and found (unsurprisingly perhaps) that despite having high self-esteem and good problem solving abilities more than 2/3 were at risk of STDs based on sexual risk behaviours, which were governed more by emotions than cognitions(31). Having established soldiers are, and are required to be, risk takers what deters them? Is it risk of infection, moral or religious conviction or opportunity? (Tables E, F, G)

Table E.

SEXUAL ACTIVITY ~ have you had sex (sexual intercourse) on this deployment?
No soldier in the study reported having sex with a local woman (or man)

Table F.

SEXUAL DETERRENENTS ~ what has/would 'put you off' sex with local women / men
HIV / AIDS / STDs
Poor hygiene
Not attracted to local women
Morals / fidelity to partner
'Cultural differences'

Table G.

MILITARY DETERRENENTS ~ sex with the locals is a Prevalent Offence (Proscribed) how does this affect your decisions about having sex with locals?
14% Deter
40% No deterrence
14% Act as a 'challenge'
32% no comment

Masturbation

*'Formerly my wife was my right hand, now my right hand is my wife'.
Austrian soldier WWI (32)*

Masturbation is common in both men and women and would seem to offer the ideal 'healthy solution' to the relief of sexual frustration on operations where the risk of life-threatening STD exists, as recommended in the British Medical Journal of 1944 (33). It has been said that 98% of men masturbate and 2% lie, and on operations, just as at home, privacy is required for its fulfilment. The survey suggests that not only

is privacy possible, but an unwritten understanding and acceptance of this need creates the necessary conditions for it to take place. (Table H)

Table H.

PRIVACY ~ is there enough privacy if you want to masturbate?	
66%	Yes
25%	Not really

Despite its ubiquity, how is it that masturbation creates ranges of emotion varying from embarrassment, guilt and shame to improved self-esteem? The shedding of semen and masturbation have received a bad press since time immemorial, mainly from religious and medical commentators, including Hippocrates and Galen who felt that constant loss of semen may vitiate strength (34,35). Masturbation and mental illness is, however, a more recent phenomenon beginning in the eighteenth-century. At that time masturbation was put forward as a cause of mental disorders which were essentially untreatable and led to indefinite detention in a Lunatic Asylum. Debates about the link drew on explicit political, ideological and economic motives of the time and included moral, religious notions of 'uncleanliness' and bourgeois concerns about self-control, marriage and population growth. In this way some of the physical and mental symptoms attributed to masturbation successfully addressed deep contemporary societal anxieties about virility, gender identity and physical selfhood (36).

The seminal text in the debate, however, came from the Swiss physician S.A.D. Tissot who believed that *'all the intellectual faculties are enfeebled...and sometimes the patients become slightly deranged.... Their sleep, if they get any, is disturbed with frightful dreams.... The powers of the body fail entirely.... Pimples not only appear on the face... Pustules are also seen...in different parts of the body.... Finally, the impossibility of coition, or the vitiation of the semen, renders sterile almost all those addicted to this vice.* (37).

The debate about masturbation (and abortion) was lively in both Europe and America, and whilst initially in the domain of free thinkers and the clergy, it became adopted by physicians who strayed into areas of morality, possibly to compensate for their inability to cure disease and desire to bolster their status within society (38). In addition, in France in the 1870s about one third of deputies were doctors who pathologised social ills to justify medico-political interventions (39).

Tissot was far from alone, one French physician was quoted in the New Orleans Medical and Surgical Journal of 1855 as believing that *'in my opinion, neither the*

plague, nor war, nor smallpox, nor a crowd of similar evils have resulted more disastrously for humanity, than the habit of masturbation: it is the destroying element of civilised society' (40). It was in the nineteenth-century however, with a confluence of religious, medical and moral debate and interest that 'solutions' to the 'problem' of masturbation burgeoned. Foremost amongst these were dietary advice, the traces of which face millions of people every morning. Few of us sitting down to our bowl of Corn Flakes© will be musing on their link with onanism. However, the humble Corn Flake© owes its existence to the attempts of one rather odd, klismaphillic doctor, John Harvey Kellogg in Battle Creek USA to dampen sexual arousal through dietary manipulation (41). With the ascendancy of medical influence came medical and surgical solutions.

Medical solutions included

- Avoidance of spicy foods.
- A bland diet (42).
- Avoidance of constipation.
- Not allowing children to remain in bed long before falling asleep or after awakening.
- Taking plenty of exercise.
- Playing sport.
- Thinking clean and pure thoughts.
- Avoidance of horse riding (girls).
- Avoidance of cycling (girls).
- Keeping pockets in boy's trousers shallow and widely separated.
- Tying hands up at night.
- Swaddling the genitals.
- Application of caustic solutions to the penis or clitoris.

Surgical solutions included

- Clitoridectomy.
- Circumcision.

Other interested parties offered their own solutions. Entrepreneurial solutions included anti-masturbation devices. These consisted of either sharp points turned inward to jab the penis should an erection occur, or an electrical system to deliver shocks. Between 1856-1919 the US Patent Office granted patents for 49 of these devices.

Religious solutions

Given the historical links and inter-relationship between many Christian Churches and States, the 'sacralisation' of combat (43), religious 'solutions' are mentioned here.

Religious solutions are based on Scripture study. Masturbation is related to lustful thoughts and lasciviousness within society. The physical act, especially if graphic visual (erotic, sexual, pornographic) imaging is used, may be seen as the worship of a false idol. Effort should, therefore, be directed

towards eliminating fantasies of sexual nature especially as God is aware of one's innermost thoughts. Masturbation is seen as narcissistic and not part of God's design for sexual expression in the context of love and commitment within a marriage.

Masturbation reflects the instant gratification society in which we now live, rather than valuing self-control over self fulfilment and which may be seen as part of the fight against temptation in the struggle to achieve a truly Christian Life.

'Overcoming' masturbation (44)

- Deterrence - through fear of committing a sin by making yourself impure in the sight of God, or polluted as a vessel in which the Holy Ghost cannot live.
- Excluding contact with individuals who masturbate.
- Not staying in a bath for more than five or six minutes.
- Avoidance of isolation and boredom.
- Never reading pornographic material.
- Never lying in bed thinking about sex.
- Wearing night attire that make it difficult to access your genitals.
- Thinking pure and wholesome thoughts
- Reading the Scriptures

Taken from: *Steps in Overcoming Masturbation. The Council of the Twelve Apostles of The Church of Jesus Christ of Latter Day Saints.*

Unsurprisingly masturbation still carries social stigma both within and across cultures. The Roman Catholic Church considers it a 'Crime against Chastity' and a search of MedLine® revealed a recent paper from Turkey looking at the 'treatment of masturbation' (47).

A recent survey undertaken in the Korean Army looked at the masturbatory and other sexual activities of young Korean males in military service. Those who started masturbating earlier lost their virginity earlier, had higher rates of coitus and STD than those who started masturbation later. Interestingly about 10% had masturbatory guilt not related to type of religious worship. The incidence of STD in this group was about 10% and homosexual activity about 1% (45).

A paper in Australia looking at masturbatory practices of Australian adolescents between fifteen and eighteen found masturbation was positively correlated with sexual self-esteem (46).

Consideration of masturbation is incomplete without addressing the issue of homosexuality, especially situations of mutual masturbation. During the Victorian period, the Admiralty blamed women prostitutes for venereal infections in the Navy in order to divert attention from sodomy among sailors, who for example docked in harbour with fresh STD despite having not seen a woman for up to a year

(48). But it was only from the 1890s that the authorities became preoccupied with homosexuality in the armed forces and by 1916 homosexuality became a propaganda tool, equated with ‘hunnism’ where German secret agents were seducing young British soldiers (49).

There are many records of ‘emergency, deprivation, facultative or opportunistic’ homosexuality amongst men on board ships, in prisoner of war camps and so forth (50, 51, 52). There was a fear among military leaders in WWI that the close packed trenches of the Western Front would lead to an epidemic of homosexual behaviour. One military psychiatrist in WWII believed that 4% of all military psychiatric cases admitted for war neuroses were homosexual (53). Interestingly in 1945 a study by the US Army found that most homosexuals managed to adapt to the military environment without being ‘exposed’. It appeared that many of those who were ‘caught’ were heterosexuals accused of homosexual behaviour on a single occasion, usually whilst under the influence of alcohol (54). Homosexuality and warrior ethos has long been debated and it may be of interest that the officers of the Long Range Desert Group (LRGD), the forerunner of the SAS, used to ‘hang out’ in Shepherd’s Hotel in Cairo, a well known rendezvous for the homosexual military elite (55). This may be set against Field Marshal Montgomery’s statement during a parliamentary debate on the decriminalisation of homosexuality that the age of consent should be 80, not 21, for men (56).

Bestiality

Bestiality may be considered as ‘facultative’ during total war. While seldom discussed in polite circles it does of course occur. Hirshfield (57) makes mention of a doctor in the Austro Hungarian Army who felt that at least 10% of the men in his division indulged in bestiality. He suggested that this was a sequel of abstention from normal sexual activity enforced by the conditions of war, satiety with the normal (masturbatory) response and a desire for novelty and change. It was noted to occur predominantly amongst ‘idiots and morons who, despised and mocked by every girl, retire to the quiet of the stable to seek and find consolation with a cow.’ However, he goes on to discuss the relationship between cavalry men and their horses but finds it difficult to say whether the more intimate relationship with the animal in this situation is to be regarded as zoophilia, or animal fetishism, or as the adoption of certain reactions as substitutes for normal sex intercourse. No mention is made of dog ‘handlers’ and no questions about ‘animal love’ were included in the study.

Condoms

Until the 1850s condoms were limited in their availability and expensive, made out of sheep guts; only after the development of the vulcanisation process could they be mass-produced. Although condoms had been available from the outset of WWI and II they were not popular (58) and seldom were there enough issued due either to limited supply, under-estimation of uptake or prudery. However, in the summer of 1917 20% of Allied troops visiting Paris contracted VD compared with 3% in November of that year when condoms were provided.

Condoms were made available from the outset of WW11 (59) yet only 43% of US soldiers claimed to have used them (60) and this was not due to unavailability or lack of knowledge of availability. This survey clearly revealed that control and attitudes were inextricably linked. Whilst extraordinarily important in preventive medicine terms, condom use is subject to social mores even today (61) and great care must be taken in using scare tactics to deter sexual liaisons. Classically, in WWI, such tactics were used in an endeavour to dissuade soldiers from visiting known prostitutes; it had the opposite effect by driving men into the arms of ‘amateurs’ who were much more likely to be undiagnosed or treated.

On the 1994 deployment to Africa sexual contact with local women was proscribed and details issued on orders. The ramifications of such proscription is that it would be impossible to maintain this proscription if condoms were issued. The study, therefore, endeavoured to look at this issue (Table I).

But even if condoms are available or issued are they used correctly? A 1999 paper from the French military looked into the 16% failure rate of condoms during protected sex in French troops in Cambodia. The main risk factors for condom failure were ano-genital intercourse; alcohol abuse followed by oral sex before penetration; carrying a condom in the pocket and improper application by the sex partner. However, even when condoms are put on correctly they may still fail (62).

Table I.

CONDOMS ~ you are in charge of the policy on the issue of condoms in the unit – what would you do?	
84%	Should be made available
16%	Should <u>NOT</u> be made available Incites, encourages & condones

Discussion

This was the first study of its kind undertaken on the British Army and, whilst

limited in scope, has revealed the feasibility of such a study. Given the problems of STDs and soldiers, it should be repeated.

Soldiers, by their very nature, are risk takers and the study shows that proscriptio is not the main determinant of whether or not soldiers seek sexual encounters on deployments. The question of sex within units composed of both males and females was not addressed, and in all cases masturbation is the public health choice of safe sex; echoing, in part, the words of Surgeon General of India in 1886 (63).

Through self-analysis and the study results the investigator noted that an *unwritten* code of behaviour allowed masturbation to occur. Masturbation is in turn both shameful and amusing and some reasons for shame and guilt seem rooted in Christian teachings, which could be predicted. However, the finding from Korean army recruits suggests that guilt may be a trans-cultural, non-religious phenomenon.

Pornography remains an important part of soldier's sexual lives as does the writing (and receiving) of erotic letters. Whilst individuals will attempt to relieve their sexual tension in a number of ways, unsurprisingly only masturbation is effective for most.

For this group the most important deterrence to sexual relationships are simplistic and practical, relating mainly to issues of hygiene and STDs rather than religious belief or fidelity, and not issuing condoms might be seen as a helpful way of encouraging individuals to avoid taking the risk.

The study reveals that whilst some individuals will use military proscriptio to remain abstinent, for the majority this effect was neutral and, perhaps more importantly in this context, for a substantial minority it can act as a 'challenge'.

If sex is proscribed, it is not possible to issue condoms and asking for them could imply that an individual is contemplating breaking military law. The solution is that individuals come prepared. A compromise solution is to make them available anonymously and 'turn a blind eye'. It is an interesting ethical and moral problem when military law ventures into areas of sexuality; it is seldom likely to 'get it right'. An interesting finding was the significant minority who felt that condom availability acts to condone, incite or encourage licentiousness.

Those reporting an increase in libido related this to time to think and the fact that sex (in the normal sense?) was not available. But the report reinforces most military commanders' belief that keeping men busy is an effective way of lowering libido.

One of the main reasons for this brief survey was to highlight what individual's expectations of reunion would be like, and to suggest that it might be different in reality.

Therefore, time was taken at the end of the study to reinforce the understanding that after the initial euphoria of reunion a process of readjustment is entered which will have its ups and downs, time and patience is required by all parties for its successful completion.

The researcher was unable to provide any data on the minority interest of 'animal love'.

Recommendations

Sexual health education is vital and perhaps the most effective way of ensuring that only a few soldiers seek sexual services on deployments.

Proscriptio does not seem to be a particularly efficacious way of preventing sexual activity in the soldiery, but more importantly it may act as a spur for some.

Masturbation is the preferred way of relieving sexual tension and unwritten codes exist to facilitate this.

Keep soldiers busy.

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