

Faculté de philosophie, arts et lettres

„Frauenkrankenhaus“

Study of a venereal centre for women in occupied
Brussels during the Great War

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Résumé du mémoire en 12 lignes :

This master's thesis focuses on the venereal centre (*Frauenkrankenhaus*) established by the Germans in occupied Brussels during the Great War and proposes a comprehensive study of this institution. It first presents its influences from the 19th century's ideas on venereal peril and regulation of prostitution and origins in a sanitary crisis. Then, it analyses the centre's organisation during the war, its patients, its staff, and Belgian and German perception. Finally, it analyses the aftermath of the war, when the fear of the "venereal peril" led Brussels's mayors to maintain an intercommunal antivenereal hospital for prostitutes that shared many similarities with the *Frauenkrankenhaus* until 1924. The archives produced by the centre being lost, this master's thesis is based on a variety of documents: the proceedings of a German conference on the fight against venereal diseases in 1915, medical and war literature, the press, war diaries, as well as the archives of the High Council of Hygiene, police archives and municipal archives from Brussels and Saint-Gilles.

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INTRODUCTION

The First World War caused a major upheaval of the structures and the norms of European societies including the prevalent sexual order. This disruption facilitated the spread of sexually transmitted diseases, commonly known as *venereal diseases* at the time. Venereal diseases became a major concern for all warring armies, including the German forces occupying Belgium after August 1914. It was in fact perceived as a threat to the strength of their troops but also to the whole population in a war supposed to revitalise the race and the nation it embodied as infected soldiers could contaminate their families and cause degeneracy. To address this issue, the German authorities, who saw prostitution and the relations between their soldiers and local women as the main vector of these diseases, installed a new system of regulation based on principles inherited from the 19th century and recent hygienist influences. This system included the creation of centres called “*Frauenkrankenhaus*” where women found to be infected with venereal diseases were forcefully hospitalised and treated¹.

This thesis proposes the study of such a centre, established in 1915 in the municipality of Saint-Gilles for the agglomeration of the Greater Brussels², a city that, at the time, was the headquarters of the *Okkupationsgebiet*, the largest zone occupied in the West by the Germans. But Brussels was also the capital of prostitution of these territories, where the policies implemented by the Germans to control prostitution and venereal diseases were tested and later used as a model to implement elsewhere. Finally, this is where the venereal centre for women is thought to have been one of the largest – facts that make it a particularly relevant study case³.

This topic is fascinating, notably because it draws in various fields of studies and intertwines them. It sits at the crossroads of the history of sexuality, gender and medicine, but

¹ HERZOG Dagmar, *Sexuality in Europe: A Twentieth-Century History*, Cambridge, Cambridge University Press, 2011, p. 6-7 ; DEBRUYNE Emmanuel, “Mesures de lutte contre les maladies vénériennes. Les actes du colloque tenu à Bruxelles le 8 octobre 1915 à l’invitation du Gouvernement-général allemand en Belgique”, in *Bulletin de la Commission royale d’Histoire*, n° 184, 2018, p. 6-8, 13-14 ; STEWARD Journey and WINGFIELD Nancy M., “Venereal Diseases” in *1914-1918-online. International Encyclopedia of the First World War*, url: https://encyclopedia.1914-1918-online.net/article/venereal_diseases# (last consulted 18/02/19).

² This “Greater Brussels” incorporated 16 municipalities: Brussels-city, Anderlecht, Auderghem, Etterbeek, Forest, Ixelles, Jette-Saint-Pierre, Koekelberg, Laeken, Molenbeek-Saint-Jean, Saint-Gilles, Saint-Josse-ten-Noode, Schaerbeek, Uccle, Watermael-Boitsfort et Woluwe-Saint-Lambert (DEBRUYNE Emmanuel, *Femmes à Boches’ : occupation du corps féminin dans la France et la Belgique de la Grande Guerre*, Paris, Les Belles Lettres, 2018, p. 361).

³ ID., “Mesures...”, in *op. cit.*, p. 10, 13-14.

it also has relevance for social, politic and cultural history, and, due to the circumstances under which it took place, war and occupation history.

Recent years have seen a sharp increase in research on the history of European sexuality and the prevention and treatment of sexually transmitted diseases. Concerning the Great War in particular, this evolution can be linked to a renewal of approaches moving from a strictly military perspective to a more social and anthropological one that among other things considers the lives of individuals behind the front line – in Belgium’s case, in an occupied zone where the “*femmes à Boches*” could be found. They were the women accused of maintaining a relation with German soldiers. These women have also received more attention from historians. *Femmes à Boches*⁴, by Emmanuel Debruyne, is a thorough synthesis on this topic and includes an entire chapter on the issue of sexually transmitted diseases – a subject that Emmanuel Debruyne has also treated in an article focusing on the conference on the fight against venereal diseases organised by the Germans in the late 1915 in Brussels⁵. Other authors have previously addressed the question, although more as a secondary point in a larger topic, notably relating to the notions of transgressive or “bad” comportment in occupied culture like Jean-Yves le Naour⁶ or James Connolly⁷. This transgression was punished during the liberation, and Laurence van Ypersele has studied how mob violence inflicted collective punishment onto these women⁸. In addition, theses⁹ focusing on these women have been defended recently, but they scarcely addressed the theme of venereal diseases. Concerning the sexuality of German

⁴ ID., ‘*Femmes à Boches*’... *op. cit.*

⁵ ID., “Mesures...”, in *op. cit.*

⁶ LE NAOUR Jean-Yves, *Misères et tourments de la chair durant la Grande Guerre. Les mœurs sexuelles des Français. 1914-1918*, Paris, Aubier, 2002.

⁷ CONNOLLY James, *The experience of occupation in the Nord, 1914–18. Living with the enemy in First-World-War France*, Manchester, Manchester University Press, 2018.

⁸ VAN YPERSELE Laurence, “Sortir de la guerre, sortir de l’occupation: les violences populaires en Belgique au lendemain de la Première Guerre mondiale”, in *Vingtème Siècle. Revue d’Histoire*, n° 83, 2004, p. 65-74 ; ROUSSEAU Xavier and VAN YPERSELE Laurence, *La Patrie crie vengeance ! La répression des ‘inciviques’ belges au sortir de la guerre 1914-1918*, Brussels, Le Cri, 2008, p. 53-58.

⁹ DE COSTER Laurie, *Les femmes à Boches. Amour, viols, prostitution. 1914-1918, dans le Brabant wallon*, Louvain-la-Neuve, 2016 (History master’s thesis, UCLouvain, sup. Emmanuel DEBRUYNE and Laurence VAN YPERSELE) ; PEVERGNE Diane, *Les relations intimes entre les soldats allemands et les femmes pendant la Première Guerre mondiale. Les cas de la Lorraine belge et de la Lorraine française : 1914-1920*, Louvain-la-Neuve, 2016 (History master’s thesis, UCLouvain, sup. Laurence VAN YPERSELE and Emmanuel DEBRUYNE) ; COMPÈRE Marie, *Les relations intimes entre l’armée allemande et la population civile belge pendant la Première Guerre mondiale. Le cas de l’arrondissement de Marche-en-Famenne : 1914-1919*, Louvain-la-Neuve, 2017 (History Master’s thesis, UCLouvain, sup. Laurence VAN YPERSELE) ; SOETENS Ellen, *Prostitutie in de Eerste Wereldoorlog. Perceptie, visie en agency*, Leuven, 2017 (History master’s thesis, KULeuven, sup. Maria Magaly RODRIGUEZ GARCIA).

soldiers in the occupied territories, Lisa Todd¹⁰ demonstrated its interconnection with broader anxieties on “sexual treason” gripping Germany and influencing their policies during the wartime while Jason Crouhamel¹¹ wrote on the more intimate history of the German soldiers.

At the time, sexually transmitted diseases were commonly associated with prostitution – another topic that has received more and more attention following the pioneering works of Alain Corbin on nineteenth-century France¹². Among those who studied Belgian prostitution during the First World War are Aurore François who detailed the situation of underage prostitutes and their judicial treatment¹³ or Benoît Majerus who brought light on the question of police and regulation under German rule¹⁴. Both also put forward the importance of medicalisation in the system put in place. But, as Majerus has noted, while research on the phenomenon of prostitution is thriving, far less has been written on the prostitutes themselves as they have left little first-hand testimonies¹⁵. Some research, though, exists, such as the works of Jean-Baptiste Chaumont who studied the “white slave trade”¹⁶.

The question of sexually transmitted diseases and their management in occupied Belgium during the Great War have been addressed in previously mentioned studies, especially in the works of Emmanuel Debruyne, Aurore François and Benoît Majerus. Lutz Sauerteig, who also contributed to the history of sexual education, studied in *Krankheit, Sexualität, Gesellschaft*¹⁷ venereal diseases in Germany and the impact of the Great War. Otherwise academic work mostly focused, as for prostitution, on the pre-war period, where, as Aurore François has explained, this historiography underlined the moral and sanitary arguments put forward in the

¹⁰ TODD Lisa M., *Sexual Treason in Germany during the First World War*, London, Palgrave Macmillan, 2017.

¹¹ CROUTHAMEL Jason, *An Intimate History of the Front. Masculinity, Sexuality, and German Soldiers in the First World War*, London, Palgrave Macmillan, 2014.

¹² Among other works: CORBIN Alain, *Les filles de nocce: Misère sexuelle et prostitution au XIX^e siècle*, 1st ed. 1978, Paris, Flammarion, 2011.

¹³ FRANÇOIS Aurore, *Guerres et délinquance juvénile. Un demi-siècle de pratiques judiciaires et institutionnelles envers des mineurs en difficulté (1912-1950)*, Brussels, La Chartre, 2011.

¹⁴ MAJERUS Benoît, *Occupations et logiques policières. La police bruxelloise en 1914-1918 et 1940-1945*, Brussels, Académie royale de Belgique, 2007 ; ID., “La prostitution à Bruxelles pendant la Grande Guerre : contrôle et pratique”, in *Crime, Histoire & Sociétés*, n° 7/1, 2003.

¹⁵ *Ibid.*, p. 7.

¹⁶ CHAUMONT Jean-Michel, *Le mythe de la traite des blanches. Enquête sur la fabrication d'un fléau*, Paris, La Découverte, 2009 ; CHAUMONT Jean-Michel and MACHIELS Christine (ed.), *Du sordide au mythe. L'affaire de la traite des blanches (Bruxelles, 1880)*, Louvain-la-Neuve, Presses universitaires de Louvain, 2009.

¹⁷ SAUERTEIG Lutz, *Krankheit, Sexualität, Gesellschaft: Geschlechtskrankheiten und Gesundheitspolitik in Deutschland im 19. und frühen 20. Jahrhundert*, Stuttgart, Franz Steiner, 1999. See also ID., “Sex, medicine, and morality during the First World War”, in COOTER Roger, HARRISON Mark and STURDY Steve (ed.), *War, medicine and modernity*, Sutton, Stroud, 1998, p. 167-188.

discourses of the time and how they were used by medical experts and politics¹⁸. In this perspective can be mentioned the works of Liesbet Nys¹⁹ and Karel Velle²⁰. The interwar period, where debates on prophylaxis flourished in Belgium, has also raised interest recently, notably with the thesis of Guillaume Catoire²¹ who detailed these debates and policies and how they intertwined with the question of prostitution. Finally, a thorough research on the matter of syphilis and AIDS has been led by Hans Neefs in his thesis *Between sin and disease: The social fight against syphilis and AIDS in Belgium (1880-2000)*²², offering a multidisciplinary study set on a long-time scale. Although it is particularly rich in information, it focuses on the management of venereal diseases in the Belgian army, not the occupied territories for the wartime period.

To our knowledge, little research has procured an in-depth study of the centres established by the Germans for the women infected by venereal diseases in the western territories under their authority during the First World War. Colette Van Hooreweghe and Luc Schepens²³ studied respectively the situation in Ghent in Bruges. While Benoît Majerus gave some information on the situation in Brussels, as did as Emmanuel Debruyne, the information on the *Frauenkrankenhaus* located there remained scarce – a situation that this thesis aims to rectify. By studying the institution and placing it within a comprehensive framework, this thesis would allow for a better, global understanding of the phenomenon. For that reason, the structure chosen for this thesis is chronological and follows the evolution of the *Frauenkrankenhaus* of Brussels, as well as its origins, its influences and its impacts in a larger context.

¹⁸ FRANÇOIS Aurore and MASSIN Veerle, “‘Ces virus ambulants’. Discours et pratiques à l’égard des filles de justice atteintes de maladie vénérienne (Belgique, 1912-1950)”, in *Revue Belge d’Histoire contemporaine*, n° 38/3-4, p. 379.

¹⁹ NYS Liesbet, “De Ruiters van de Apocalyps. 'Alcoholisme, tuberculose, syfilis' en degeneratie in medische kringen, 1870-1940”, in TOLLEBEEK Jo, VANPAEMEL Geert and WILS Kaat, *Degenratie in België, Degenratie in België, 1860-1940. Een geschiedenis van ideeën en praktijken*, Leuven, Universitaire pers, 2003, p. 11-41 ; ID., DE SMAELE Henk, TOLLEBEEK Jo and Wils Kaat, *De zieke natie: over de medicalisering van de samenleving (1860-1914)*, Groningen, Historische uitgeverij, 2002, (coll. Denken over cultuur).

²⁰ VELLE Karel, “De syfiliskwestie in België in de 19^{de} en het begin van de 20^{ste} eeuw”, in *Tijdschrift voor sociale wetenschappen*, n° 32/4, p. 331-362.

²¹ CATOIRE Guillaume, *Médicalisation et contrôle de la prostitution: le cas de la ville de Bruxelles et de son agglomération de 1918 à 1930*, Louvain-la-Neuve, 2017 (History Master’s thesis, UCLouvain, sup. Xavier ROUSSEAU and Aurore FRANÇOIS).

²² NEEFS Hans, *Between sin and disease: a historical-sociological study of the prevention of syphilis and AIDS in Belgium (1880-2000)*, Leuven, 2009 (Sociology PhD thesis, KULeuven, sup. Rita SCHEPERS).

²³ VAN HOOREWEGHE Colette, “Het prostitutieel kader te Gent in de periode 1910-1932”, in *Handelingen der Maatschappij voor Geschiedenis en Oudheidkunde te Gent*, n° 46, 1990, p. 151-167 ; SCHEPENS Luc, *Brugge bezet. 1914-1918. 1940-1944*, Tielt, Lannoo, 1985.

The first chapter addresses the reasons motivating the creation of the centre in Saint-Gilles in 1915. To understand it, it is important to expose the social, moral and medical context which led the Germans to take such measures. In fact, many of the antivenereal policies implemented during the war were directly inherited from the 19th century. The chapter therefore exposes how the 19th and early 20th centuries approached the “venereal peril” and its often designated cause, prostitution, within Europe and more particularly Belgium and Brussels. Secondly, this chapter deals with the arrival of the Germans, the occupation and the instauration of a new regulation system on prostitution and prophylaxis, explaining how it led to the creation of centres for infected women.

The second chapter of this thesis focuses at on the centre itself, detailing its inner workings and dynamics. The perspective chosen to further this analysis was Erving Goffman’s concept of total institution, which applies particularly to the *Frauenkrankenhaus*. The chapter also tries to understand those primarily concerned by the centre. First, through the study of the women hospitalised, enquiring on their diverse identities, the changing nature of prostitution at the time, the stigma and ostracisation they underwent from being seen as prostitutes – although not all of them were, they were nonetheless perceived as such – infected by venereal diseases and who had relations with the enemy. Moreover, it tries to understand their experience of the *Frauenkrankenhaus*, and to consider the kind of agency they might have developed in such a controlled environment. Secondly, by observing the staff, that included both Germans and Belgians, and was characterised by its own dynamics and hierarchy. Finally, the chapter attempt to understand what this peculiar institution came to represent on a larger scale: a cutting-edge real-life experiment serving as an argument in a larger debate on prophylaxis and the regulation of sex trade by the dominating Germans whereas for the occupied it was perceived as a financial and social burden symbolising the treacherous depravity of some of their peers.

The third and last chapter of this thesis focuses on the aftermath of the liberation. It shows how that institution, established by the enemy, was dealt with after the war. Was it maintained in an attempt to curb venereal diseases while the Allied troops were present or, instead, was it quickly disbanded? Another purpose is to try and understand what might have happened to the interned women. For instance, many *femmes à Boches* were victims of mob violence at the liberation, and it may have been the fate of the former patients of the centre. Finally, it also questions the impact it might have brought in the management of venereal diseases and prostitution. Notably, a new intercommunal antivenereal hospital for prostitutes was created in

Uccle in 1919 - it is analysed as well. Finally, this chapter explains how political and prophylactic evolution led to the demise of this type of institution in the Belgian capital.

A major issue was quickly apparent when starting this thesis: no archive directly emitted from the Saint-Gilles venereal centre for women is known to have been conserved up to this day. It is certainly a challenge to study it, and to do so one has to be creative heuristically. This research is therefore based on numerous archives among which each gives a glimpse of the reality of the institution and the life of those enduring it while never totally revealing it. The main sources used were the archives of the *Sittenpolizei* (the German vice squad supervising the Brussels agglomeration and its prostitution) conserved by the Belgian police²⁴. They had direct connections with the venereal centre – in fact, it is sometimes called “the hospital of the *Sittenpolizei*” or “of the vice squad” in these documents. It contains information on the staff and costs of the hospital and reports on suspected prostitutes as well as lists of women arrested for prostitution, found to be infected and sent to the Saint-Gilles hospital to be treated. The archives of the municipality of Saint-Gilles²⁵, of Brussels-City²⁶ and of the Conference of Mayors²⁷ (the meeting of the mayors of the Brussels agglomeration) have also been useful to understand how local authorities reacted to this new infrastructure imposed on their land and citizens by the occupants. The archives of the Health Ministry²⁸ – then known as the High Council for Public Hygiene (*Conseil Supérieur d'Hygiène Publique*) – conserves little information on occupied Belgium but has pre-war and interwar documents relevant for our research as it allows for a broader view on Belgian prophylaxis, its evolution and its influences. It includes notably numerous medical reports by specialist and prevention campaigns which have been used complementarily with analyses and essays published in booklets and medical journals²⁹. Another important document for this study is the proceedings of the conference on the fight against venereal diseases organised by the Germans on the 8th October 1915³⁰ where

²⁴ BRUSSELS, Archives de la Ville de Bruxelles (AVB), *Archives de la Police 1914-1918 (Poll4-18)*, n° 417 and 420.

²⁵ SAINT-GILLES, Archives Communales de Saint-Gilles (ACSG), *Bulletins communaux, Comptes communaux, Procès-verbaux du conseil communal, Procès-verbaux du collège communal, years 1914-1919*.

²⁶ BRUSSELS, AVB, *Bulletins communaux, years 1918-19, 1924-1925*.

²⁷ BRUSSELS, AVB, *Cabinet du Bourgmestre*, n° 390: *Procès-verbaux de la Conférence des Bourgmestres (CB), years 1914-1919*.

²⁸ BRUSSELS, Archives Générales du Royaume (AGR), *Archief van het Ministerie van Volksgezondheid en van het Gezin, 1850-1972 (MVG)*, n° 401, 405, 409, 421 and 425.

²⁹ In particular *Le Scalpel* and *Bruxelles Médical*.

³⁰ *Sitzungsbericht der am 8. Okt. 1915 auf Einladung des General-Gouvernements in Belgien zu Brüssel abgehaltenen Besprechung über die Maßnahmen zur Bekämpfung der Geschlechtskrankheiten*, Brussels, Buchdruckerei des General-Gouvernements in Brüssel, 1915.

the occupants justified the measures they had enforced in the territories under their rule and where the venereal centres were mentioned. Material from Brussels citizens, especially the war diary of Adrien Bayet³¹, venerologist in Saint-Peter's hospital, has been of a certain interest for our research as it brings the testimonies of first-hand witnesses³². Although the subject of venereal disease – and even more of the venereal centres - is scarcely little discussed, war diaries have been useful to understand the perceptions of the locals, in particular towards the relations between Belgian women and Germans. But we rarely consulted them directly – most of the references and data relating to war diaries originate from monographies, notably Emmanuel Debruyne's book *Femmes à Boches* where is analysed a far larger corpus than we would have the time to check in the time allocated for the realisation of this thesis. Finally, press articles³³ and literature, such as the work of Heinrich Wandt, journalist then serving as a soldier in Ghent who described its *Frauenkrankenhaus*, Lousberg, and whose testimony served as a basis for Magnus Hirschfeld, have been used along the war diaries to add to the often dry, factual archival material of the administrations with all the precautions such sources require.

Where first-hand evidence is lacking, comparisons with other study cases and hypotheses built on other cases and different disciplines such as sociology had to be used. This approach requires precautions. As for comparisons, it is limited first by the fact that most of the other venereal centres for women established under German incentive were located in the *Etappen- und Operationsgebiet* where the army ruled directly, but also by the fact that in the General Government zone itself, Brussels was peculiar in its size, its status as the headquarters of the General Government and its prostitution activity. As for drawing on other disciplines, their application in a past and specific context of wartime occupation can be challenging and limiting too. Therefore, these considerations have been carefully kept in mind during this research and its elaboration.

Another challenge due to a scarcity of sources concerns the case studies of women hospitalised in Saint-Gilles: none have left any testimonies, and no patient files from the *Frauenkrankenhaus* have been saved. Their experience therefore had to be, piece by piece,

³¹ **BAYET Adrien (1863-1935)**: Belgian bacteriologist and venerologist. In 1892, he was nominated head of the bacteriological laboratory of Saint-Peter's hospital, and later became professor of dermato-syphilology for the Université Libre de Bruxelles and head of the dermato-syphilology service of Saint-Peter's. After the war he founded the *Ligue nationale belge contre le Péril Vénérien* (1922), became a member of the High Council for Public Hygiene and joined the Académie Royale de Médecine (NEEFS Hans, *op. cit.*, p. 119).

³² BRUSSELS, Archives & Musée de la Littérature à Bruxelles (AML), M.L. 3546/21: BAYET Adrien, *Journal d'un Bruxellois pendant l'occupation allemande*.

³³ Especially *Le Bruxellois*, the censored newspaper of Brussels (*Le Bruxellois*, 1914-1918).

reconstructed. Civil status registers as well as the reports and lists of the *Sittenpolizei* have been exploited to this end. Once again, in an attempt to go further than the point of view of the authorities and institutions controlling these women and the dry data they recorded, the same approach based on comparison and hypotheses based on similar cases and interdisciplinary theories was used.

CHAPTER 1: THE ORIGINS OF THE CENTRE

The decision of the German authorities to turn the civil hospital of Saint-Gilles into a venereal centre for women has to be understood in a broader context that this chapter aims to present. First because the German prophylactic measures were introduced in wartime under a specific regime of military occupation and premised on the perceived inefficiency of the Belgian containment of sexually transmitted diseases. But also because venereal diseases were a concern for European societies well before the First World War and the policies, discourses and debates on those diseases as well as on sexuality during the 19th century and early 20th century had an influence on the actions of German and Belgian authorities during the Great War.

1.1. VENEREAL DISEASES AND PROSTITUTION IN BRUSSELS AND BELGIUM BEFORE THE GREAT WAR

In the 19th century, sexuality was influenced by the social and moral norms of the newly dominant bourgeoisie, which praised puritan control and regulation. Supported by moral, social and biological assumptions, these norms were premised on a double standard of morality regarding gender and class that defined respectability and regulated sexuality while establishing unequal power relations³⁴. Sex, for a respectable woman, had to be limited to marital intercourse and reproduction. It was even commonly assumed that a woman had no – and should not have any – sexual desire. She was limited to the role of the virgin before her wedding, and afterwards that of the mother and almost asexual “angel of the house”, serving the ideal of domestic life as women in 19th century bourgeois culture were relegated to the private sphere. Meanwhile, it was widely accepted that men had greater sexual urges that had to be satisfied before and after marriage. On that basis, premarital and extramarital sexual encounters were frequent, and it was tacitly accepted that respectable middle- and upper-class men would satisfy their needs and fantasies with prostitutes, a vast majority of whom were issued from the working class who got associated with a looser sexuality and immorality. But despite this accepted reality referred to by historian Dagmar Herzog as an “open secret”,

³⁴ FOUCAULT Michel, *Histoire de la sexualité*, vol. 1: *La volonté de savoir*, Paris, Gallimard, 1976 (coll. Bibliothèque des histoires) ; HERZOG Dagmar, *op. cit.*, p. 6, 9-10 ; DUBY Georges and PERROT Michelle (ed.), *Histoire des femmes en Occident*, vol. 4: *Le XIX^{ème} siècle*, Paris, Plon, 1991, p. 279-305.

sexuality remained a significant source of anxiety while sexual misconduct and licentiousness were publicly condemned and associated with vice and depravity³⁵.

Due to their means of transmission and manifestation in that context of morally and socially controlled sexuality, venereal diseases were perceived as the manifestation of perversion and vices that threatened the social and moral order of society as well as a source of shame for infected individuals and a punishment for their sexual misconduct. Syphilis was the most feared and the most discussed of all sexually transmitted diseases. As there was no efficient cure in the 19th century except highly toxic, expensive and often inefficient mercury-based medication, being infected by syphilis often meant a long, painful and debilitating death, ostracised and disgraced for devious tendencies and vice. Syphilis was therefore a terrifying disease that haunted the collective imagination of the time in literature as well as in the arts³⁶.

Gonorrhoea (or blennorrhagia as it was sometimes called) is another venereal disease commonly mentioned at the time. Gonorrhoea was more widespread than syphilis and could have dangerous consequences on the long-term, but it was less of a concern due to public but also medical ignorance that underestimated its risks – although at the turn of the century more and more physicians realised its danger. The other two infections referred to as venereal diseases were the soft chancre and the *lymphogranuloma venereum* but they were much rarer than gonorrhoea or syphilis and seldom discussed. Although venereal diseases were a real preoccupation, the unreliable nature of the cures available in the 19th century and the shame associated with infection made many patients reluctant to seek medical advice, preferring instead to resort to quack (and useless if not even harmful) remedies, a situation that aggravated the spread of the diseases³⁷.

The designated cause for the spread of venereal diseases was also based on a double standard, whereby women, especially prostitutes issued from the working class, were blamed

³⁵ *Ibid.* ; GAY Peter, *Une culture bourgeoise. 1815-1914. Londres, Paris, Berlin... Biographie d'une classe sociale*, Paris, Autrement, 2005 (coll. Mémoires), p. 103-112, 161-164 ; FRANÇOIS Aurore and MASSIN Veerle, *op. cit.*, p. 388 ; HERZOG Dagmar, *op. cit.*, p. 6-8 ; DEBRUYNE Emmanuel, 'Femmes à Boches'... *op. cit.*, p. 162-163, 204-5 ; WEEKS Jeffrey, *Sex, Politics and Society: The Regulation of Sexuality Since 1800*, 3rd ed., London, Routledge, 2012, p. 33.

³⁶ For example, see Félicien Rops's *Parodie Humaine* (c. 1880), or Louis Raemaekers's *L'Hécatombe* (c.1900) where, interestingly, venereal diseases and death are one with the sexually deviant prostitute (ROPS Félicien, *Parodie Humaine*, c.1880 ; RAEMAEEKERS Louis, *L'Hécatombe*, c.1900). **See appendices 3.1 & 3.2.**

³⁷ DEBRUYNE Emmanuel, 'Femmes à Boches'... *op. cit.*, p. 204 ; HERZOG Dagmar, *op. cit.*, p. 6-8 ; DE VRIES Petra, "The shadow of contagion": gender, syphilis and the regulation of prostitution in the Netherlands, 1870–1914", in DAVIDSON Roger and HALL Lesley A. (ed.), *Sex, Sin and Suffering. Venereal Disease and European Society since 1870*, London, Routledge, 2001, p. 44 ; FRANÇOIS Aurore and MASSIN Veerle, *op. cit.*, p. 390.

as the source of the disease, while the contaminated men were merely victims who risked afterwards to transmit this shameful infection to their respectable wives. Prostitution was therefore regarded as the principal factor contributing to this epidemic while the prostitute – a woman who already unsettled bourgeois norms by her sexual activity, but also the way she acted and dressed in a time when women were supposed to be restricted even in their behaviour and their clothes – was seen to be a dangerous element. Nonetheless, as the sexual urges of men had to be canalised to protect honest middle- and upper-class women, prostitution was also perceived to be an “evil necessity” that couldn’t be completely forbidden and criminalised. Instead, it had to be contained and controlled. On these premises policies were implemented to regulate sex trade and preserve public health as well as the social and moral order under the name of the regulation system, also called “French system” due to its origins.³⁸

Although a system of control had already been implemented during the Napoleonic wars, its theorisation is commonly attributed to Alexandre Parent-Duchâtelet and his study entitled *De la prostitution dans la ville de Paris considérée sous le rapport de l’hygiène publique, de la morale et de l’administration*. The principles of that system were to limit the moral and biological threats posed by prostitution by secluding its activity to a closed, isolated and hidden environment – brothels, euphemised as “houses of tolerance”, that were hierarchically divided according to the social status of the clients and that remained under the scrutiny of the administration which regulated and monitored it. For Parent-Duchâtelet, venereal diseases, especially the dreaded syphilis, were clearly the consequence of prostitution, and that implied the necessity that women who practiced prostitution subject themselves to regular sanitary check-ups (vaginal examination with a speculum) to find those infected with venereal diseases and send them to hospitals. This system was not inclined to protect the sex workers. On the contrary, it limited their rights. Parent-Duchâtelet, invoking public health and order, concluded himself that “individual liberty is a right prostitutes cannot claim”. It aimed to marginalise them not outside society but *inside*, where they could be controlled and disciplined and where the

³⁸ *Ibid.*, p. 380 ; WALKOWITZ Judith R., *Prostitution and Victorian society. Women, Class, and the State*, Cambridge, Cambridge University Press, 1983, p. 49 ; GAY Peter, *op. cit.* ; CATOIRE Guillaume, *op. cit.*, p. 8 ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 162-163 ; HERZOG Dagmar, *op. cit.*, p. 6-7, 10-11 ; MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 3, 17 ; TODD Lisa M., *op. cit.*, p. 3 ; NEEFS Hans, *op. cit.*, p. 65-67.

notion of secluding prostitution to closed environment, beyond the brothel, could also mean the hospital for the infected and the prison for those unwilling to submit³⁹.

Most European states adopted the French regulation system. In the newly independent Belgium, the regulation of prostitution was a municipal prerogative after the 1836 act. It gave them the task of “ensuring public health, morality and tranquillity” by regulating “debauchery”. In 1844, Brussels was the first to edict and implement such a regulation. Heavily influenced by Parent-Duchâtelet’s ideas, it served as a model for the rest of the country and was praised abroad where the Belgian capital was said to be “the best regulated city in the world”. Its main preoccupation had more to do with the preservation of the moral and social order than with sanitary issues as it aimed mostly to canalise debauchery (heavily implied to be more working-class, popular in essence) and remove it from the public place. This system recognised three types of prostitutes, also called *filles publiques* – a depreciative term heavily tinted with moral subtext. First, there are the *filles de maison* working in the closeted environment of houses of tolerance monitored by the authorities. Following Parent-Duchâtelet’s principle of maintaining social hierarchy, these brothels were also divided into three categories defining the social status of the clients but also the tax due by the tenants to the authorities. Tenants also had to keep a record of the women working in their house. The second type of prostitute was the *fille éparse*, who led the clients she had met in the streets to the rented rooms of a *maison de passe* or to her own home (though the latter was outlawed in 1851 in an effort to incite more prostitutes to work in brothels). These prostitutes had to be recorded on the prostitution registers. The term *cartées* was used at the time to refer to this practise and the women involved, as proof of their registration, had to carry a small booklet (*carnet*) recording relevant personal information and antecedents. This booklet had to be presented to any client, police or state agent requiring it. Another information recorded on their pages was the sanitary condition of its owner. All registered prostitutes had in fact to submit themselves to regular medical screening – at least twice a week. If a venereal disease was diagnosed, the infected woman was sent to a hospital to undergo treatment and only freed once no risk of contamination remained. Those first two types of prostitutes – *filles de maison* et *filles éparses* – were known as the *filles soumises* as

³⁹ *Ibid.*, p. 64-65 ; AISENBERG Andrew, “Syphilis and prostitution: a regulatory couplet in nineteenth-century France”, in DAVIDSON Roger and HALL Lesley A. (ed.), *op. cit.*, p. 15-28 ; HERZOG Dagmar, *op. cit.*, p. 10-11 ; RÖGER Maren and DEBRUYNE Emmanuel, “From Control to Terror: German Prostitution Policies in Eastern and Western European Territories during both World Wars”, in *Gender and History*, n° 28/3, 2016, p. 688-9 ; CORBIN Alain, *Les filles ... op. cit.*, p. 13-53 ; DE VRIES Petra, *op. cit.*, p. 15-18.

they were registered, monitored and were submitted to the regulations in place. If they transgressed it, they could face a fine or prison sentences. The third type of prostitute was the *clandestine*, a term encompassing any woman not registered practising illegally. They risked repercussion if caught by the police and were registered even against their will in the prostitution record⁴⁰.

In the later decades of the 19th century, that regulation system was criticised for its inefficiency in regard to the transformations of prostitution practises. In fact, on the one hand fewer and fewer prostitutes worked in houses of tolerances resulting in the decline of the number of brothels in activity while, on the other hand, more and more prostitutes were becoming unregulated “clandestine” streetwalkers. The system was modernised by the authorities of Brussels in 1877 to counter these inadequacies through a greater control on street prostitution by the means of a new vice squad (*police des mœurs*), a solution also promoted in France and supposed to be better adapted to the new realities of sex trade. While between 1850 and 1877, each police division of the city had to detach three agents to supervise the implantation of the regulation system, the vice squad was presented as a permanent and official unit, composed of an assistant commissioner, a special agent and five inspectors dedicated to this task only⁴¹.

But the regulation system in its whole came under attack by the abolitionist movement originated from England in the 1860s that quickly gathered supporters and formed comities in other European countries. As is suggested by its name, that movement promoted the abolition of a state regulation of prostitution and sometimes of prostitution itself. The name “abolitionist” hinted to its view of prostitution as a form of white slavery facilitated by the regulation system. This idea was reinforced by human trafficking scandals such as the white slave trade affair⁴²,

⁴⁰ DE SCHAEPDRIJVER Sophie, “Regulated prostitution in Brussels, 1844-1977. A policy and its implementation”, in *Historical Social Research*, n° 11/1, 1986, p. 89-91 ; FRANÇOIS Aurore and MACHIELS Christine, “Une guerre des chiffres. L’usage des statistiques par les discours abolitionniste et réglementariste sur la prostitution à Bruxelles (1844-1948)”, in *Histoire & Mesure*, n° 22/2, 2007, p. 104, 109-110 ; CATOIRE Guillaume, *op. cit.*, p. 16, 72 ; HUBERTY Colette and KEUNINGS Luc, “La prostitution à Bruxelles au 19^{ème} siècle”, in *Les Cahiers de la Fonderie*, n° 2, 1987, p. 4-11 ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 70-71, 77 ; MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 3-4, 6 ; NEEFS Hans, *op. cit.*, p. 59-69 ; BRUSSELS, AVB, *Poll4-18*, n° 417: *Règlement sur la Prostitution (1904)*.

⁴¹HUBERTY Colette and KEUNINGS Luc, *op. cit.*, p. 13 ; CAMPION Jonas and MACHIELS Christine, “La répression de la prostitution clandestine à Bruxelles (1870-1886)”, in *Les Cahiers de la Fonderie* n° 44, 2011, p. 32-38 ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.* ; CATOIRE Guillaume, *op. cit.*, p. 27 ; MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 5-6 ; FRANÇOIS Aurore and MACHIELS Christine, *op. cit.*, p. 104, 113-116.

⁴² WHITE SLAVE TRADE AFFAIR: this scandal followed the discovery of two young English prostitutes in Brussels brothels (the reason why this affair was at first known as the *Affaire des petites Anglaises*). Collusions between the vice squad and the underworld were put into light, leading to the resignation of the Chief Commissioner and

a crisis erupting in Brussels in 1880 where facts and fiction intertwined and led to a greater fear of moral panic fed by the rise of mass-circulated press. Although the abolition movement originated at first from religious groups that saw the fight against prostitution as a fight against the sin of extramarital sex, the motivations of its supporters became more and more diverse at the turn of the century. Indeed, it came to unite liberals, socialists contesting the classist nature of the bourgeois double standard associated to prostitution at the expense of the working class, medical officials who witnessed the widespread of venereal diseases and its threats as well as feminists willing to protect women and their rights, criticizing the gendered double standard or defending the idea of a more fulfilling female sexuality⁴³. In Belgium at the time, the abolitionist views were mainly promoted by the *Société pour l'affranchissement des blanches* and its successor founded in 1881 the *Société de moralité publique*. In 1880 it published the first abolitionist manifesto printed in the country, entitled *De l'organisation de la traite et de l'esclavage des blanches à Bruxelles*. In its pages was developed a scathing commentary of the regulation system and its immorality. It was particularly critical of the new regulation of 1877 and its vice squad, which had been connected to the White slavery trade affair⁴⁴.

Despite this abolitionist opposition, Belgium stayed anchored in a regulationist approach, which evolved to what became known as a “neo-regulation” system, where emphasis was put on the sanitarian controls of prostitutes and their registration instead of their containment. The question of prostitution – and venereal diseases - were approached more as a public health threat than as a moral one, although moral gendered bias designating working class prostitutes as the main vector of infection did not disappear, and prostitution remained seen as a “necessary evil” that canalised sexual excesses as is expressed in 1890 by Professor Jean-Hubert Thiry, head of the venereal disease service in Saint-Pierre hospital in Brussels, in *La Presse Médicale Belge* : “[Prostitution is a] necessary evil which derives directly from human nature, its physiological needs and passions. (...) If one were, imprudently, to suppress prostitution, there would be a proliferation of cases of venereal and syphilitic illnesses (...) and subsequently one

of the head of the vice squad. Furthermore, these enquiries revealed a far larger traffic of minor girls across Europe that scandalised the western world and was the object of massive press campaigns using the term of “white slave trade”, a campaign used as argument by the abolitionists (*Ibid.*, p. 104, 110 ; CHAUMONT Jean-Michel, *op. cit.*).

⁴³ HERZOG Dagmar, *op. cit.*, p. 9-12 ; RÖGER Maren and DEBRUYNE Emmanuel, *op. cit.* ; CAROL Anne, “Médecine et eugénisme en France ou le rêve d’une prophylaxie parfaite. XIX^{ème}-Première moitié du XX^{ème} siècle”, in *Revue d’Histoire moderne et contemporaine*, n° 43/44, 1996, p. 618-631 ; HUBERTY Colette and KEUNINGS Luc, *op. cit.*, p. 16-19 ; NEEFS Hans, *op. cit.*, p. 69-81 ; FRANÇOIS Aurore and MASSIN Veerle, *op. cit.*, p. 380 ; FRANÇOIS Aurore and MACHIELS Christine, *op. cit.*, p. 104.

⁴⁴ *Ibid.*, p. 105-106.

would see a sequence of strange, unhealthy and criminal passions; a frighteningly exponential accumulation of seductions of poor victimised girls, illegitimate births, adultery, rapes⁴⁵.”

This renewed popularity of the idea of regulating, not abolishing, prostitution on sanitary grounds was premised on more scientific and medical assumptions. This evolution was facilitated by the growing importance of doctors and medical experts in the public discourse where it affected politics as medical, scientific and geopolitical issues intertwined with new theories defining nation and race as an entity threatened by venereal diseases that shifted from a more moral and individual danger to a common health issue. In this regard, from the 1870s the evidence of how widespread venereal diseases were caused a real panic among medical experts and through their influence and vulgarisation among the whole population. Those fears were fed by new theories and medical discoveries, in particular heredo-syphilis and degeneracy. Hereditary wasn't a new notion in the late 19th century, but its application to syphilis was. Syphilis, as explained before, was already the source of great individual and social anguish, but the notion that the disease could in addition be transmitted by a mother to her child and thus from one generation to the other rendered syphilis even more terrifying. This haunting possibility was well present in common imagination, as shown, for example, in art with *The Inheritance*, painted in 1897-1899 by Edvard Munch⁴⁶ and representing a child suffering from congenital syphilis on his mother's lap. This notion of venereal heredity also fed anxieties regarding the degeneracy of the nation itself. The degeneration theory had been first theorised by alienist Bénédict Augustin Morel in 1857 and, can be summarised as the idea of the hereditary nature of a biological defect thus transmitted and aggravated through generations inducing *in fine* the decline of the “race”. Combined with social Darwinism and natality concerns due to the falling birth rates of the time, hereditary degeneracy was applied to venereal diseases, in particular the dreaded syphilis, changing them into a vicious threat whose transmission could undermine the vital forces of the nation – a catastrophe as geopolitical tensions between countries were rising. In that context, venereal diseases became, along with alcoholism and tuberculosis, one of the great sanitarian threats to the nation. It was coined as the “venereal peril” (*péril vénérien*), a modern, sanitary and social scourge (*fléau*) with devastating effects. The use of such terms was significant. As historian and demographer

⁴⁵ THIRY Jean-Hubert, “De la prostitution,” in *La Presse Médicale Belge*, n° 42, 1890, p. 553–554, cited in HERZOG Dagmar, *op. cit.*, p. 12-14 ; DE VRIES Petra, *op. cit.*, p. 26 ; DEBRUYNE Emmanuel, *Femmes à Boches*’... *op. cit.*, p. 78 ; NEEFS Hans, *op. cit.*, p. 72, 83-84, 97.

⁴⁶ See appendix 3.3.

Virginie de Luca de Barrusse has explained, a “social scourge” is a pathology that has to constitute a genuine threat to the biological body of the nation and that has been made a much-discussed public topic by the media, the politics and the experts – a definition suiting the perception of and the approach to venereal diseases at the time⁴⁷.

Fortunately, before the war, medical breakthroughs in the treatment of syphilis tempered slightly the anxiety surrounding sexually transmitted diseases and changed its discourse, while also strengthening the status of physicians in the public sphere as well as the argument in favour of a neo-regulation system and hygienist measures. In 1905, the Germans Erich Hofmann and Fritz Schaudinn identified the bacteria causing syphilis, the *treponema pallidum*, and a year later the Bordet-Wassermann reaction, named after its Belgian and German developers, allowed for its detection in patients through blood samples. The identification and detection of the bacteria enabled a more focused research while, at the same time, separated the medical diagnosis from direct observation and thus made syphilis theoretically detectable even without external symptoms for doctors. Shortly after, in 1908, a new treatment preventing any potential contamination from an infected patient after a few weeks of medication was compounded by the German and Japanese bacteriologists Paul Ehrlich and Sahachiro Hata. Named 606 after the 606th preparation they had created and tested, it was also known as *Salvarsan*, *Arsenobenzol* or *Arsphenamine*. Made of arsenic, and therefore still harmful and unpleasant for the patient, it was more efficient and safer than anything before and was welcomed by many as a panacea at the time, urging its commercialization. A new variant, less toxic, quickly followed under the name of *Neosalvarsan*⁴⁸.

These discoveries started being dispensed in hospitals in the years 1910, including in Belgium⁴⁹. Although still small, the formation of a network of specialists accompanied those

⁴⁷ *Ibid.*, p. 103-108, 113, 127-128 ; FRANÇOIS Aurore and MASSIN Veerle, *op. cit.*, p. 379, 388, 391 ; HERZOG Dagmar, *op. cit.*, p. 6, 8-12 ; CATOIRE Guillaume, *op. cit.*, p. 17 ; DE LUCA BARRUSSE Virginie, “Natalisme et hygiénisme en France de 1900 à 1940. L'exemple de la lutte antivénérienne”, in *Population*, n° 64/3, 2009, p. 531-560 ; CORBIN Alain, *Le Temps, le désir et l'horreur. Essais sur le XIX^{ème} siècle*, Paris, Flammarion, 2014, p. 149-161 (coll. Champs. Histoire) ; ID., “Le péril vénérien au début du siècle: prophylaxie sanitaire et prophylaxie morale”, in *Recherches*, n° 29, 1977, p. 282 ; Nys Liesbet, “Nationale Plagen, Higiënisten over het maatschappelijk lichaam”, in ID., DE SMAELE Henk, TOLLEBEEK Jo and WILS Kaat, *De zieke natie : over de medicalisering van de samenleving (1860-1914)*, Groningen, Historische uitgeverij, 2002, p. 227-229 (coll. Denken over cultuur) ; CLARK Anna, *Desire. A History of European Sexuality*, London, Routledge, 2008, p. 142-143.

⁴⁸ DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 204 ; ID., “Mesures...”, in *op. cit.*, p. 12 ; FRANÇOIS Aurore and MASSIN Veerle, *op. cit.*, p. 391 ; NEEFS Hans, *op. cit.*, p. 117-118.

⁴⁹ *Ibid.*, p. 113-124 ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 204 ; BAYET Adrien and MALVOZ Emile, *La prophylaxie sociale de la syphilis devant les récents progrès de la syphiligraphie*, Brussels, Hayez, 1911, p. 1.

advancements in the field and the growing relevance of prophylaxis against venereal diseases perceived as a public health at the turn of the century. Belgium had renowned specialists in the field, such as the venereologist and bacteriologist Adrien Bayet (1863-1935) who became in 1901 professor of dermato-syphilology for the Université Libre de Bruxelles and head of the dermato-syphilology service of Saint-Peter's hospital, where prostitutes infected with a venereal disease were treated. Although Saint-Peter's was the only hospital in Brussels treating prostitutes before the war, other patients could be treated in various hospices and hospitals across the city but also in dispensaries developed at the time. Bayet was among those renown venerologists who in 1910 received Salvarsan from Ehrlich before its commercialisation to study its clinical effects. Another renown venerologist of the time who lived in Brussels was Emile Dubois-Havenith, who in 1901 was one of the founders the Society of Dermatology and Syphiligraphy. In 1899 and 1902, he also helped setting up two major conferences dedicated to prophylaxis and the fight against venereal diseases, reuniting an international board of speakers in Brussels of which he edited the proceedings. These conferences made of Belgium and its capital the symbolic centre of this "civilising" fight against venereal diseases that aspired to be more clinical and able to reach beyond the only medical circles – notably through prevention and public awareness that came to be formulated at the time⁵⁰.

That prevention could be medical, as promoted by Adrien Bayet and his colleague, Ernest Malvoz, another authority in the domain of dermato-syphilology. In *La prophylaxie sociale de la syphilis devant les récents progrès de la syphiligraphie* and *Le traitement de la syphilis par l'arseno-benzol*, they argued that prevention had to be emancipated from prostitution regulation and that detection and treatment with salvarsan applied to the population on a voluntary basis as to stop further contamination instead of focusing mainly on the prostitutes. Although limited, the question of raising the awareness of venereal diseases was also developed. It was done through informative campaigns aimed at the public that vulgarised the medical discourse and was influenced by the ideas of social hygiene more than morality. Such vulgarisation could be done through the press, or tackled through popular media like

⁵⁰ DEBRUYNE Emmanuel, "Mesures...", in *op. cit.*, p. 16, 19 ; ID., 'Femmes à Boches'... *op. cit.*, p. 236 ; HUBERTY Colette and KEUNINGS Luc, *op. cit.*, p. 4 ; CATOIRE Guillaume, *op. cit.*, p. 12 ; RASMUSSEN Anne, "L'hygiène en congrès (1852-1912) : circulation et configurations internationales", in BOURDELAIS Patrice (ed.), *Les Hygiénistes. Enjeux, modèles et pratiques*, Paris, Belin, 2001, p. 213-239 (coll. Histoire et société. Modernités) ; NEEFS Hans, *op. cit.*, p. 113-120, 124 ; DUBOIS-HAVENITH Emile (ed.), *Conférence internationale pour la prophylaxie de la syphilis et des maladies vénériennes (Bruxelles 1899)*, 2 vol., Brussels, Lamartin, 1899-1900 ; ID. (ed.), *II^e Conférence internationale pour la prophylaxie de la syphilis et des maladies vénériennes (Bruxelles 1902)*, 2 vol., Brussels, Lamartin 1902-1903.

exhibitions or the theatre. A significant example, although singular in its success, was the 1902 play *Les Avariés* by the French Eugène Brieux. It left a lasting impression, as is shown by the article “*Les Avariés*”, published in *Le Soir* on the 24th of October 1911 that summarised the discussions and precepts on venereal prophylaxis advanced in the annual meeting of the Belgian society of public medicine. The play narrated the story of Georges, who was told by his doctor that he was infected with syphilis, but who, fearing familial, social and financial repercussions, ignored the advice of the physician to postpone his wedding in favour of treatment. Instead, he turned to (useless) quackery, contaminated his new wife and his newborn baby suffered from congenital syphilis. This family drama exposed and criticised bourgeois hypocrisy in regards of sexual morality. But while it caused consternation, it also had a significant impact in raising public consciousness on these questions and validated the importance of physicians. However, the impact of prevention remained mostly limited due to the still prudish culture dominating society at the time and the huge stigma that remained associated to venereal diseases, and the reality mimicked tragically Brieux’s play. In addition to being deterred by the cumbersome nature of the recognised treatments, many potential patients avoided seeing their physician out of shame and tended to reach for (ineffective) quack cures. This reality thwarted the scope of the treatments, another important part of prophylactic measure aiming to curb contamination. Thus, the option of setting in law a disclosure obligation and making contamination an offence became the subject of fervent debates across Europe and made the question of venereal diseases even more publicly acknowledged as a threat⁵¹.

Venereal diseases therefore were still a concerning problem for populations and authorities before the war. Although the first steps for the cure for syphilis were made, other diseases like gonorrhoea remained difficult to cure. As sexually transmitted diseases continued to spread, the “venereal peril”, with all its terrifying imaginary repertoire interlinking 19th century gendered apprehension with new hygienist thoughts and degeneration, neo-Darwinist and nationalist theories, created the background on which they were perceived and apprehended once the war started.

⁵¹ DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 205 ; NEEFS Hans, *op. cit.*, p. 98-100, 116-117, 120-121 ; HERZOG Dagmar, *op. cit.*, p. 6 ; SAUERTEIG Lutz, “‘The Fatherland is in Danger, Save the Fatherland!’: venereal disease, sexuality and gender in Imperial and Weimar Germany”, in DAVIDSON Roger and HALL Lesley A. (ed.), *op. cit.*, p. 79-81 ; CLARK Anna, *op. cit.*, p. 142-143 ; “*Les Avariés*”, in *Le Soir*, 24/11/1911 ; BAYET Adrien and MALVOZ Emile, *op. cit.* ; BAYET Adrien, *L’Arsénobenzol (préparation “606” d’Ehrlich-Hata) dans le traitement de la syphilis*, Brussels, Severeys, 1910.

1.2. GERMAN OCCUPATION AND THE “GERMAN SYSTEM”

Although the understanding of sex was already changing at the turn of the century, the First World War had a significant impact on the sexuality of European societies. Its outbreak was characterised by an upheaval of the prevalent norms, disrupting the social structures and restraints that prevailed before – a situation that facilitated the transmission and spread of sexually transmitted diseases in every fighting nation. This changing sexual attitude could concern more consensual experience, as was manifested in all the warring nations in the summer 1914 during the thrill of the mobilisation and first departure of the troops for what was still thought of a short war. The phenomenon was called “War nymphomania” by Magnus Hirschfield who referred to that momentary intensified sexual drive of both genders. But the war and the sexual disorder it brought could also cause violence⁵². The invasion of Belgium by the Germans during the summer of 1914 was particularly brutal, and numerous war crimes against civilians were committed, notably rapes. It shocked contemporaries and was widely used as propaganda by the Allies. They condemned those “German atrocities”, under the slogan “The Rape of Belgium”, or through representation of a “Poor little Belgium”, represented as a woman, attacked and assaulted by a barbarian “Hun”⁵³. The occupation of most of the country followed the invasion, and set the background on which relations, including sexuality, was to take place between Germans and Belgians: that of a dominant and a dominee. The occupying force was composed almost exclusively of men while the occupied population, consisted mostly of women as many Belgian men were outside the occupation zone, on the front. Both populations could be complementary if they were not enemies⁵⁴.

The occupied zone was divided into two zones regulated differently. There was the *Etappen- und Operationsgebiet* (Operational and Staging zone), a stretch of land behind the frontlines extended from Flanders to the occupied French departments and controlled by the armies posted at the frontline. The line along the Belgian coast and ruled by the German

⁵²STEWART Journey and WINGFIELD Nancy M., *op. cit.* ; Emmanuel, 'Femmes à Boches'... *op. cit.*, p. 26-27 ; ID., “Mesures...”, in *op. cit.*, p. 7 ; TODD Lisa M., *op. cit.*, p. 2-3 ; HERZOG Dagmar, *op. cit.*, p. 47.

⁵³ ID., “Introduction”, in ID. (ed.), *Brutality and Desire: War and Sexuality in Europe's Twentieth Century*, Basingstoke, Palgrave, 2011, p. 1-15 ; DEBRUYNE Emmanuel, 'Femmes à Boches'... *op. cit.*, 53-55 ; ID., “Mesures...”, in *op. cit.*, p. 8 ; RÖGER Maren and DEBRUYNE Emmanuel, *op. cit.*, p. 689 ; TODD Lisa M., *op. cit.*, p. 37-38, 42-44. See also HORNE John and KRAMER Alan, *German Atrocities. A History of Denial*, New Haven-London, Yale University Press, 2001.

⁵⁴ TODD Lisa M., *op. cit.*, p. 37-38, 42-44 ; DEBRUYNE Emmanuel, “Mesures...”, in *op. cit.* ; ID., 'Femmes à Boches'... *op. cit.*, p. 13-15, 26-34, 53-55.

Imperial Navy was the *Marinegebiet* (Navy zone). It shared many characteristics in its organisation with the *Etappen- und Operationsgebiet* as both were governed according to military concerns and therefore quite repressive. The largest zone under German rule was the *Okkupationsgebiet* (Occupation zone), also known as the *Generalgouvernement* (General Government) after the name of the regime governing the territory. That zone included most of Belgium and the French municipalities around Givet and Maubeuge. Brussels was its headquarters. More administrative in nature and reposing on a *Zivilverwaltung* (Civil Administration) and a network of *Kommandanturen*, it was placed under the authority of a Governor General with full powers only accountable to the German Emperor, Wilhelm II. The first to serve as Governor General was Marshal Colmar von der Goltz. He was quickly succeeded in November 1914 by General Moritz von Bissing who stayed in function until his death in April 1917. He was replaced by the general Ludwig von Falkenhausen⁵⁵.

With that new regime of occupation, rapes, did not totally disappear but dropped drastically in number as the German authorities sought to maintain order and tried rapists by court martial. Another factor allowed the soldiers to find a new way to satisfy their sexual needs: a significant increase of prostitution activity in major cities. Their number rose constantly as the war got longer and the situation of civilians behind the front became more difficult. The most drastic increase happened in Brussels. The capital became the city with the highest number of prostitutes in occupied territory. It counted more prostitutes than Liège and Antwerp together – the second and third in rank as to the number of sex workers. It was due to several factors. One was that Brussels was the greatest agglomeration in the western occupied territories by Germany. In addition, it was the capital of the General Government zone, which implied the presence of civil servants and stationed troops. But Brussels was also a favourite destination for soldiers on leave or in transit. Easily accessible as it was located in the heart of the developed Belgian railway system, Brussels benefited from a strong reputation regarding prostitution inherited from the 19th century. Already known as the “Petit Paris” before the war, this comparison became ever more relevant with the failure of the Schlieffen-Moltke plan: as they failed to reach the dreamed French capital of pleasures, German soldiers had to settle for its Belgian counterpart. Furthermore, unlike other major towns of the occupied territories, the capital had been spared from destruction as the city had been declared an “open city” for the

⁵⁵ *Ibid.*, p. 12-14 ; DUMOULIN Michel, *Nouvelle Histoire de Belgique, L'Entrée dans le XX^e Siècle, 1905–1918*, Brussels, Le Cri edition, 2010, p. 122-126.

arrival of the German 4th Army Corp in Brussels on the 20th of August 1914. The atmosphere in the capital was therefore better, reported as “joyful and animated”, a stark contrast with the dreary life of the front and the stricter regime of the zones under direct martial rule⁵⁶.

The German army, though, had not predicted such a high demand for venal sex among its ranks and had no infrastructure in place to control neither the sexual needs of its troops nor the risks of venereal infection it heightened. Even though army physicians had been interested in the latter before the war, it was, at first, abstinence that was advocated to the troops. Abstinence accompanied the promoted ideal of an “heroic and chaste citizen-soldier”, fiercely loyal and devoted to his country, the embodiment of the biological and moral regeneration of the nation that the war was supposed to bring. This ideal, strongly influenced by the neo-Darwinist and nationalist trends prevalent before the war, was, however, quickly contradicted and the reality on the ground forced the authorities to react as soon as in the late 1914. The increase of venereal diseases in the ranks became a particularly serious issue for both civilian and military authorities. It could weaken the army contingent and endanger a German victory but could also be brought back home by the soldiers on leave and contaminate a wider population – risking, in the long term, the degeneracy of the Nation, an apprehension that was already gripping European societies before and was exacerbated in a war context. The fear associating venereal diseases and defeat could also be traced back to the Franco-Prussian war and Maupassant’s novella where a French woman willingly contracted syphilis to infect and weaken the Prussian enemy⁵⁷. The idea that French (and by extension during the Great War Belgian) women would deliberately try to contaminate enemy soldiers was apparently so popular that German venerologist Alfred Blashko felt the need to warn in a 1915 booklet on venereal diseases in wartime that the reality was not “*wie in der Maupassantschen Novelle*”⁵⁸.

⁵⁶ DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 58, 62-64 ; ID., “Mesures...”, in *op. cit.*, p. 8-9 ; FRANÇOIS Aurore and MASSIN Veerle, *op. cit.*, p. 380 ; NYS Liesbet, “De grote...”, in *op. cit.*, p. 79-118 ; RÖGER Maren and DEBRUYNE Emmanuel, *op. cit.*, p. 689 ; MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 2, 6, 12, 16.

⁵⁷ *Ibid*, p. 25-26 ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 59-60, 208, 211 ; ID., “Mesures...”, in *op. cit.*, p. 7 ; RÖGER Maren and DEBRUYNE Emmanuel, *op. cit.*, p. 688-690 ; TODD Lisa M., *op. cit.*, p. 5-6, 40, 52-54 ; SAUERTEIG Lutz, “The Fatherland...”, *op. cit.*, p. 77-82 ; ID., “Militär, Medizin und Moral: Sexualität im Ersten Weltkrieg”, in ECKART Wolfgang and GRADMANN Christoph (ed.), *Die Medizin und der Erste Weltkrieg*, Pfaffenweiler, Centaurus, 1996, p. 197-226 ; BECKER Annette, *Les cicatrices rouges. 14-18. France et Belgique occupées*, Paris, Fayard, 2010, p. 240-241.

⁵⁸ BLASHKO Alfred, *Welche Aufgaben erwachsen dem Kampf gegen die Geschlechtskrankheiten aus dem Krieg*, Leipzig, Barth, 1915, p. 15, cited in DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 209.

As it had been the case in the past, prostitutes were designated as the principal source – and therefore the main culprits – of the sexual infections. Thus, controlling them became a major concern. The clandestine streetwalkers, seen in the (neo-) regulation system as the most dangerous of all, were becoming more numerous due to the transformation of the nature of the prostitution scene. As a matter of fact, more and more local women, who had to find additional income to compensate food and common commodity shortage, had to turn to sex trade (this transformation will be better addressed in chapter 2). As has been the case before the war, prostitution remained a prerequisite of the municipalities in Belgium. The difference was that, as the Belgian government was in exile, the municipal council, presided by the mayor⁵⁹, was the highest Belgian authority in the occupied territories⁶⁰. They were subordinated to the German General government and had to collaborate with it within the range given by the Minister of Home Affairs Paul Berryer⁶¹. The German authorities considered the Belgian management of prostitution as lacking. They based their statement on the unsatisfying results of their police service, the continued spreading of diseases but also on cultural stereotypes that characterised Belgians as “indolent”, “thoughtless” and “immoral”. From 1915, with this conclusion in mind, the Germans gradually created and imposed a strict regulation system in the occupied territories. Although, like pre-war Belgian regulations, it was largely inspired by the pre-existing regulation system and even more its hygienist-influenced successor the neo-regulation system, this “prophylactic dictatorship”, as French historian Jean-Yves Le Naour called it, was far more systematic and coercive. German prophylaxis, especially in military circles, had already started to be more practical in its approach before the war as medical and hygienic controls of German soldiers became more commonplace. But the war gave the

⁵⁹ For Brussels during the war: at first Adolphe MAX (1869-1939) was the mayor, but he was quickly arrested by the Germans in 1914. Maurice LEMONNIER (1860-1930) took his place and was in office during most of the occupation. Then from the 8th of May 1917 Lemonnier was also arrested and replaced by Louis STEENS (1849-1933) (VAN YPERSELE Laurence, “Max, Adolphe”, in *1914-1918-online. International Encyclopedia of the First World War*, url: https://encyclopedia.1914-1918-online.net/article/max_adolphe?version=1.0 (last consulted 02/03/2019)).

⁶⁰ DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p 69.

⁶¹ “[*Les Communes*] demeureront donc en place et continueront à exercer leurs fonctions dans l’intérêt des habitants. Elles ne cesseraient ces fonctions que si l’envahisseur prétendait leur imposer des actes qui seraient directement contraires à leurs devoirs de fidélité au Roi et au pays. (...) Les autorités communales seront ainsi nécessairement en rapport quotidien avec les autorités étrangères. Celles-ci, disposant du pouvoir, seront tenues de prendre toutes les mesures qui dépendent d’elles pour assurer l’ordre et la vie publics. Les lois en vigueur dans le pays seront appliquées; elles ne pourront être modifiées ou abrogées qu’en cas d’empêchement absolu de les maintenir. (...) Le bourgmestre veillera avec un soin particulier au maintien de l’ordre et de la sécurité dans sa commune. S’il était nécessaire, il demanderait aux autorités étrangères de lui prêter main forte”, cited in MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 4-5.

partisan of neo-regulation the opportunity to oppose a strong argument against abolitionists by testing and validating their practices on a far larger scale. They did not need to take into account the local's opinions and had no financial burden as it was supported by the municipalities' expenses⁶². There might also have been a clear influence of the General Governor Moritz von Bissing⁶³ in the adoption of those measures. In fact, he had been active in the fight against venereal diseases before the war. As a member of the *Herrenhaus* (High House of the Prussian Parliament), he piloted projects concerning the youth patriotic education, including a prevention programme warning young Germans against the dangers of sexuality and the risk of venereal diseases. After his nomination as General Governor, von Bissing continued his commitment assisted by military physicians such as Walther Stechow, *Obergeneralarzt* (general doctor) of the occupation army or his subordinates the epidemiologist Wilhelm von Drigalski, *Gouvernementsarzt* (chief doctor) for the military government of Brussels and Karl Pannwitz, head of the medical section of the military government of Brabant. New prophylactic measures were introduced to the imperial troops through information campaigns, sexual education (in the sense of prevention, not initiation), sanitary check-ups and monitoring the sexual life of the soldiers in the brothels. These were now controlled by the occupant – measures that remained far less coercive and domineering than the ones imposed to the women practicing (or accused of practicing) prostitution in the new regulation system put into place after February 1915⁶⁴.

Brussels became the first city where the system began to be implemented. Along with several ordinances regulating prostitution practice, a new vice squad - *Sittenpolizei* in German, as it will be known - was created on 13th of February 1915 and placed under the authority of Karl Gerstein, the president of the civil administration of Brabant for the General Government. This *Sittenpolizei* was made of twelve agents coming from the vice squads of major German cities, notably Berlin and Köln, which served as the inspiration behind Brussels *Sittenpolizei*.

⁶² *Ibid.*, p. 8, 10-16, 19 ; RÖGER Maren and DEBRUYNE Emmanuel, *op. cit.*, p. 688, 690-692, 694 ; ID., “Mesures...”, in *op. cit.*, p. 8-9, 11-12, 14 ; FRANÇOIS Aurore and MACHIELS Christine, *op. cit.*, p.106 ; TODD Lisa M., *op. cit.*, p. 46-47 ; LE NAOUR Jean-Yves, *Misères et tourments... op. cit.*, p. 142-143.

⁶³ **VON BISSING Moritz (1844-1917)**: German General who, after retreating from active service, served in the Prussian *Herrenhaus* from 1907 to 1914. He was brought back to active duty after the war broke out and was nominated General Governor in Belgium from the 27th of November 1914 to his death on the 18th of April 1917 (ROOLF Christoph and GERTZEN Thomas L., “Bissing, Moritz Ferdinand Freiherr von”, in *1914-1918-online... op. cit.*, url: https://encyclopedia.1914-1918-online.net/article/bissing_moritz_ferdinand_freiherr_von (last consulted 02/03/2019)).

⁶⁴ SAUERTEIG Lutz, “Militär, ...”, in *op. cit.*, p. 208-209 ; 219 ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 78-79, 206, 208, 210, 212-13, 248 ; ID., “Mesures...”, in *op. cit.*, p. 14-15.

Their role was to control prostitution activity and to enforce the new German regulation system, whose rules were officially published on the 9th of March 1915 under the name “*Polizeivorschriften zur Sicherung der Gesundheit, der öffentlichen Ordnung und des öffentlichen Anstands*”⁶⁵. The supervision of the new squad was expanded to the Greater Brussels as an intercommunal service – another particularity of the German system that did not hesitate to ignore the usual reticence of Belgian municipalities and formed intercommunal services in major agglomerations⁶⁶. This new service was publicised in the censored press in a positive manner, as something beneficial, as is obvious in an article published by *Le Bruxellois* on the 24th February 1915⁶⁷ and entitled “*Un mal social et chronique, un peu d’ordre dans le désordre*”. The article argued that the Germans were the one who, “*d’une manière énergique et pratique*” finally took action for the benefit of Belgian citizens where their own government had been inactive and inefficient. It also had a pronounced moral undertone, as much against prostitution and the prostitutes as against venereal diseases, a “*vice clandestin*” finally tackled by the occupant. The newspaper kept on publishing on the topic with the same undertone the following months.

To assist the *Sittenpolizei* in their task, German female auxiliaries were dispatched with the purpose of encouraging the reinsertion of the prostitutes. But the *Sittenpolizei* also had under their command Belgian policemen – in particular those of the pre-existing vice squad – who had to collaborate. According to Benoît Majerus, prostitution was, in fact, the area where cooperation between Belgian and German authorities had been the most advanced. Local authorities, too, saw prostitution with concern, but this collaboration with the enemy remained nevertheless reticent and if advanced, never proactive for patriotic reasons but also because Belgian municipalities felt stripped of their prerogatives over their own citizens. In addition, the new measures also signified a financial burden, as this expensive German system had to be paid by the municipalities and not the occupying power. The municipal authorities tried at first to oppose German decisions to establish this new service and regulation using Belgian law, but

⁶⁵ BRUSSELS, AVB, *Pol14-18*, n° 417: *Polizeivorschriften zur Sicherung der Gesundheit, der öffentlichen Ordnung und des öffentlichen Anstands*.

⁶⁶ DEBRUYNE Emmanuel, “Mesures...”, in *op. cit.*, p. 9-12 ; ID., ‘*Femmes à Boches*’... *op. cit.*, p. 76 ; MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 8-10, 20-21 ; TODD Lisa M., *op. cit.*, p. 46, 50-51 ; RÖGER Maren and DEBRUYNE Emmanuel, *op. cit.*, p. 691-692.

⁶⁷ DE SALM Marc, “Un mal social et chronique. Un peu d’ordre dans le désordre”, in *Le Bruxellois*, 24/02/1915, p. 1. See appendix 7.

it was overhauled by the Germans who referred to the 43rd article of the Hague Convention which gave them, as occupants, the upper hand in the enforcement of public order⁶⁸.

In the agglomeration under their supervision, the *Sittenpolizei* controlled venues and bodies to make sure they followed the new regulations. They tracked down any clandestine activity as well. In practice, the German authorities took control of the six brothels that remained in Brussels at the beginning of the war and promoted the creation of others, as they were more easily monitored – a consistent approach to the ideas of the early regulation system in the 19th century. The control of cabarets, which had been an important part of community life before the war and were therefore numerous, also became an important issue for the Germans. Prostitution in fact was thriving in such places, especially as, with the war, the price of alcohol made it less affordable and other means had to be used to attract clients. Under the German rules, only those with the appropriate license and who comply to their sanitary exigences could allow prostitution on their venue. Officially licensed cabarets were often reserved for German customers and, as it had been the case in brothels before, they were divided hierarchically between those accessible for the officers and those reserved for the troopers. The *Sittenpolizei* had to check that everything was in order and that there was no clandestine activity. As it had been the case since the beginning of the regulation system, clandestine prostitution was designated to be the greatest threat as it was unmonitored and could increase the risk of infection. Cabarets discovered to allow such practice on their venue could be temporally or definitely closed. The women – either in cabarets or in the street – caught prostituting themselves clandestinely were registered by the *Sittenpolizei* and afterwards had to submit themselves to the exigences of the German regulations, including sanitary check-ups, or they risked fees or prison sentences⁶⁹.

Venereal diseases and the anxiety they induced played a large part in this German system greatly influenced by neo-regulation movement which insisted on the importance of sanitary measure. Prostitutes had to submit to regular sanitary visits – twice a week. But a woman accused of contaminating a German soldier or suspected of having a relation with one could also have to submit to a sanitary check even if she was not a prostitute. This latter practice was

⁶⁸ RÖGER Maren and DEBRUYNE Emmanuel, *op. cit.* ; DEBRUYNE Emmanuel, 'Femmes à Boches'... *op. cit.*, p. 76, 85-93 ; ID., "Mesures...", in *op. cit.*, p. 9-12 ; MAJERUS Benoît, "La Prostitution...", in *op. cit.*, p. 8-12, 20-21 ; TODD Lisa M., *op. cit.*, p. 46, 50-51.

⁶⁹ *Ibid.*, p. 40-41, 46-49 ; RÖGER Maren and DEBRUYNE Emmanuel, *op. cit.*, p. 692 ; MAJERUS Benoît, "La Prostitution...", in *op. cit.*, p. 10-12 ; DEBRUYNE Emmanuel, 'Femmes à Boches'... *op. cit.*, p. 78-79, 94-96 ; ID., "Mesures...", in *op. cit.*, p. 12-13.

shocking for the locals. The women involved perceived it even more as a violent invasion of their intimacy – in particular when a vaginal speculum was used – and, as Emmanuel Debruyne explained, an “humiliating social decline” because the sanitary screenings had been commonly associated with prostitution since the 19th century⁷⁰.

Whereas a German soldier who had contracted a venereal disease was to be treated with much more freedom in a *Feldlazarette* or, for Brussels, in the military hospital of the avenue de la Couronne, a woman found to be infected with a sexually transmissible disease had to undergo a forced hospitalisation – another specificity of the German regulation system. They at first relied on pre-existing infrastructures, such as the dispensaries or the hospital wings that had been reserved for venereal infections before the war. But quickly the number of patients overgrew the places available. Furthermore, even as the Germans requisitioned more buildings such as convents or schools to hospitalise infected women, the situation was not satisfactory – they quickly got overcrowded as well, and the question of security and containment became a serious issue as the escapes from those makeshift hospitals multiplied⁷¹.

The solution chosen to counter these issues were specific centres dedicated solely to the treatment of local women infected with venereal diseases, known under the euphemism of *Frauenkrankenhäuser* – “hospital for women” in German. It aimed, according to their German advocates, to propose the most modern treatments dispensed by specialised staff in a clean and secured environment – the incarnation of hygienist neo-regulation theories, offering both the containment and neutralisation of those perceived as the source of the disease. The first of those centres were created in the *Etappen- und Operationsgebiet* zone. Within the Government-General zone, they appeared in Brussels after the German authorities requested the civilian Hospital of Saint-Gilles to treat the infected women of the Brussels agglomeration on the 13th of February 1915⁷².

Saint-Gilles’s hospital was a recent infrastructure. The question of establishing a hospital for the municipality of Saint-Gilles had been discussed since 1883, after the authorities of Brussels-city decided to provide a hospital service for the suburban municipalities of the capital – among which figured Saint-Gilles. After a temporary hospital had been set up the same year

⁷⁰ *Ibid.*, p. 11-13 ; ID., ‘*Femmes à Boches*’... *op. cit.*, p. 216 ; FRANÇOIS Aurore and MASSIN Veerle, *op. cit.*, p. 380 ; LE NAOUR Jean-Yves, *Misères et tourments*... *op. cit.*, p. 142-143.

⁷¹ RÖGER Maren and DEBRUYNE Emmanuel, *op. cit.*, p. 693 ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 220-222 ; ID., “Mesures...”, in *op. cit.*, p. 14.

⁷² *Ibid.*, p. 13-14 ; ID., ‘*Femmes à Boches*’... *op. cit.*, p. 221 ; RÖGER Maren and DEBRUYNE Emmanuel, *op. cit.*, p. 693-694.

in the Bethlehem Yard (*Enclos de Bethléem*), a new project was launched: building a new hospital for the growing population of the municipality. In 1896 the municipal council decided on an area located in the neighbour municipality of Forest. The later accepted providing that Saint-Gilles financed the construction of the future avenue Molière on which the hospital was to be located. It became a stylish and mostly residential avenue. The construction of the hospital started in 1908 and was inaugurated in 1911⁷³. Designed by the architect Constantin Delplace in 1905, the Saint-Gilles's civil hospital, also known as the "hôpital Molière" due to its location, had been designed to offer a pleasant experience for its patients, as appeared clearly in the minutes of the municipal council on the 8th of June 1905: "The building dedicated to consultations will have the most pleasant aspect as possible, as to spare the patient any feeling of repulsion for the hospital." But it was also thought to be modern and sophisticated, following the hygienist principles promoted at the time that divided the hospital between eight pavilions dedicated to specific treatments or diseases, including two dedicated to surgery. It was evenly built to maintain a perfect level of hygiene and aeration. It also included a day-care service, a pharmacy, a vast kitchen deserving the whole establishment, a floor dedicated to administrative service, a concierge service, lodgings for the staff, the director's accommodations, and gardens at the disposal of the patients. In 1913, two cutting-edge laboratories dedicated to research and radiology were added to the precedent installations. The ambition to be at the a state-of-the-art infrastructure has possibly impacted the hospital's experience on venerology - inside the municipal finances, on a chapter regarding hospices, the hospital is said to have effectuated 1077 Bordet-Wassermann tests on their patients during 1913, and it appeared on a list of pre-war infrastructures delivering treatments for sexually transmitted diseases published by the Supreme Council for Public Health in 1920. The hospital did not treat prostitutes, as the Saint-Peter's hospital was the one dealing with the vice squad, but it did deliver consultations. There is no indication though that that a wing only dedicated to the treatment of venereal diseases might have existed – a pavilion was reserved for the treatment of "infectious diseases" but this term also included other illnesses such as tuberculosis⁷⁴.

⁷³ See **appendix 4** for postcards of Saint-Gilles's civil hospital ; see **appendix 5** for the original plans of the civil hospital (1908).

⁷⁴ DEJEMEPPE Pierre (ed.), *Saint-Gilles: huit siècles d'histoire(s), 1216-2016*, Brussels, Mardaga , 2016, p. 125 ; DEBOUVERIE Patrick, e.a., *Saint-Gilles 800 ans... du village à la ville: huit siècles de développement urbain*, Brussels, Syndicat d'Initiative de Saint-Gilles, 2016, p. 156 ; "Hôpital Molière-Longchamp, anciennement hôpital civil de Saint-Gilles" in *Région de Bruxelles-Capitale, Inventaire du patrimoine architectural*, url : http://www.irismonument.be/fr.Forest.Avenue_Moliere.32.html (last consulted 03/03/2019) ; DEL MARMOL Bénédicte, *L'avenue Molière et le quartier Berkendael*, Brussels, Ministère de la Région de Bruxelles-Capitale,

It is unclear why this hospital was chosen instead of another, as little documents bearing information on the matter remain today. It seems to have been a question of space – as the Saint-Pierre hospital, which had a specialised wing under the supervision of the renowned doctor Adrien Bayet, had been rejected apparently for having too little beds for the estimated number needed. Another reason explaining the choice of the Saint-Gilles hospital is security – as escaping had been a problem with the infrastructures used at first by the Germans and as the new centres became very carceral in nature (it will be detailed in chapter 2), the need to guarantee this security might have been an important factor, and maybe the hospital on the avenue Molière had seemed better adapted. Another incentive might have been the fact that the hospital had been built recently, benefiting from clean and cutting-edge installations in line of hygienic principles also praised by the German for their program. Oppositely in Saint-Pierre’s hospital for example, Bayet repeatedly deplored the size, the lack of accommodation and hygienic conditions as well as the poor location of his service. Finally, a last hypothesis is that, unlike Saint-Peter’s, Saint-Gilles’ did not have a preeminent specialist who could either argue with the German physicians who were to be assigned to the new centre and threaten the German control on this project or could have too strong patriotic feelings like the Dr Bayet to cooperate. Adrien Bayet did have a son fighting in the ranks of the Belgian army at the time, and his hatred for the occupant appears clearly in the journal he kept during the war. For instance, although he praised *Salvarsan* before, he criticised it after 1914 along with its developer Ehrlicht, basing for the later his argumentation on germaphobia and antisemitism⁷⁵. In his diary, he also repeatedly manifested his wish to have nothing to do with the occupant, even on scientific level (“*Plus rien ne peut exister entre nous*⁷⁶”). As for the *Frauenkrankenhaus* that appeared in Saint-Gilles, it seemed to have been a great relief to him that his own hospital had not been chosen: “*Je suis ravi d’être déchargé de cette corvée que du reste je n’eusse pas acceptée*⁷⁷”.

2002, p. 5 (Bruxelles, Ville d’Art et d’Histoire, 33) ; VAN DE VIJVER Dirk, "Vers une architecture qui soigne. Constructions d’hôpitaux à pavillons en Belgique au XIX^e siècle (1780-1914)", in *L’architecture hospitalière en Belgique*, Brussels, 2004, p. 54-65 (Cahier monumenten & Landschappen, 10) ; BRUSSELS, AGR, *MVG*, n° 401: “*Essai d’organisation de la prophylaxie des maladies vénériennes*”, Brussels, Administration du service de santé et de l’hygiène, 1919 ; SAINT-GILLES, AVSG, *Comptes communaux (1913)*, p. 144.

⁷⁵ DEBRUYNE Emmanuel, “Mesures...”, in *op. cit.*, p. 10, 12 ; SCAILLET Christelle, *La prophylaxie sociale de la syphilis dans l’entre-deux-guerre en Belgique*, Brussels, 1998 (History Master’s Thesis, ULB, sup. GUBIN Eliane), p. 66-70 ; NEEFS Hans, *op. cit.*, p. 116 ; BRUSSELS, AML, ML 03546 CR, BAYET Adrien, *Journal d’un Bruxellois ...*, 8th notebook, 14/02/1915 entry ; *Ibid.*, 22/08/1915 entry ; *Ibid.*, 15/04/1916 entry.

⁷⁶ *Ibid.*, 2nd notebook, 15/04/1916 entry.

⁷⁷ *Ibid.*, 2nd notebook, 14/02/1915 entry.

CHAPTER 2: THE *FRAUENKRANKENHAUS*

The centre had been operating for more than three months when Marie Eugénie S. first arrived at the *Frauenkankenhaus* of Saint-Gilles on the 9th of June 1915. Aged 23, born in Brussels-city and still residing there, she is a perfect example of the “average patient” of the hospital listed by the *Sittenpolizei* in the first year of the centre’s activity⁷⁸. While not registered as a prostitute, she did nonetheless end up on the lists as “not placed under sanitary police surveillance, but who, under examination, was recognised as sick⁷⁹”. Under the new German system, she therefore had to be taken to the venereal centre to be treated.

For the women who crossed the doors of the *Frauenkrankenhaus*, the “most pleasing aspect” sought by its original architects in 1908 had most certainly disappeared. Once the hospital had entered German hands, its nature changed, impacting the institution as a whole. Its new aims and principles appeared clearly within the pages of the proceedings of a Conference dedicated to the fight against venereal diseases that took place in Brussels on the 8th of October 1915 at the initiative of Moritz von Bissing⁸⁰. It discussed and evaluated their new policies on sexually transmitted diseases in occupied territories and included a speech on Brussels’s situation by Wilhelm von Drigalski, the head doctor of the military regime in the capital. Clearly anchored in neo-regulation and hygienist ideals, these policies aimed to protect German soldiers as well as the German race itself in curbing the spread of venereal diseases by treating the problem at its roots. It therefore was of prime importance to prevent contagion by isolating and neutralising their source, still mostly designated to be the prostitute and, on a broader level, the local women⁸¹. As mentioned by Jules Limbour in his diary about these policies: “*Les femmes malades sont retirées de la circulation*⁸²” – and the *Frauenkrankenhaus* played a major role in this system.

⁷⁸ BRUSSELS, AVB, *Etat civil de Bruxelles, Registre des naissances (1892)*, n° 702 ; BRUSSELS, AVB, *Pol14-18*, n° 420: *Sittenpolizei lists*, list n° 2 (28/05-13/06/1915) and n° 21 (16-31/03/1916).

⁷⁹ More exactly, “*Liste der nicht unter gesundheitspolizeiliche Aufsicht gestellten weiblichen Personen, die sich bei der Untersuchung als krank erwiesen haben.*”

⁸⁰ *Sitzungsbericht... op. cit.*

⁸¹ RÖGER Maren and DEBRUYNE Emmanuel, *op. cit.*, p. 693 ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 216, 232-233 ; ID., “Mesures...”, in *op. cit.*, p. 11-14 ; FRANÇOIS Aurore and MASSIN Veerle, *op. cit.*, p. 380 ; VAN HOOREWEGHE Colette, in *op. cit.*, p. 153-157 ; VON DRIGALSKI Wilhelm, “Bekämpfung der Geschlechtskrankheiten in Groß-Brüssel”, in *Sitzungsbericht... op. cit.*, p. 12-19.

⁸² ALLENDER Roland, *Jules Limbour. Un Douaisien très occupé (1914-1918)*, Douai, Mémoires de la Société nationale d’Agriculture, Sciences et Arts de Douai, 2014, 10/03/1916 entry, p. 225, cited in DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 216, 232-233 ; ID., “Mesures...”, in *op. cit.* ; FRANÇOIS Aurore and MASSIN Veerle, *op. cit.*, p. 243.

2.1. THE *FRAUENKRANKENHAUS* AS A TOTAL INSTITUTION

While the Germans promoted voluntary hospitalisation, any woman suspected of selling sex or potentially risking infecting German soldiers could be requested to undergo a screening, be she registered as a prostitute or not. If she refused, she could be incarcerated until she relinquished, and if any infection was detected, she was forcefully hospitalised in the *Frauenkrankenhaus*. Meanwhile, those who were registered as prostitutes still had to submit to such examination twice a week to confirm that they were clear of disease. Falling to do so could result in an arrest by the *Sittenpolizei* – and a sanitary screening⁸³. These regular screenings were now taking place in the venereal centre of Saint-Gilles, where a tramway stop had even been put in place to facilitate its access⁸⁴. Twice a week, then, sex workers were queuing to be examined. Heinrich Wandt⁸⁵, talking about Ghent's centre, Lousberg, mentions long lines of women waiting, while their pimp awaited outside anxiously: “*Au cours de la visite, on voyait des centaines de souteneurs attendant anxieusement le retour de leurs protectrices. Car il dépendait de l'issue de l'examen médical, si elles seraient internées ou non, et partant si la source de revenu de ces beaux messieurs était tarie ou non. Et quand le résultat était favorable, ils embrassaient avec effusion 'la revenante'*”⁸⁶. Wandt here denotes the terrible anxiety linked to the *Frauenkrankenhaus*. Particularly, his use of the term “*la revenante*”, associated with the idea of coming back from Death, is striking. It makes sense, though, as entering the institution for a sanitary check could have resulted in having to remain there. Under the new German system, hospitalisation was forced and the patients – the “sources of infection” – had no choice but to undergo treatment inside the centre until they were deemed cured and no longer a threat⁸⁷.

⁸³ VAN HOOREWEGHE Colette, *op. cit.*, p. 155 ; MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 10 ; DEBRUYNE Emmanuel, “Mesures...”, in *op. cit.*, p. 11-13 ; ID., ‘*Femmes à Boches*’... *op. cit.*, p. 109, 214-229 ; BRUSSELS, AVB, *Pol14-18*, n° 417, *Polizeivorschriften... op. cit.*

⁸⁴ SAINT-GILLES, ACSG, *Procès-verbaux du collège communal (20/04/1915)*.

⁸⁵ **WANDT Heinrich (1890-1965)**: Socialist and antimilitarist journalist, who served in Ghent in the First World War from 1914 to October 1918. He notably recounted his experience in his book, *Etappe Gent: Streiflichter zum Zusammenbruch*, for which he was prosecuted (DE BACKER Christian, “Heinrich Wandt (1890-1965), auteur van het Etappenleven te Gent. Een proeve van bio-bibliografie”, in *Handelingen van de Maatschappij voor Geschiedenis en Oudheid te Gent*, n° 39, 1985, p. 223-246).

⁸⁶ WANDT Heinrich, *Vie d'étape à Gand. En marge de l'effondrement allemand*, vol.1, Ghent, Janssens, 1921, p. 123-126.

⁸⁷ *Ibid.*, p. 123 ; VON DRIGALSKI Wilhelm, *op. cit.*, p. 14-15 ; SAUERTEIG Lutz, “Militär, ...”, in *op. cit.*, p. 217 ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 227-229 ; ID., “Mesures...”, in *op. cit.*, p. 13 ; BRUSSELS, AVB, *Pol14-18*, n° 417, *Polizeivorschriften... op. cit.*

In line with the proclaimed objective of their German instigators of being the most efficient institutions in the fight against venereal diseases, the *Frauenkrankenhäuser* administered the latest treatments available⁸⁸. Gonorrhoea was the most widespread sexually transmitted disease among the prostitute population. Despite the fact that the consequences of the infection could be serious (spread to joints and heart valves or causing infertility in women if left untreated), gonorrhoea seems to have been underestimated and even unknown by many – Wandt, for instance, spoke of gonorrhoea as “a new disease”. An ignorance that may have been due to the fact that while gonorrhoea can manifest itself through pain, discharges, and inflammation, in many cases the infection causes no symptoms and was far less ingrained in common imagination than syphilis⁸⁹. However, as had been the case for syphilis, there had been huge medical advancements in the identification and cure of gonorrhoea. The bacteria at its origin, the *gonococcus*, had been isolated by the German Albert Neisser in 1878 and treatments developed⁹⁰. Among those available at the time were the Artygol or the Protargol (silver proteinate), developed by the chemist Arthur Eichengrün and marketed by the pharmacist Bayer after 1897. They were used as vaccination to fight the gonococcus, and often associated with potassium permanganate washes that visibly diminished secretions and thus were perceived to limit contagiousness quickly⁹¹. Although syphilis remained the most dreaded venereal infection, only 4.5% of the prostitute population suffered from it. It is, in contrast, the most commonly mentioned infection in the sources⁹². This overbearing presence may have been caused by the aforementioned imaginary importance of the disease or by a higher proportion of syphilitic patients. This cannot be verified, as no archive mentions the quotas of each disease. But it could be argued that one might have facilitated the other, that the dread caused by the infection would have driven doctors to be particularly attentive to the manifestation of syphilis, resulting in a higher number of syphilitics interned than would have been the case otherwise. Concerning its treatment, all of the new advancements developed since the turn of the century were administered in the *Frauenkrankenhäuser*. There, syphilis was first

⁸⁸ DEBRUYNE Emmanuel, 'Femmes à Boches'... *op. cit.*, p. 228.

⁸⁹ *Ibid.*, p. 206 ; CATOIRE Guillaume, *op. cit.*, p. 19 ; MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 25 ; WANDT Heinrich, *Vie d'étape...* *op. cit.*, p. 124.

⁹⁰ While no archive mentions the treatments used, those appeared in medical recommendation before and after the war. It seems likely that they were also used in the centre (AGR, *MVG*, n° 401).

⁹¹ DEBRUYNE Emmanuel, 'Femmes à Boches'... *op. cit.*, p. 243 ; TODD Lisa M., *op. cit.*, p. 58, 61, 79 ; BRUSSELS, AGR, *MVG*, n° 401: *Syphilis et Blennorrhagie. Instruction pour les médecins*, s.d., p. 28.

⁹² MAJERUS Benoît, “La Prostitution...”, in *op. cit.*

detected through the Bordet-Wassermann test⁹³ and then treated with Salvarsan. Afterwards, the patients were regularly tested again to check on any progress. Every patient's treatment and ongoing results were thoroughly recorded under a bureaucratic protocol, which, in addition, also identified the patient, her living conditions before her hospitalisation and the circumstances of her infection⁹⁴. For gonorrhoea as much as for syphilis, these treatments were known to be unpleasant, and their components often had undesirable side effects – it had, after all, already be one of the reasons that dissuaded people to seek treatment before the war⁹⁵. Furthermore, it could have taken weeks for the patient to be deemed cured and ready to be released. Contrary to the previous leniency of which the Belgian physicians were accused of, under German supervision no woman was supposed to be released too early to risk spreading disease. As long as it was not certain that she was cured, the patient remained forcefully hospitalised. With cases of syphilis for instance, the Bordet-Wasserman reaction had to be proven negative three times before patients could hope to be deemed cured. As a result, hospitalisations were long. For the *Frauenkrankenhaus* of Charleroi for example, hospitalisation lasted one month for half of the patients, two months for a third, while a sixth of the women remained interned inside the venereal centre for three months or more. Worse, it seems that being cured would not always be followed by release. In Ghent for instance, Colette van Hooreweghe noted that many women remained interned as German doctors were apparently both overzealous and overwhelmed by the number of cases to supervise. Entering the *Frauenkrankenhaus*, in short, implied a long hospitalisation for the women of several weeks with no guarantee as to when they would be free to leave its premises⁹⁶.

During that time, the patients were not allowed to leave the premises or receive visitors. The centre was thought as a closed environment, meant to isolate the patients seen as a source of infection. As such, it was in line with the neo-regulation precepts that replaced the closed environment of the brothel favoured by earlier regulation systems with the hospital. This hospitalisation had a huge impact on the women interned, as cutting the patients from the outside world was not the only particularity of the *Frauenkrankenhaus*' organisation. It was

⁹³ Referred to, in the 8th of October 1915 conference, as “*der Wassermannschen Blutprobe*”, actively erasing its Belgian co-developer (FORNET Walter, “Anzeigepflicht bei Geschlechtskrankheiten”, in *Sitzungsbericht... op. cit.*, p. 30).

⁹⁴ DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 228.

⁹⁵ NEEFS Hans, *op. cit.*, p. 98-100, 116-117, 120-121.

⁹⁶ DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 227-229, 232-233 ; ID., “Mesures...”, in *op. cit.*, p. 12-13 ; MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 12 ; VAN HOOREWEGHE Colette, *op. cit.*, p. 155-158.

regulated by strict rules and principles, regimenting and overtaking the daily life of the patients on an advanced stage. As such, the *Frauenkrankenhaus* can be understood through the concept “total institution”, first described by Sociologist Erving Goffman as “a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life⁹⁷”.

The closed nature of the centres materialised first in their appearance by securing infrastructures such as window bars, fences or barbed wire. Some buildings chosen by the Germans already had such devices present before, while in other cases it had to be set up. In Namur for instance, a two-meter-high fence was placed around the syphilitic pavilion and barbed wire was added to the window bars⁹⁸. On postcards featuring Saint-Gilles’s hospital, undated but most likely taken dating from before the war, the venue appears to already be surrounded by walls and fences⁹⁹. Their aim then seems to have been more about delimiting the area and preserving intimacy than establishing an advanced segregation, and thus may have been upgraded when its functions changed. No bars appear on the windows on postcards either. As for the fences, it is likely that new installations were enforced on that aspect too. Early provisional budgets¹⁰⁰, sent monthly to the different municipalities of Brussels, mentions modifications made to the building¹⁰¹. Along with practical medical installations, those modifications could include a reinforcement of the pre-existing devices and infrastructures. In addition to these daunting infrastructures, the containment of the centres also relied on staff members’ surveillance. A man named “Schulz”, presented as a clerk (*commis de bureau*) in the staff’s salary statement is also mentioned in a police report as “*employé chargé de la surveillance de l’hôpital*” who witnessed the escape of a patient¹⁰². His function, linking office work and surveillance might simply imply that this “surveillance” task consisted of calling out names and checking that all patients were present. Still, him being the witness of an escape may hint to a more active role, difficult to define with the remaining sources at hand, though.

⁹⁷ *Ibid.*, p. 159 ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 214-228, 232-233 ; GOFFMAN Erving, *Asylums: essays on the social situation of mental patients and other inmates*, New York, Anchor Books, 1961, p. xiii ; BECKER Howard S., “La politique de la presentation: Goffman et les institutions totales”, in AMOUROUS Charles and BLANC Alain (ed.), *Erving Goffman et les institutions totales*, Paris, L’Harmattan, 2001, p. 71.

⁹⁸ DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 220-229.

⁹⁹ BRUSSELS, Académie Royale de Belgique, *Trésors de l’Académie Royale*, Collection Belfius Banque: *Postcards of Saint Gilles’ Civil Hospital, s.d.* See **appendix 4**.

¹⁰⁰ For an example of such budget, see **appendix 8**.

¹⁰¹ BRUSSELS, AVB, *Pol14-18*, n° 417 and 420: *Sittenpolizei Budgets (May to December 1915)*.

¹⁰² BRUSSELS, AVB, *Pol14-18*, n° 417 and 420: *Sittenpolizei Budgets – Staff Salaries (May and June 1915)* ; BRUSSELS, AVB, *Pol14-18*, n° 420: *Copy of Leonie F.’s Conviction (16/041915)*.

It is also unclear if Schulz was the only staff member responsible for guarding the patient, but it seems unlikely. Different staff members could exercise this function in shifts, and surveillance was probably a function exercised simultaneously by the entire supervising body of doctors, nurses, Franciscan sisters and various employees present on the site¹⁰³. This surveillance between the walls of the institution was also, most certainly, seconded by military guards or policemen guarding it as was the case for other centres. In 1915, the budget mentions costs for the erection of “*baragues*”, a term that might designate a basic structure built for housing soldiers¹⁰⁴. Although it might have been the purpose of those new infrastructures, this hypothesis is weak: first because as military “*baragues*” designates more often temporary installations, and secondly because the idea of lodging soldiers on the site with infected women seems incongruous.

This enclosure – material and human – was supposed to forbid exchanges with the outside world. In addition to the fact that women could not leave the premises and in line with a logic of containment, no one was supposed to enter the centre for visits¹⁰⁵. The idea of having so numerous women, even if they were ill, gathered in one place attracted attention, particularly that of German servicemen. In Bruges, soldiers even had to be formally reminded of that trying to reach the interned women was forbidden¹⁰⁶. But more than discouraging too enterprising military men, this restricted liberty was primarily put in place to prevent patients’ escapes. Escapes had already been happening in the first improvised venereal establishments requisitioned by the Germans and had motivated the creation of the more secured *Frauenkrankenhäuser*. Nevertheless, they kept happening, manifesting the determination of the women to get out of the centres¹⁰⁷. In Saint-Gilles, several attempts appear through the police reports. None, however, seems to have been as dramatic as the attempted escape related in the war diary of Sister Saint Eleuthère, member of the Congregation of Saint-Thomas serving in the *Frauenkrankenhaus* of Noyon, in France: “*Une femme de 26 ans arrachée par les Allemands à ses trois enfants âgés de six mois, cinq et sept ans et internée à l’hôpital parmi les*

¹⁰³ As seems apparent in the following document which mentions a nun is supervising a pavilion: BRUSSELS, AVB, *Pol14-18*, n° 420: *Pro Justitia and Police reports on Germaine M. (April and May) 1917*.

¹⁰⁴ DEBRUYNE Emmanuel, ‘*Femmes à Boches*’ ... *op. cit.*, p. 227-229 ; BRUSSELS, AVB, *Pol14-18*, n° 417: *Sittenpolizei Budgets (July and September 1915)*.

¹⁰⁵ VAN HOOREWEGHE Colette, *op. cit.*, p. 159 ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’ ... *op. cit.*, p. 214-228, 232-233.

¹⁰⁶ *Ibid.*, p. 229.

¹⁰⁷ *Ibid.*, p.220, 229-230, RÖGER Maren and DEBRUYNE Emmanuel, *op. cit.*, p. 693 ; BRUSSELS, AVB, *Pol14-18*, n° 417 and 420: *Police reports*

*femmes de mauvaise vie, se précipite du second étage et vient se briser le crâne sur le pavé de la cour ; la malheureuse expire peu après.*¹⁰⁸”

This testimony suggests how desperate the situation of the women interned would have been, but also mentions another typical element of the patient’s internment: the separation and isolation from their family and, particularly, their children. The management of these children varied among the centres across the occupied territories. It appears that, in some centres, they were allowed to remain with their mother until a certain age (for example, until they were two years old in Douai). But in the end, the vast majority of the children were separated from their mothers - a separation that surely caused deep sorrow for the mothers¹⁰⁹. The harshness of this separation is also perceptible in the testimony of Sister Saint Eleuthère who wrote that the mother had been “torn” (*arrachée*) from her children by the Germans. Surprisingly, though, despite the evident violence of this separation, the children are totally absent from the remaining archives concerning the venereal centre of Saint Gilles. A child is sometimes mentioned in a few police reports on women (suspected of) selling sex and in letters of denunciation, but these archives almost never revealed if the woman was hospitalised for venereal disease or not and therefore cannot be used in this analysis. Meanwhile, the lists made by the Sittenpolizei of the women interned in the *Frauenkrankenhaus* bear no indication regarding motherhood¹¹⁰ and the provisional budgets of the hospital do not mention any employee or cost specifically dedicated to the care of children. It is unbelievable, though, that none of the women hospitalised in Brussels ever had children, so a protocol was certainly put in place for their care. While nothing of the kind existed in 1908 (maybe due to different practice of child delivery which then took place more frequently at home), later plans of the hospital (1963) shows one building that appears to be dedicated to the paediatric service¹¹¹. But it is unlikely that it was the case during the Great War since, as said, building was dedicated to infectious patients¹¹², and as aforementioned, there is a blatant absence of any cost or staff relating to it in the sources. The most plausible explanation is that in Brussels, a capital, many orphanages and charities devoted to the care of children already existed and that the children

¹⁰⁸ SŒUR SAINT ELEUTHÈRE, *L’occupation allemande de Noyon. 1914-1917. Les carnets de guerre d’une sœur infirmière*, Noyon, Société Historique, Archéologique et Scientifique de Noyon, 2003, 06/09/1915 entry, p. 93, cited in DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 230.

¹⁰⁹ *Ibid.*, p. 232-233.

¹¹⁰ See **appendix 9** for an example of such list.

¹¹¹ See **appendix 6** ; FOREST, Archives de la Commune de Forest (ACF), *Urbanism: Saint-Gilles’ Civil Hospital plan (1963)*.

¹¹² See **appendix 5** ; FOREST, ACF, *Urbanism: Saint-Gilles’ Civil Hospital plans (1908)*.

of the women hospitalised in the *Frauenkrankenhaus* were taken to such institution, as was done in other centres like Charleville. What happened to them afterwards remains in question. It could have sad consequences, as is highlighted in the case of the children of the women of the *Frauenkrankenhaus* of Chateau-Galand. Of the 41 children that were placed in a shelter specially created, 12 died in the first 6 months following their separation with their mother. The reason of their death is imprecise but can be figured out: malnutrition, but also a lack of care or even maltreatment that could originate from the rarity of resources and staff available in wartime and be aggravated by the stigma associated with the mother's situation. The sombre fate of the children of Chateau-Galand may give an idea of the one awaiting the sons and daughters of Saint-Gilles's *Frauenkrankenhaus*' patients once they were torn apart¹¹³.

Once inside the walls of the *Frauenkrankenhaus*, cut from their social and familial network, isolated from the outside world, the women integrated what was indeed structured as a peculiar microcosm, regulated by its own rules and dynamics. To fully integrate this new system, the patient had to undergo, in Goffman's words, a "role dispossession": she is to be rid of what constituted her identity outside the institution, to be "trimmed", to be reduced to a patient to be cured¹¹⁴.

The separation of the woman from her family can already be understood as a first step in this dispossession: they lost their roles as daughters, wives, as mothers – the latter being a particularly important symbol of womanhood at the time¹¹⁵. But the dispossession of the women's identity could be far more thorough. It could, for instance, be physically implemented in their appearance. First, in the way they dressed. Uniforms were often imposed¹¹⁶. The uniform fits well in the logic of erasing identities, as it suppresses differences of status, of personalities and forces those who wear it to conform to the norms of the institution imposing it¹¹⁷. There is no description of this uniform, except in a comment by Heinrich Wandt describing how some women fled Lousberg after it was damaged by an English bomb "*dans une toilette des plus primitive, elles ne portaient autre chose qu'un court jupon de flanelle qui*

¹¹³ DEBRUYNE Emmanuel, 'Femmes à Boches'... *op. cit.*, p. 232.

¹¹⁴ GOFFMAN Erving, *op. cit.*, p. 16 ; BECKER Howard S., *op. cit.*, p. 66.

¹¹⁵ BEAUTHIER Régine, "Le juge et le lit conjugal au XIX^e siècle", in COENEN Marie-Thérèse (ed.), *Corps de femmes. Sexualité et contrôle social*, Brussels, De Boeck, 2002, p. 44-49 ; DUBY Georges and PERROT Michelle (ed.), *op. cit.*

¹¹⁶ DEBRUYNE Emmanuel, 'Femmes à Boches'... *op. cit.*, p. 229.

¹¹⁷ JOSEPH Nathan and NICHOLAS Alex, "The Uniform: A Sociological Perspective" in *American Journal of Sociology*, n°77/4, 1972, p. 719-730.

*leur tombait à peine jusqu'aux genoux*¹¹⁸. This petticoat may have been part of the uniform, in Lousberg and maybe in the other centres too. Little is known about the dress code in application in Brussels. The only mention of clothing found among the archives was, in a police report, the mention of a corset, in which a patient, Juliette D., had hidden some money. She had been told to take it off for the duration of her treatment and leave it in the changing room located next to the pavilion where she was assigned, but it had apparently been stolen during her stay by another inmate¹¹⁹. The testimony she gave does not carry any more information as if the women had to take off all their clothes and wear a uniform, or if they just had to remove their corset. The latter is easily understandable in the context of a medical yard, for practicality as much as hygiene¹²⁰. If no uniform was given to the patients, a regulated dress style, simplistic and rid of embellishments, may have been imposed instead. This first depersonalisation through appearance inside the venereal centre, though, could go further, as has been the case in other centres. Inside his war diary, Robert Faÿ reported how the women in the *Frauenkrankenhaus* of Sedan had their head shaved. The measure was officially practised on hygienic ground, a valid argument as lice and fleas would definitely have been a problem inside a closed institution where numerous people were gathered. But it could also serve other purposes. First, it rendered the patient more detectable if she tried to escape, a fact noticed upon by Faÿ: “*C’est donc un moyen sûr de les reconnaître si elles s’échappent*¹²¹.” As such, the patient’s own body could become a means of isolation for the occupant and a measure of further alienation and marginalisation from society, even more haunting than the walls and barbed wires for the women. The mortification of their identity by cutting their hair is also particularly significant as it was a fundamental symbol of a woman’s femininity at the time¹²². Pushing this symbol further, the measure can even be argued to “unsex” the women. Maybe, Eugen Ortner, who in all evidence worked in a *Frauenkrankenhaus* in occupied France, alluded to this process of unsexing the women in the title of his novel *Französinen ohne Geschlecht*¹²³. The willingness to unsex a woman seen as a prostitute, at a time when their sexual licentiousness shocked and set them apart, can further be interpreted as a way to force them to comply to the

¹¹⁸ WANDT Heinrich, *Vie d'étape...*, p. 127.

¹¹⁹ BRUSSELS, AVB, *Pol14-18*, n° 420: *Pro Justitia and Police reports on Germaine M. (April and May 1917)*.

¹²⁰ FIELDS Jill, “Fighting the Corsetless Evil”: Shaping Corsets and Culture, 1900-1930”, in *Journal of Social History*, n° 33/2, 1999, p. 355-356.

¹²¹ FAÿ Robert, *Sedan, prison sans barreaux: souvenirs (août 1914-décembre 1917)*, Charleville, n.ed., 1997, 13/01/1915 entry, p.128, cited in DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 229.

¹²² PERROT Philippe, *Le travail des apparences. Le corps féminin XVIII^e-XIX^e siècle*, Paris, Seuil, 1984, p. 203.

¹²³ ORTNER Eugen, *Französinen ohne Geschlecht*, Berlin, Wilhelm Borngräger Verlag, 1920.

expected norm of non-existent feminine sexuality that they disrupted. Shaving a woman's head can also be used as a dehumanising humiliation¹²⁴, as is evidently apparent in Robert Faÿ's war diary, where he recounted how the women, ashamed, tried to hide their forced baldness by wearing headscarves¹²⁵. Along with the sanitary checks and the unpleasant treatments, this was another invasive measure, a violence done to the women's body and self-esteem. Given the lack of information, it is impossible to know if such procedures – wearing uniforms and shaving heads – were implemented in Brussels. But, as it was the case in other centres, it is clearly a possibility.

To add to the prison-like atmosphere inside the centre, discipline and order were implemented through strict regulations that can also be seen as formatting behaviours. The regulations in use in Saint-Gilles have been lost, but those that were implemented in other centres enable to imagine the scale of the restrictive dimension of the centre and the impact it might have had on the patients' daily experience¹²⁶. Among the rules of Lousberg for example, it was stated that the women were forbidden to lie in someone else's bed or to go in another dorm than her own, to be in her dormitory outside sleeping hours without permission to rest delivered by one of the doctors, to keep the lamps on or to speak after sleep time¹²⁷. These restrictions clearly served to maintain order and to locate the patients inside the centre. But these rules also counter basic human needs, like talking, resting or needing time for oneself, that further dehumanisation and dispossession. In a total institution like the *Frauenkrankenhaus*, maintaining order and the dispossession of identity can actually be seen as complementary, as the diverse regulations that accentuate the depersonalisation of the individual facilitates the daily management of a large number of people interned in a restricted space¹²⁸. Regarding the act of "sleeping in someone else's bed", it can also be interpreted with more sexual undertones, its interdiction thus acting as a deterrent to any unwanted proclivity, especially in a space devoted to cure sexual diseases that even unsex the women.

¹²⁴ MAJERUS Benoît, "La Prostitution...", in *op. cit.*, p. 16-17, 27 ; DEBRUYNE Emmanuel, 'Femmes à Boches'... *op. cit.*, p. 162-3, 229, 232-233 ; LE NAOUR Jean-Yves, "Femmes tondues et répression des 'femmes à boches' en 1918", in *Revue d'Histoire moderne et contemporaine*, n° 47/1, 2000, p. 148.

¹²⁵ "On sait que la première punition que leur inflige la police sanitaire est de leur couper les cheveux ras. Pour cacher cette calvitie momentanée, elles s'enveloppent la tête d'un fichu" (FAÿ Robert, *Sedan... op.cit.*, 20/07/1916 entry, cited in DEBRUYNE Emmanuel, 'Femmes à Boches'... *op. cit.*, p. 230).

¹²⁶ *Ibid.*, p. 229-233 ; ID., "Mesures...", in *op. cit.*, p. 13 ; VAN HOOREWEGHE Colette, *op. cit.*, p. 157.

¹²⁷ *Ibid.*

¹²⁸ BECKER Howard S., *op. cit.*, p. 66-77 ; GOFFMAN Erving, *op. cit.*, p. 4-16 ; KATHLEEN Jones and FOWLES A.J., "Total Institutions" in DESOUZA Corinne and JOHNSON Julia (ed.) *Understanding Health and Social Care: An Introductory Reader*, Newbury, Sage, 2008, p. 104.

To contravene these rules could lead to an admonition but also directly to punishment. Violent physical retributions were not unheard of, as was the case in Saint-Quentin's centre, where whippings had been used as sanction. But more often than not, imprisonment seems to have been the standard punishment. In Charleville, sheds were built and used in that respect, while in Ghent's Lousberg real cells were erected for this purpose. The latter seems to have shocked the locals so much that it forced the Germans to reduce their original project of building four cells and to satisfy themselves with two¹²⁹. Although no archive clearly mentions such infrastructures in Saint-Gilles's *Frauenkrankenhaus*, the punitive system hypotheses can still be drawn from revealing details within preserved documents. Modifications to the buildings are mentioned in the early budgets of the centre and could, among other things, have included the creation of an isolated carceral space, maybe even located inside the pre-existing buildings¹³⁰. Asylums, for instance, had isolation rooms reserved for turbulent patients, and this model could be adapted for the restricting, disciplinarian type of hospital that is the *Frauenkrankenhaus*¹³¹. Another possibility is that the *baraaques* aforementioned could be sheds used to incarcerate unruly patients in the same way as was done in Charleville. Finally, the offender could be sent to the nearby prison for women located in Forest, where "healthy" prostitutes were also incarcerated for contravening the German regulation on prostitution¹³². This last assumption is confirmed in the reports of Belgian policemen serving under the *Sittenpolizei*. They recorded the escapes of patients and how, on their return, these patients were incarcerated. Leonie F. for instance, who escaped in April 1915, received a three-day sentence¹³³. Although the prison where Leonie was to be incarcerated for her misbehaviour is not named, the one located in Forest was the most plausible solution as the prison for women deserving the capital¹³⁴. But the use of imprisonment raises the question of the continuity of treatment for those thus punished. German prophylaxis, as expressed within the proceedings of the 8th of October 1915 conference, favoured a treatment initiated early as it improved the

¹²⁹ VAN HOOREWEGHE Colette, *op. cit.*, p. 157-158 ; DEBRUYNE Emmanuel, 'Femmes à Boches'... *op. cit.*, p. 228-229, 232-233.

¹³⁰ BRUSSELS, AVB, *Pol14-18*, n° 417 and 420: *Sittenpolizei Budgets (May to December 1915)*.

¹³¹ COLLIGNON Nathalie, "Le temps des fondations", in ROEKENS Anne (ed.), *Des murs et des femmes: cent ans de psychiatrie et d'espoir au Beau-Vallon*, Namur, Presses universitaires de Namur, 2014, p. 21.

¹³² MAJERUS Benoît, "La Prostitution...", in *op. cit.*, p. 23.

¹³³ BRUSSELS, AVB, *Pol14-18*, n° 417 and 420: *Sittenpolizei Budgets – Staff Salaries (May and June 1915)* ; BRUSSELS, AVB, *Pol14-18*, n° 420: *Copy of Leonie F.'s Conviction (16/04/1915)*.

¹³⁴ With the exception of the prison of Saint Gilles for political arrests.

chances of recovery, diminished the possibilities of relapse and therefore contamination¹³⁵. This line of reasoning would therefore suggest that it was more important to cure the contaminated women than punish her directly in prison where it is unlikely that she could receive her treatment. The sources support this assumption: as happened for others, in Leonie F.'s case, she was first brought back to the hospital to be cured and it was only after her treatment was complete that she was put on trial for her misbehaviour. A side note, on her report, even mention that, in the future, it would be necessary to transfer the women back to the hospital quite rapidly after they were caught, keeping them no more than 21 hours in the police station¹³⁶. These observations highlight two elements of the German system implemented in the occupied lands, including Brussels. First, how the neutralisation of the contaminated individual was the prime obsession at the heart of this system, and secondly, its coercive nature where punishment always awaited those who disrupted order and did not comply – even retrospectively¹³⁷.

These punishments also applied for the non-respect of another type of rules that not only maintained discipline and order but could also have moralising and civilising purposes. In Ghent, the use of chamber pots was regulated, and women were forbidden to spit on the floor, to smoke, to drink alcohol or to bid in card games. Meanwhile in Charleville, it was requested of them to tidy the bedrooms, tend to the cleanness of the place and avoid noisy, insulting or scandalous behaviour¹³⁸. The existence of such regulations, which might as well have been implemented in Saint Gilles, implies that it was expected of the women hospitalised to act coarsely and that there was a need to counter such behaviour. In addition to a relative sexual autonomy that was incompatible with female respectability, prostitutes were known to act in ways that deviated from the accepted norms of the time. A real physical and social discipline of the body, in particular the feminine body, was reinforced through the 19th century. Strongly influenced by moral, this normalisation defined how a decent woman was expected to dress and to act. The prostitute disrupted these norms in a way that made her quite distinctive. As expressed by Benoit Majerus, she marginalised herself to be recognisable¹³⁹. Police reports

¹³⁵ STECHOW Walther, *op. cit.*, p. 11.

¹³⁶ **See appendix 11.**

¹³⁷ VAN HOOREWEGHE Colette, *op. cit.*, p. 153, 159 ; DEBRUYNE Emmanuel, “Mesures...”, in *op. cit.*, p. 11-14 , ID., ‘Femmes à Boches’... *op. cit.*, p. 235-240

¹³⁸ *Ibid.*, p. 228 ; VAN HOOREWEGHE Colette, *op. cit.*, p. 157.

¹³⁹ MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 16-17, 27 ; DEBRUYNE Emmanuel, ‘Femmes à Boches’... *op. cit.*, p. 162-163, 229, 232-233 ; CONNOLLY James, *op. cit.*, p. 34-36 ; SAUERTEIG Lutz, “Militär, ...”, in *op. cit.*, p. 210 ; CLARK Anna, *Desire... op. cit.*, p. 144.

mentioned the way the suspicious women let their hair hang on their back, showed themselves at their windows or at the front of a house, exhibiting their cleavage. The most recurring notification in the rapports is that she “*se montrait à la fenêtre de sa demeure, dans le but de provoquer des hommes à la débauche*¹⁴⁰”. The phrasing is interesting as the gendered burden of responsibility and misconduct, again, rests on the woman. Another defying habit was smoking – that a woman smoked was still considered very indecent at the time and was often remarked upon by vice squad agents¹⁴¹. The prostitutes’ attitude was also noticed as unpolite and disgraceful – for instance, the first director of the hospital, Dr Frede, reported to the municipal authorities that he had to chastise the prostitutes for their rowdy and vulgar attitude in the tramway leading them to their biweekly sanitary check at the hospital, so much that they had disrupted other passengers and that it was unacceptable¹⁴². Given such context, it seems evident to link the prescription of rules inside the centres – such as forbidding smoking or scandalous behaviour – with this preconceived perception of the patients as unmannered, defiant prostitutes who had to be tamed. In addition, imposing conformity on the patients and singularising their deviance, was, in a way, another manner to ensure dominance over them. As expressed by Foucault, norms play a part in power dynamics: “*la normalisation devient un des grands instruments de pouvoir (...) Aux marques qui traduisaient des statuts, des privilèges, des appartenances, on tend à substituer ou du moins à ajouter tout un jeu de degrés de normalité, qui sont des signes d'appartenance à un corps social homogène, mais qui ont en eux-mêmes un rôle de classification, de hiérarchisation et de distribution des rangs*¹⁴³”.

Some of the rules can also be understood through the perception of hygiene as well as morality. Cleanliness was often associated with the bourgeoisie and its values whereas the working-class came to be, through the 19th century, associated with dirtiness and immorality. Meanwhile, sex workers, who were predominantly of working-class origin, came to be attributed with the same connotations¹⁴⁴. It wouldn’t be far-fetched either to associate the question of cleaning (and even healing) the bodies with purity. This association had been thoroughly studied in cases like the infamous Magdalen laundries for unmarried mothers and ladies of ill-repute run by Catholic nuns in Ireland. In those extremely disciplined and

¹⁴⁰ BRUSSELS, AVB, *Poll4-18*, n° 420: *Report on Jeanne F. (18/06/1917)*.

¹⁴¹ MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 17.

¹⁴² SAINT-GILLES, ACSG, *Procès-verbaux du collège communal (20/04/1915)*.

¹⁴³ FOUCAULT Michel, *Surveiller et punir*, 1st ed. 1975, Paris, Gallimard, 2019, p. 216.

¹⁴⁴ VIGARELLO Georges, *Le Propre et le sale*, Paris, Seuil, 1985 ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 169-176 ; FRANÇOIS Aurore and MASSIN Veerle, *op. cit.*, p. 380.

moralistic institutions, the notion of laundering clothes, get the dirt away for its pure whiteness, was a literal translation of washing the sins of the women involved¹⁴⁵. While maybe not as explicitly, this association might also have been at play in the German venereal centres. As a whole, in the end, by forcing the patients to comply to the more elitist, commonly accepted notions of politeness, orderly behaviour and cleanliness, the centre therefore acted as a civilising as much as a moralising institution. In that fashion, while the woman was separated from the outside world, she was made more acceptable for the moment when she had to reintegrate society.

Civilisation and reinsertion, though, came with more overtly moralising practices inside the *Frauenkrankenhaus*, as it also seems to have come accompanied by the idea of redemption – in particular, redemption through repentance and religion. In July 1915, a chapel was erected on the site, and throughout the war, 150 to 300 francs were dedicated each month to the cult¹⁴⁶. The German Father Leonhart Leyendecker¹⁴⁷, who had arrived in Brussels before the war in 1908 as rector of the German Oblate mission in Brussels and as superior of his community, was the one charged to bring a more spiritual presence inside the *Frauekrankenhaus* and was appointed chaplain of Saint Gilles’s hospital on the 19th of September 1915. The choice of Leyendecker may be attributed to his German nationalist inclination, his fidelity to his country and his connections – in 1910 he received the decoration of the Red Nobility from Emperor Wilhelm II, while von Bissing himself came to the luncheon celebrating his nomination to the *Frauenkrankenhaus*, awarding him the Iron Cross of Merits and calling him “*ein treuer Schirmer des Deutschtums*”. It could further be attributed to the desire of the authorities to keep essential aspects of the centre into German hands¹⁴⁸. Notably, Religion seems to have influenced the Germans’ management of sexuality and venereal diseases which continued to

¹⁴⁵ See for instance: FISCHER Clara, “Gender, nation, and the politics of shame: Magdalen laundries and the institutionalization of feminine transgression in modern Ireland”, in *Journal of Women in Culture and Society*, n° 41/4, 2016, p. 821-843 or the works of James M. SMITH on this topic.

¹⁴⁶ BRUSSELS, AVB, *Pol14-18*, n° 417 and 420: *Sittenpolizei Budgets (May to October 1915)*.

¹⁴⁷ **LEYENDECKER Leonhard (1872-1958)**: German Oblat ordained in 1894. From 1896 to 1899, he worked in Liège as a Professor in Philosophy before teaching dogmatic Theology until 1908 in Hunfeld. Then he led the German Mission as a Superior in Brussels from 1908. Under German occupation, he was the chaplain in Saint-Gilles prison, where he encountered Gabrielle Petit (whose execution he witnessed) and Philippe Braque who was executed along Edith Cavell. He was also the chaplain of the *Frauenkrankenhaus* of Brussels. After the Great War, he served as father superior in Holland and Germany. Afterwards, in 1937 Leyendecker joined the Roman scholasticate staff. In 1952 he came back to Germany where he died in 1958 (DE SCHAEPPRIJVER Sophie, *Gabrielle Petit*, New York, Bloomsbury Academic, 2015, p. 87, 103, 115 ; BOUDENS Robrecht, “The German Oblate Mission in Brussels (1908-1918)” in *Vie Oblate*, n°48, 1989).

¹⁴⁸ *Ibid.*

be seen as both a moral and spiritual peril. Religious lobbying groups had been active on this matter well before the war and speakers at the 8th of October 1915 conference referred to priests or bishops to qualify the morality of some of their arguments while chaplains were among the attendees. Mentioning the situation of Saint-Gilles's *Frauenkrankenhaus* in his talk, Dr Stechow noted that, according to Leyendecker, the women benefited from religious influence during their stay, that it bettered them and encouraged them to change¹⁴⁹. Despite a proclaimed modern, medicalised and objective approach to the question, German views were still tainted by a more ancient, traditional perception that associated venereal diseases with sin and moral corruption. Along with the gendered aetiology that designated the women as the source of infection, the religious aspect of the question was more reminiscent of the figure of the “fallen women”. This terminology was used to describe women who had lost their chastity and virtue and didn't comply to social norms, especially regarding sexuality. This term that was, more often than not, used to designate a prostitute and had strong theological reference, notably to Eve and the idea of falling from God's grace. But the fallen woman could seek redemption, and religion was one of the means by which she could reach it¹⁵⁰ – an idea that does not seem at odds with Dr Stechow's discourse and Catholic presence on the site - as Father Leyendecker was not the only religious presence in the *Frauenkrankenhaus*. A Franciscan congregation from Louvain was also present throughout the war, the number of nuns ranging from 16 to 31. Most were of German origin and served under the supervision of Mother Ewalda¹⁵¹. The involvement of congregations in hospital work dates back to the Middle Ages, a long tradition that only started to be challenged from the very end of the 19th century or even early 20th century with the arrival of laic professional nurses. But the presence of the Franciscans in the venereal centre could also have carried more purpose than purely physical nursing - ideally bringing moral and spiritual guidance and influence. This logic seems at least to have been expected, as is proven by the event taking place in Ghent and depicted by Colette van Hooreweghe. There, it had been proposed to employ sisters to perform surveillance but also to raise the women's morality

¹⁴⁹ SAUERTEIG Lutz, “Militär, ...”, in *op. cit.* ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 236, 248 ; MAJERUS Benoît, “La Prostitution ...”, in *op. cit.*, p. 12 ; STECHOW Walther, *op. cit.*, p. 11.

¹⁵⁰ WEEKS Jeffrey, *Sex, Politics and Society, The regulation of sexuality since 1800*, 3rd ed. (1st ed. 1989), London, Routledge, 2012, p. 27, 39 ; AUERBACH Nina, *Woman and the Demon: the Life of a Victorian Myth*, Cambridge, Harvard University Press, 1984 ; GODFREY Esther, “Fallen woman trope” in DITMORE Melissa H. (ed.), *Encyclopedia of prostitution and sex work*, vol. 1, Santa Barbara, Greenwood, 2006, p. 149-150.

¹⁵¹ MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 24 ; BRUSSELS, AVB, *Po114-18*, n° 417 and 420: *Sittenpolizei Budgets – Staff Salaries (May to July 1915)*.

facilitating their “revival”. It was refused by the city council, but it shows the role expected from the congregation clearly¹⁵².

Another means by which the women could be disciplined and civilised was through work. While not only occupying the patients, it also trained them to learn a new trade and practice an “honest” work instead of prostitution and that they could, ideally, continue after leaving the *Frauenkrankenhaus*. There is no testimony to the nature of work expected of the women hospitalised in Saint-Gilles. In some venereal centres, this work seems to have been adapted to the realities and traditions of the localities where they were established. In Sedan for instance, the centre was located in a more rural region and the women performed agricultural work in the fields while in Ghent, a town with a rich tradition in textile work, the patients sewed, knitted or made lace according to their skills. Unsurprisingly, though, the pay was quite poor - eighteen times lower than their counterparts working in the textile industry of the city. In other *Frauenkrankenhäuser*, they performed tasks traditionally assigned to women. In Mons, they sew, mended, cleaned and ironed textiles and clothing – all to the benefit of the local German garrison. This last detail highlights another reality of this working activity: they often served German interest¹⁵³. This type of manual work could also have been performed in Brussels as many German servicemen and civil servants were stationed in the capital. Another assumption is that the women in Saint-Gilles could have been knitting warm clothes as a knitting school was created to help them after their release of the centre¹⁵⁴. But it seems unlikely, as learning to knit before they left would defeat the purpose of the school. Furthermore, it is quite plausible that the interned women helped with the housework and maintenance of the *Frauenkrankenhaus* itself, assisting the staff in menial work of cleaning, cooking or laundering. As mentioned before, in Charleville it was even a written rule that women had to clean, whereas in Ghent they had to do some chores – sometimes in exchange of remuneration¹⁵⁵. While the staff in Brussel’s hospital, according to the provisional budget, seems to have been numerous (up to 145 individuals), their low wages suggest that they were more likely part-time jobs¹⁵⁶.

¹⁵² DICKSTEIN-BERNARD Claire, “Les hôpitaux de Bruxelles au 19^e siècle”, in *Sextant*, n° 3: GUBIN Eliane. (ed.), “Femmes et médecine”, 1995, p. 11-12 ; COCRIAMONT Marie, “Soigner les corps et les âmes. Les Soeurs Augustines des hôpitaux Saint-Jean et Saint-Pierre à Bruxelles au 19^e siècle”, in *ibid.*, p. 19-22 ; VAN HOOREWEGHE Colette, *op. cit.*, p. 158.

¹⁵³ VON DRIGALSKI Wilhelm, *op. cit.*, p. 15 ; VAN HOOREWEGHE Colette, *op. cit.*, p. 156-157 ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 230-231.

¹⁵⁴ *Ibid.*, p. 87, 230-1 ; PANNWITZ, Karl, *op. cit.*, p. 35.

¹⁵⁵ VAN HOOREWEGHE Colette, *op. cit.*, p. 156-7 ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 229.

¹⁵⁶ BRUSSELS, AVB, *Pol14-18*, n° 420: *Sittenpolizei Budget – Staff Salaries (January 1918)*.

The women then could have been requested to help, providing unpaid or low-paid working labour for the centre and being kept busy while they were locked inside the walls of the venereal centre.

Studying the experience of the women inside the *Frauenkrankenhaus* raises the question of their agency. Inside the institution, a first possible reaction for any women hospitalised was resistance and disobedience. There clearly had been disturbances caused by the inmates, in some cases so significant that they motivated harsh response from the German, as happened in Lousberg which prompted the building of cells. The ultimate form of resistance, though, was escaping. As previously explained, it constituted a real problem for the authorities and a clear manifestation of the determination of some of the women hospitalised to get out¹⁵⁷. It happened several times in Saint-Gilles¹⁵⁸, sadly there are no details to their escapes or their motivation in the documents mentioning them. They are in line with Alice V.'s testimony, in which she relates her own experience during a police interrogation: “*On m’a conduite au Bureau des Mœurs de la Rue des Longs-Chariots et enfin à l’hôpital de St Gilles où je suis restée en traitement pour une maladie vénérienne. Après huit semaines de traitement, je me suis sauvée de cet établissement mais au bout de dix jours j’ai été découverte par la police et ramenée à l’hôpital*¹⁵⁹”. Yet, as explained before, most overt disobediences were met with punishment. This situation could have pushed some women to question the effectiveness of resisting, resulting in the collapse of their resistance, wearing them out into complying to the system in place. There were certainly other means of resisting and/or defending the self than outward resistance in such an institution. The issue in studying them, though, is that none appears in the remaining sources. On a more theoretical level, however, the development of the agency into a disciplinary and restrictive institution can be envisioned. Goffman notably developed resistances and adaptations of inmates in the total institutions where he theorised, a category in which the *Frauenkrankenhaus* fall within. According to him, across more overt forms of resistance – such as the evasions – there could have included practices that did not directly challenge staff but allowed those inside the institution to obtain forbidden satisfactions or act contrary to what she was told to do through micro-resistance. It could imply to disrespect smaller rules, but Goffman also contemplated other numerous possibilities around clandestine

¹⁵⁷ DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 220, 229-230 ; RÖGER Maren and DEBRUYNE Emmanuel, *op. cit.*, p. 693.

¹⁵⁸ Seven times in the consulted archives (BRUSSELS, AVB, *Pol14-18*, n° 417 and 420).

¹⁵⁹ BRUSSELS, AVB, *Pol14-18*, n° 420: *Report on Alice V. (06/12/1916)*.

life, group dynamics, even underground economics¹⁶⁰. Although it is difficult to imagine how such actions could have been implemented in the *Frauenkrankenhaus*, they are not inconceivable. For instance, many prostitutes came from the same districts¹⁶¹ and likely knew each other from before their hospitalisation, which could have had an impact on the women's experience inside the centre. The fact that some women had acquaintances residing in the same pavilion is sometimes hinted in the few police reports mentioning details about the life of the interned. Regarding underlying dynamics, the patients could also take advantage of a system of privileges¹⁶². Father Leyendecker, for instance, was accused of abusing his position as chaplain of Saint-Gilles's prison in exchange of favours and would have been removed from his post if it was not for von Bissing's intervention¹⁶³. It is not impossible that it took place as well in the centre. But privileges may also have been gained by adapting to the system, and they could have played a part in the distribution of work, chores or even food. Regarding adaptation, Goffman defined variants among those that did act along the system. First, some might keep a distance and their adherence is not sincere, in a manner that Goffman compares with that of colonisation where the patient "builds as much of a free community for himself as possible by using the limited facilities available" and "appears to take over the official or staff view of himself and tries to act out the role of the perfect inmate". This attitude providing enough detachment to preserve the self. Others could totally adhere to the system, a "conversion" where they "take over the official or staff view of himself and tries to act out the role of the perfect inmate."¹⁶⁴ It is probable that patients of the *Frauenkrankenhaus* acted in such a way. As for total adhesion, they might even have seen their stay in the venereal centre as an opportunity to change their life, to reach redemption through religion or through work, as touted by German authorities and physicians¹⁶⁵. Finally, Goffman envisaged a further, more personal, form of adaptation: withdrawal (or regression), when, to preserve the self against the mortification imposed by the institution, the patients may have cut themselves off contact¹⁶⁶.

¹⁶⁰ GOFFMAN Erving, *op. cit.*, p. 4-16 ; BECKER Howard S., *op. cit.*, p. 66-7 ; AMOUROUS Charles, "Au coeur de l'institution totale", in ID. and BLANC Alain (ed.), *op. cit.*, p. 95-7 ; KATHLEEN Jones and FOWLES A. J., *op. cit.*, p. 103-5.

¹⁶¹ See **appendix 1.5** to see the repartition of the patients by place of residence.

¹⁶² GOFFMAN Erving, *op. cit.*, p. 48-75 ; BECKER Howard S., *op. cit.*, p. 67.

¹⁶³ BOUDENS Robrecht, *op. cit.*

¹⁶⁴ GOFFMAN Erving, *op. cit.*, p. 62-64 ; KATHLEEN Jones and FOWLES A.J., *op. cit.*, p. 105.

¹⁶⁵ STECHOW Walther, *op. cit.*, p. 11.

¹⁶⁶ GOFFMAN Erving, *op. cit.*, p. 61-2 ; BECKER Howard S., *op. cit.*, p. 71 ; KATHLEEN Jones and FOWLES A.J., *op. cit.*

These are just first assumptions as to how patients could have resisted or adapted. The reports and sources sometimes reveal women with character, spirit and ruses. They were not just passively staying between the walls of the *Frauenkrankenhaus*. Sadly, no sources and no testimonies bring light to the different ways in which they might have developed their agency except for the more flagrant acts of disobedience.

As mentioned before, leaving the hospital could take a long time and depended on the agreement of the doctors. Imagining her crossing the doors of the *Frauenkrankenhaus*, this time to come back to the larger world, brings to mind the term Wandt used: “*la revenante*¹⁶⁷”. While he had chosen it to describe women who passed the sanitary screenings and could therefore leave the centre immediately, it seems even more appropriate for those who resided there for weeks or even months. After their release, the treatments, the physical invasions and the identity mortification that they had undergone while they were inside the closed institution certainly left them changed. Like a *revenante*, they had been separated from society and were back, but not the same as they had left it. Interestingly, Goffman, regarding total institutions, talks of “civil death” for the internment¹⁶⁸. However, upon their release, the former patients of the *Frauenkrankenhaus* were not to be freed from the German prophylactic program yet. First, because the administration of the hospital recommended if it was necessary (or not) to keep them under sanitary control once they left the premises – a decision based on the information gathered during their stay about their living conditions and sanitary evolution inside the hospital¹⁶⁹. But also because the German system put an emphasis on the question of social reinsertion for the former prostitute – or at least, it was presented as such by its proponents. This approach is actually quite innovative, and von Drigalski, according to the proceedings of the 1915 conference, even expected his colleagues to doubt this idea. Since the late 19th century, the conception of the prostitute as a non-unamendable being, as a “born-prostitute”, physically predestined to her condition had dominated. Quite similarly to the concept of the “born-criminal” developed by Lambroso, her deviant tendencies, which in her case led to sex trade instead of crime, resulted from inherited innate factors that had caused an incomplete psychic development). What was observed, though, including by the Germans, as the war progressed and misery expanded among occupied populations, was that many women had no other choice

¹⁶⁷ WANDT Heinrich, *Vie d'étape...*, p. 123 ou 126.

¹⁶⁸ GOFFMAN Erving, *op. cit.*, p. 16.

¹⁶⁹ DEBRUYNE Emmanuel, *'Femmes à Boches'...* *op. cit.*, p. 228.

than to resort to selling sex to survive. For von Draginski and his audience, these women were consequently not born-prostitutes, and therefore were redeemable, hence the prime importance of reinsertion¹⁷⁰.

During the conference, different aspects of this new reinsertion plan already implemented in Brussels were presented. Promoting insertion, and even prevention, could serve German war propaganda by insisting on their willingness to prevent further prostitution of the local women. That way, they could counter the accusation of facilitating or organising sex trade and exploitation as well as the image of sexual barbarity attributed to them after the atrocities that had occurred at the beginning of the war¹⁷¹. The first element of the reinsertion program put forward by the Germans was the importance of assistance and relief organisations. More than reinsertion, they could also serve prevention. Given the difficult conditions caused by the war and the occupation, these organisations were presented by different speakers as crucial to help women and prevent them from falling (or falling back) into prostitution. It would as such limit the spread of venereal diseases¹⁷². This emphasis during the conference speech on charitable relief organisations was no coincidence. That argument was advanced at a time when the German military regime took over the Belgian Red Cross after the dissolution of its central committee by von Bissing in April 1915. Although it was ultimately a failure, they had hoped to exert a greater influence on Belgian charities and organisations, which tended to exert social pressure to dissuade any close association with the occupant. It had, for instance, happened in Brussels at the expense of the women who had relations with the Germans and had prompted the *Sittenpolizei* to stop communicating lists with the names of the women under sanitary control or sent to the *Frauenkrankenhaus* to the Belgians in October 1915¹⁷³. Secondly, the speakers of the conference insisted that the main path to reinsertion was through “honest work”, as expressed by von Drigalski when he talked about Brussels: “*es dem Mädchen zu erleichtern, sich wieder an die Arbeit zu gewöhnen und zu einem ordentlichen Lebenswandel*

¹⁷⁰ CORBIN Alain, *Les filles...* *op. cit.*, p. 440-452 ; MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 19, 24 ; VON DRIGALSKI Wilhelm, *op. cit.*, p. 14-15 ; SAUERTEIG Lutz, “Militär, ...”, in *op. cit.*, p. 209, 217 ; DEBRUYNE Emmanuel, “Mesures...”, in *op. cit.*, p. 9, 24-25.

¹⁷¹ *Ibid.*, p. 207-208, 236 ; MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 12 ; BECKER Annette, *Les cicatrices...* *op. cit.*, p. 228-232, 236.

¹⁷² DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 237 ; ID., “Mesures...”, in *op. cit.*, p. 25 ; VON DRIGALSKI Wilhelm, *op. cit.*, p. 15-18.

¹⁷³ *Ibid.* ; PANNWITZ, Karl, *op. cit.*, p. 33-5 ; DEBRUYNE Emmanuel, “Mesures...”, in *op. cit.*, p. 25-28 ; ID., ‘*Femmes à Boches*’... *op. cit.*, p. 87, 237 ; MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 23 ; BECKER Annette, *Les cicatrices...* *op. cit.*, p. 92-93.

*zurückzukehren*¹⁷⁴”. This idea is further developed by Dr Karl Pannwitz in his speech as he explained some of the measures put in place to fight the unemployment of women so that they could earn enough money to ensure that they would not fall (or fall back) into prostitution. Notably, he presented a new infrastructure put in place to provide a formation to former prostitutes who were leaving the centre and needed to learn a trade: a knitting school. It was supposed to form unqualified women to work from their home and be paid for it. Pannwitz then detailed that the women earned 75 cents per pair of socks, and as it was estimated that they could, on average, sew ten pairs per week, they would earn 7.5 francs, enough, according to the German doctor, to live according to local standards if she also relied on different relief organisations such as the soup kitchen¹⁷⁵. Despite Pannwitz optimism, the pay was nevertheless minimal, especially as, through the war, prices flared, and little could be acquired with this salary (the price of an egg was multiplied 14 times, while that of flour 30)¹⁷⁶. Their emphasis on presenting work as a solution to misery, prostitution and sex work also appears as a paradox with the rest of the system they implemented, when one thinks of the consequences of the prolonged hospitalisation of the women in the *Frauenkrankenhaus* and the social damage it could cause them. They may have lost their previous jobs as they were treated for weeks or months, and once outside, they could still face stigmatisation in their research of a new job, or even in asking for help to charities such as those mentioned by Pannwitz that would allow women to make ends meet with their knitting salary. The hypocrisy of the situation appears even more clearly in the following part of the doctor’s speech, by which he showed how this charitable scheme also served German interest as it produced numerous warm clothes for the occupant’s army at a much lower cost than in Germany¹⁷⁷. The third element facilitating reinsertion promoted during the conference resorting to female police auxiliaries. According to von Drigalski who insisted on their prime importance, their gender made them more relatable for former patients and prostitutes, and thus they were able to gain their thrust more easily. They were also a valuable controlling element for the occupant, as they were supposed to check on the women and their efforts to reintegrate society by leading a “decent” life. In this task, as women, these police auxiliaries were thought to be less stigmatising, less likely to raise

¹⁷⁴ VON DRIGALSKI Wilhelm, *op. cit.*, p. 15.

¹⁷⁵ SAUERTEIG Lutz, “Militär, ...”, in *op. cit.*, p. 217 ; PANNWITZ, Karl, *op. cit.*, p. 34-35 .

¹⁷⁶ MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 19 ; SAUERTEIG Lutz, “Militär, ...”, in *op. cit.* ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 109.

¹⁷⁷ *Ibid.*, p. 87 ; TODD Lisa M., *op. cit.*, p. 51 ; PANNWITZ, Karl, *op. cit.*, p. 35.

suspicion than their male counterpart if they met former prostitutes' potential employers or landlords¹⁷⁸. The reality of those arguments, though, does not show in the remaining archives of the time. Finally, it might be argued that this emphasis on reinsertion, based on the idea that most interned women were not born-prostitutes and as such could be amended, already started well before their release of the *Frauenkrankenhaus*. In fact, in a way, the depersonalisation, the discipline and the civilising process imposed on the patients during their hospitalisation can be understood as a reformation serving reinsertion and rehabilitation, preparing them to reintegrate society according to the accepted norms¹⁷⁹. Following this ideal, with an honest work, the women who had once been a potential source of infection for the German soldiers, their families and their nation, had thus been neutralised.

2.2. THE PATIENTS

As the archives of the centre have disappeared, no list of patients and no medical files remain. For this reason, information on the women who entered the centre is scarce and can only provide a limited idea of the profile of the women treated during the war. The most detailed documents are thirty-three files, made by the *Sittenpolizei* from February 1915 to the 16th of October 1916 as their agents controlled the streets¹⁸⁰. Each file was composed of two lists covering the same time span of approximately fifteen days. The first list referenced the women subjected at the time to sanitary surveillance (“*unter Gesundheitspolizei Aufsicht geiten weiblichen Personen*” or “*unter ärztlicher Aufsicht stehenden Personen*”)¹⁸¹. Those found to be suffering from a venereal disease are identifiable as the date on which the sanitary checking revealed their infection is stated. The second list recorded the women who were not under police control and yet who had been detected as suffering from venereal disease (“*nicht unter gesundheitspolizeiliche Aufsicht gestellten weiblichen Personen, die sich bei der Untersuchung als krank erwiesen haben*”)¹⁸². What this category covered exactly is unclear, but it can be hypothesised that these women were not registered as prostitutes but had been suspicious and drew the attention of vice squad agents. On both documents were written the names and

¹⁷⁸MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 24 ; DEBRUYNE Emmanuel, “Mesures...”, in *op. cit.*, p. 24 ; VON DRIGALSKI Wilhelm, *op. cit.*, p. 15

¹⁷⁹FAURE Olivier, “Les historiens face à l’institution totale”, in AMOUROUS Charles and BLANC Alain (ed.), *op. cit.*, p. 54-55.

¹⁸⁰BRUSSELS, AVB, *Poll4-18*, n° 420.

¹⁸¹See **appendix 9.1** for an example.

¹⁸²See **appendix 9.2** for an example.

surnames of the women, their place and date of birth, their current address and, potentially, the date when they were diagnosed – precious information that, once analysed, can reveal specific features of those hospitalised in Saint-Gilles. But these results are nevertheless limited and biased. First, because some of the information is possibly misleading. For example, only a town name is given as the place of birth, a name that in some case could refer to different towns in different provinces, even countries. There is also a problem with the spelling. In some instances, the names appear to be germanised, sometimes changing completely from one document to another while mentioning the same individual to the other. On a few lists, individuals who seem to have been Belgian agents or civil servants have, retrospectively, made numerous corrections, which reveals how many misspellings these lists could count. Secondly, because these lists only cover a part of the war and of the existence of the *Frauenkrankenhaus*. Started in February 1915, they ended after the 16th of October when the *Sittenpolizei* stopped sending copies of the lists to the Belgian police as they had realised that the Belgians used them to socially stigmatise the women listed by giving their names to charities¹⁸³. The Belgian agents continued to send some reports to Commissioner Edmond Crespin¹⁸⁴ afterwards¹⁸⁵, but it was extremely rare that the sanitary visit, and even more a hospitalisation, was mentioned. These therefore cannot be used to analyse the patient body systematically. Thirdly, because the women who might have been hospitalised for different reasons than after an action by the *Sittenpolizei* were not recorded. For instance, von Drigalski in his speech in October 1915 insisted on the rising number of women voluntarily entering the institution for venereal screening – according to him it reached 23 women per day in September. He also noted that the hospital was almost always full, which means around 295 patients if the number of beds available in February mentioned by Stechow in his own speech was correct¹⁸⁶. Yet, the number of interned women listed only reached a maximum of 112 names in May, with an average number of 54 names per month. The registered prostitutes, submitting twice a week to screening at the venereal centre as expected of them¹⁸⁷, and found ill also do not seem to have been recorded on those lists. The data collected in the lists can only, therefore, give us a glimpse

¹⁸³ DEBRUYNE Emmanuel, 'Femmes à Boches'... *op. cit.*, p. 87, 187-188 ; MAJERUS Benoît, "La Prostitution...", in *op. cit.*, p. 23

¹⁸⁴ **CRESPIN Edmond**: commissioner of the Central Division during the Great War, he became the privileged interlocutor for the German Authorities on policing matters for the Greater Brussels. He was appointed Chief commissioner for Brussels in 1920 (*Ibid.*, p. 34).

¹⁸⁵ *Ibid.*, p. 21.

¹⁸⁶ VON DRIGALSKI Wilhelm, *op. cit.*, p. 15 ; STECHOW Walther, *op. cit.*, p. 12.

¹⁸⁷ MAJERUS Benoît, "La Prostitution...", in *op. cit.*, p. 10.

of the patients treated in the *Frauenkrankenhaus* of Saint-Gilles after having been requested to undergo a sanitary screening by the *Sittenpolizei* during a little more than the first seven months and a half of its existence – a specific portion of individuals making up a partial sample. The observations are thus strongly limited.

According to these sources, we tried to draw the average portrait of such a patient, and identify a woman corresponding to these criteria. Her name is Marie Eugénie S. She was born in Brussels on the 20th of February 1892, at 10 a.m., in a house of the *Impasse Saint-Roch*, a crumbling, overcrowded working-class blind alley that was to be torn down in 1897¹⁸⁸. Her father, Pierre Eugène, then aged thirty-seven years old, was a locksmith while her mother Marie Elisabeth seemed unemployed and was illiterate, unable to sign her daughter's birth certificate. Both were born in the Greater Brussels, Saint-Josse and Brussels-city, respectively. The men serving as witnesses for the birth registration of the newborn might have been friends of the parents as they don't share the last name of either the mother or the father, maybe hinting to a separation with or loss of extended family, a situation aggravating precariousness at a time when family support was still critical for subsistence. One, Leopold V., is a trinket seller while the other, Pierre M., is a truck driver, confirming along with her parents' situation and her place of birth Marie Eugénie's working-class origins¹⁸⁹. She was apparently still living in Brussels when the war broke out 22 years later, maybe already residing in the Rue de Toulouse as she would one year later, when, aged 23 years old, she came under the attention of the *Sittenpolizei*. The exact reason is unknown and not mentioned, as she was not submitted to sanitary screening twice a week as a registered prostitute would be. Nevertheless, she ended diagnosed infected with a venereal disease on the 9th of June 1915 and was thus hospitalised in the new *Frauenkrankenhaus* of Saint-Gilles. The length of her stay there is unknown, but she was back between its walls after being once again found infected in March 1916¹⁹⁰.

Her case is a good representation of the average woman of the sample composed of over 900 women that had been diagnosed sick in the 33 *Sittenpolizei* lists aforementioned. She was a woman born in Brussels, still residing there when she was arrested, aged 23 years old, not under regular sanitary control, and presumed unmarried. The average age of the patients from this sample differs from the results obtained by historian Benoit Majerus in his study of the

¹⁸⁸ GAIARDO Lucia, *Impasses de Brussels*, Brussels, Ministère de la Région de Bruxelles-Capitale, 2008.

¹⁸⁹ BRUSSELS, AVB, *Etat civil de Bruxelles, Registre des naissances (1892)*, n° 702. See **appendix 10**.

¹⁹⁰ BRUSSELS, AVB, *Pol14-18*, n°420, *Sittenpolizei Lists n° 2 (28/05-13/06/1915) and n° 21(16-31/03/1916)*.

prostituting population in Brussels in the Great War. He concluded that the average age of the prostitute was 31 years old. He then compared these results with Sophie de Schaepdrijver's findings in her study of the women working in brothels during the 19th century who were on average 25 years old. Benoit Majerus explained this rising age to the changing nature of prostitution in wartime, when more women, especially married and therefore older – are driven into prostitution by precariouness¹⁹¹. The difference with the results obtained for the patients recorded in the present sample, an average age of only 23, is significant. But it does not disqualify it. While Majerus also used the 33 lists made by the *Sittenpolizei*, he only studied the women under medical surveillance, while we also studied those who were not but nevertheless had been found infected. He also referenced police reports that might serve the study of prostitution at large but, as explained, were not relevant to the study of the patients of the *Frauenkrankenhaus*, as well as documents that could not be accessed for the redaction of this thesis. There might lie the reason behind such different numbers, which might as well reveal a real difference between the wider prostituting population and those who were hospitalised. But this seems far-fetched. Supporting results hinting to a younger population, Jean-Yves Le Naour notably noticed a consequential rejuvenation of the prostitutes in Paris at the beginning of the war. Other research on prostitution during the war, such as those done by Colette van Hooreweghe on Ghent or Vania Vande Voorde for Bruges, also tend to validate the idea prostitutes being much younger than 31 years old on average.¹⁹² Another contradictory fact is that Benoit Majerus justified a higher average age by a higher proportion of married women, which, according to him, accounted for 1/8 of the prostitute population (around 12.5%). However, in the sample gathered for this thesis, the number of married women amounts to 18% and Colette van Hooreweghe counted up to 22.7%¹⁹³. So despite a higher number of married women, the average age of the women studied is lower in both samples than in Majerus' study on Brussels. The definition of the marital status in the lists, though, has to be used with caution: it is not clearly defined in the sources, and the estimation of 18% of married women found in the sample, was based on the observation that some women had two last names listed, separated by the mentions “*geb.*” or “*gesch.*”, hinting to married women or divorcees.

¹⁹¹ MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 14 ; DE SCHAEPDRIJVER Sophie, “Regulated...”, *op. cit.*, p. 555.

¹⁹² LE NAOUR Jean-Yves, “Femmes tondues...”, *op. cit.*, p. 148-158 ; VAN HOOREWEGHE Colette, *op. cit.*, p. 164-166 ; VANDE VOORDE Vania, *Prostitutie te Brugge tijdens de Eerste en de Tweede wereldoorlog*, Ghent, 2007 (History master thesis, UGent, sup. Gita DENECKERE), p.81-86, 90-93 et 106-114.

¹⁹³ MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 14 ; VAN HOOREWEGHE Colette, *op. cit.*, p. 165.

For the lack of further information, women whose names didn't bear those mentions were deemed unmarried.

The increasing number of married women resorting to selling sex is typical of wartime and is observed across the different occupied lands. This changing nature of prostitution was, as aforementioned, even picked up by the German occupant authorities and led them to conclude that, in wartime, many women who sold their bodies were not “born-prostitutes”, and that prevention and reinsertion developed through assistance and work were important to curb this trend¹⁹⁴. The situation of married women selling sex was arduous. While there were already serious stigma and rejection from Belgian citizens against those who were too close to the enemy, the married woman could be seen as twice guilty if her husband was a (living or dead) Belgian soldier or war prisoner¹⁹⁵. Some women, though, could also be selling their body at the instigation of their husband, who could act as a pimp. A case that includes the complexity of the married prostitute during the war was recorded by the police in September 1915¹⁹⁶. It reveals the story of Marie K., married to Joseph Raoul E., with whom she had two children. Joseph served as a soldier during the war and was made a prisoner detained in Germany. It was from his place of detention that Joseph wrote a letter of complaint to the municipality concerning his wife. He had learned through his mother that his wife had been living with another man, Edouard J., and prostituting herself before being diagnosed with a venereal disease and interned in Saint-Gilles's *Frauenkrankenhaus*. In his letter, Joseph, asked to be divorced from this “*épouse indigne*”, to save his honour, his name, and those of his children. Joseph further asked for Marie to be rid of any parental rights and for the children to be put under the supervision of his own mother, whom he said, should receive the pension to his name instead of his treacherous wife. Signing as a “*brave soldat en exil*”, he drew on the stigma associated with the women who committed adultery while married to patriotic heroes and martyrs. The police enquiry that followed this complaint reveals that this self-proclaimed honourable soldier was not so virtuous. Before the war, he was working “*peu ou pas*” as a waiter but was mostly living on the profits of prostituting his wife. The “*moralité douteuse*” of this family was further asserted by the police who pointed out that Joseph's parents lived

¹⁹⁴ VON DRIGALSKI Wilhelm, *op. cit.*, p. 14-15 ; SAUERTEIG Lutz, “Militär, ...”, in *op. cit.*, p. 209 ; DEBRUYNE Emmanuel, “Mesures...”, in *op. cit.*, p. 24-25.

¹⁹⁵ ID., ‘*Femmes à Boches*’... *op. cit.*, p. 100, 163-166 ; MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 7-8 ; VAN YPERSELE Laurence, “Violences populaires”, in ROUSSEAUX Xavier and VAN YPERSELE Laurence, *op. cit.*, p. 48.

¹⁹⁶ See appendix 12 for the documents.

separately, his father overtly in the company of a young mistress while his mother was perfectly informed of the situation and actually in perfect terms with her step-daughter Marie. The enquiry was therefore stopped there, and the only measure that seems to have been taken is communicating the file to the Juvenile Court Judge to settle the children's situation¹⁹⁷. Even if Marie was already prostituting herself before the war, and therefore isn't representative of the numerous women who were driven to do so, due to the hardship caused by the conflict, her situation reveals how married women could easily be seen as twice guilty - for prostituting herself and for cheating on a man who served the nation – and also how this situation could be abused by some, like Marie's husband did try.

The oldest woman present on the lists of the *Sittenpolizei* is 61 years old. Twenty women were, in fact, 40 years old or older when diagnosed¹⁹⁸. While the existence of older prostitutes is not surprising, their presence might also be due to other factors, such as denunciation or interpellation on suspicion, as only three of them were registered prostitutes requiring sanitary control. Meanwhile, on the other extreme of the age range, some of the individuals listed were much younger than 23 years old. The underage girls found to be prostituting themselves were not numerous among the lists - twelve of them, the youngest being 14 years old while the others were 15 or 16. Although not numerous, they are not isolated cases, even becoming the “specialty” offered in some houses known among the military on the occupied territories. Some of them could even be much younger – in Antwerp, young girls, only aged 11 and 12, admitted having prostituting themselves with an officer after being arrested¹⁹⁹. How these girls found themselves in this situation varied, as many factors could motivate young girls to leave their home, even more in wartime. A possible cause is that the sexual upheaval that accompanied the war disruptions would have motivated them to leave with a lover who ended up becoming their pimp. It might also have been due to a perturbed familial environment, with absent parents or a quarrelling step-mother or step-father, could also have led them in the street “*Il y a cinq mois, j'ai quitté le toit paternel, parce que je ne m'entendais pas avec mon beau-père*²⁰⁰” But quickly the reality of having to find food and shelter would catch up with them. In the streets,

¹⁹⁷ BRUSSELS, AVB, *Pol14-18*, n°420: *Pro Justitia on Marie V. and Joseph Raoul E., Letter from Joseph Raoul E (September 1915)*.

¹⁹⁸ See **appendix 1.6** for a repartition of the patients by age.

¹⁹⁹ MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 18, 21 ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 90.

²⁰⁰ BRUSSELS, AVB, *Pol14-18*, n° 417: *Report on Triboulet (15/09/1916)* ; BRUSSELS, AVB, *Pol14-18*, n° 420: *Pro Justitia on Alice V. and Anna R. (06/12/1916)*.

destitute, they could have been spotted by women or men that would have, after disguised kindness, brought them into sex work²⁰¹. Such a pimp acting in Brussels during the war was a French woman named Triboulet. Marie V., aged 21, and Anna C., aged 14, testified to the police agents who arrested her and her friend how they had fallen into the grasp of “Triboulet”. First the police officers noted about Marie: “*Cette mineure déclare qu’elle avait été débauchée par la prostituée Triboulet, qu’elle s’était trouvée dans la chambre de cette dernière et que c’était cette femme qui l’avait forcée de se livrer aux hommes pour de l’argent et qu’elle devait remettre une partie de cet argent à cette prostituée.*” Anna then explained: “*Nous sommes allées prendre un café que Triboulet a payé. Au cours d’une conversation, Triboulet m’a invitée à aller habiter chez elle. (...) J’ai quitté ma mère et je suis allée chez Triboulet où j’occupais une petite chambre (...) elle procurait des hommes à qui je me livrais moyennant 3 à 6 marks que je remettais à Triboulet. Elle payait ma chambre et me donnait la nourriture*”²⁰². Triboulet’s way of proceeding was typical. She would spot girls in a difficult situation or in a conflictual family, offer them coffee as they were in the street, then a lodging. Finally, she would bring a man to them. The question of the treatment of underage girls was a source of friction between Belgian and German authorities. It revealed different perspectives on the question. For the Germans, these “sexually emancipated girls” were, as much as their elder, potential sources of infections for their troops and should be treated as such. The Belgians, on the other hand, sought to remove them from debauchery and prostitution by applying the Juvenile Welfare Act of 1912²⁰³. This law, the first of its kind in the country, had been the result of a shift in the perception of the juvenile delinquent that took place in the last decades of the 19th century: instead of being punished, they must be protected. Under the 1912 Act, specialised courts and judges gave the children a differential treatment, separated from criminal law. Instead of being given sentences like adults, they were submitted to measures aiming to protect and educate. If enquiries judged the familial environment damaging and immoral, such measures could result in a placement in the care of surrogate families or of public and private institutions. A gender bias, though, is perceptible in the children’s treatment. As remarked by Aurore François and Veerle Massin, the girls’ sexuality was particularly stigmatised, unlike

²⁰¹ DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 90-91 ; MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 17-18.

²⁰² BRUSSELS, AVB, *Pol14-18*, n° 420: *Pro Justitia on Alice V. and Anna R. (06/12/1916)*.

²⁰³ DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 91 ; FRANÇOIS Aurore, *Guerres ... op. cit.*, p. 308-325 ; ID. and MASSIN Veerle, *op. cit.*, p. 390.

the boys'. Young prostitutes or "emancipated girls" were seen as dangerous on different grounds: they were a threat to social order and risked aggravating the spread of venereal diseases. If they were found to have been too promiscuous, the girls were often isolated to avoid any physical and moral contamination to the others. They were therefore most often kept with restricted liberty in an "*Ecole de Bienfaisance*" at the disposition of the Government until their majority. As the article regarding prostitution (art. 15) in the Juvenile Welfare Act of 1912 only applied up to the age of 16 years old, the judges often relied on other articles, such as those on begging or misbehaviour to nevertheless place the girls in the care of adequate institutions²⁰⁴. During the occupation, the *Sittenpolizei* eventually agreed to report and entrust the cases of underage prostitutes to the Juvenile Court and child welfare organisations. But their attitude on the matter remains unclear. While some of the girls might have directly been entrusted to the relevant Belgian authorities, in some cases they seem to have been submitted to screenings like any other prostitute and hospitalised in the *Frauenkrankenhaus* of Saint-Gilles. It was only once they had received treatment that they were redirected to the specialised homes according to the decision of the Juvenile Court Judge²⁰⁵.

Regarding the origin of the women listed²⁰⁶, the vast majority of them was born in Belgium (85%, or 764 cases in a sample of 904 patients). Among them, 29% were from Brussels and 19% from Brabant²⁰⁷, manifesting another typical trend of wartime prostitution. In the 19th century, there was a far larger geographic diversity, which was logical as Brussels was then benefiting from the exodus from the country's provinces and even from abroad to the booming Belgian capital. During the war, though, a more restricted mobility favoured a more local recruitment²⁰⁸. This observation appears even clearer when the place of residence is analysed: 99% of the women figuring on the lists and hospitalised (all origins combined) had given addresses located in Greater Brussels. While the place of residence and the place of work (often the city centre) could differ, 39% of the women nonetheless resided in Brussels-city itself,

²⁰⁴ *Ibid.*, p. 380-390 ; DEBRUYNE Emmanuel, '*Femmes à Boches*'... *op. cit.*, p. 90-91 ; FRANÇOIS Aurore, *Guerres...* *op. cit.*, p. 308-325 ; ID., "Le cas des 'Madelaines aux petits pieds' Les juges pour enfants face à la prostitution (1912-1950)", in CHAUMONT Jean-Michel and MACHIELS Christine (ed.), *op. cit.*, p. 181-183, 187-193.

²⁰⁵ FRANÇOIS Aurore, *Guerres...* *op. cit.*, p. 312-314 ; ID. and MASSIN Veerle, *op. cit.*, p. 390-391 ; DEBRUYNE Emmanuel, '*Femmes à Boches*'... *op. cit.*, p. 91 ; MAJERUS Benoît, "La Prostitution...", in *op. cit.*, p. 23.

²⁰⁶ See appendix 1.3 for a repartition of women by country of origin.

²⁰⁷ See appendix 1.4 for a repartition of Belgian women by province of origin.

²⁰⁸ MAJERUS Benoît, "La Prostitution...", in *op. cit.*, p. 15 ; DEBRUYNE Emmanuel, '*Femmes à Boches*'... *op. cit.*, p. 101.

while 16% of them gave an address located in Saint-Josse and 9% in Schaerbeek, a strong presence already notable before the war²⁰⁹. This could have had an impact on the women's experience inside the *Frauenkrankenhaus*. For example, some could, more easily, have acquaintances there, as is sometimes hinted at in the few police reports mentioning details about the life of the interned²¹⁰.

Not all the women hospitalised were born in Belgium: at least 105 of those recorded on the *Sittenpolizei*'s lists were born in other countries. While the place of birth does not equal to nationality, it is likely that some of those women were indeed foreigners (likewise, some women listed as born in Belgium, could also be born of immigrant parents). Among them, 75 came from France. Before the war, the French community was already the most represented among foreigners in Brussels. It was also the case among sex workers: numerous French prostitutes moved over the Belgian capital after the Franco-Prussian war of 1870 and they made up 10% of all sex workers of the city in 1910²¹¹. If the birthplace can hypothetically be associated with nationality, this percentage doesn't seem to differ much from the one in the lists, as the 75 women recorded equal 8% of the sample. Ten of them came from Paris, a city whose reputation as the capital of pleasures fed the imaginations of the German soldiers with the wildest of fantasies. As the French capital had become inaccessible after the failure of the Schlieffen-Moltke plan and the soldiers had to settle for the "*Filiale von Paris*", Brussels, the Parisian women, and in a lesser but still distinctive manner the French woman, could have incarnate those fantasies already exacerbated in licentious novels circulating through the ranks²¹². Given such strong cultural connotation, the origin of the French, and especially the Parisian women might have impacted their attractiveness to potential German clients.

But the pre-war community did not make up of all the French prostitutes present in Brussels during the war, as the capital saw the arrival of French refugees, particularly numerous after 1917²¹³. None were identifiable in our data, as might be expected. On the one hand, it does not mention such status, and on the other hand, it is limited to October 1915, well before major

²⁰⁹ DEBRUYNE Emmanuel, '*Femmes à Boches*'... *op. cit.*, p. 63 ; MAJERUS Benoît, "La Prostitution...", in *op. cit.*, p. 15.

²¹⁰ See for example: BRUSSELS, AVB, *Poll4-18*, n° 420: *Pro Justitia and Police reports on Germaine M. (April and May 1917)*.

²¹¹ MAJERUS Benoît, "La Prostitution...", in *op. cit.*, p. 15-16 ; DEBRUYNE Emmanuel, '*Femmes à Boches*'... *op. cit.*, p. 101.

²¹² *Ibid.*, p. 63, 120 ; RÖGER Maren and DEBRUYNE Emmanuel, *op. cit.*, p. 689 ; MAJERUS Benoît, "La Prostitution...", in *op. cit.*, p. 28-29.

²¹³ *Ibid.*, p. 15.

movements of migration to Brussels. Nevertheless, it is more than plausible to expect that, given the precariousness in which they tried to survive, many of those refugees had fallen into prostitution and ended up hospitalised in the *Frauenkrankenhaus* of Saint-Gilles as happened in other localities. At first, hospitalisation had not been the only method used by the Germans to deal with them. To liberate some places inside the quickly overcrowded venereal centres, some French women were forcefully evacuated to unoccupied France along with other French refugees such as beggars that were also perceived as useless mouths to feed by the occupant. In this manner, not only were they rid of undesirable and infected refugees: these women could afterwards contaminate their fellow countrymen, an ironic twist on Maupassant's idea that was so lingering in the Germans' imagination. The first of these "repatriations" of venereally ill women saw the evacuation of around forty patients of the *Frauenkrankenhaus* of Noyon, in occupied Oise. This process was followed in other places, sometimes taking patients from the centres, other times according to lists handed to them by the municipalities, or even simply indigents suspected and wrongly accused of prostitution²¹⁴. Forced, the evacuation itself could take weeks and seemed to have been quite brutal, as Sister Saint Eleuthère noticed in Noyon: "*Quel départ mouvementé ! Les femmes crient, leurs enfants pleurent, les soldats chargés de conduire la bande ne pouvant se faire obéir crient comme des bêtes féroces, on les évacue sur la France, dit-on*"²¹⁵. While some locals saluted this German measure of "assainissement", the situation of those women, often ill, arriving in an unfamiliar new location with very little possession, seemed shocking to some of their contemporaries such as Jules Limbour: "*Les Allemands se permettent, de force, d'envoyer de l'autre côté de la barrière ces femmes arrêtées souvent au hasard sous prétexte de prostitution ayant un domicile, une maison et des enfants et pour la plupart atteintes uniquement de mérites non contagieuses. Que vont faire ces malheureuses ainsi expulsées, jetées avec mépris au gouvernement français comme les ignobles loques qu'on rend aux propriétaires des maisons dévastées [...] ?*"²¹⁶ Others were more divided, or feared that such women could influence Free France's vision of the occupied population: "*que vont penser les Français en les voyant arriver ? On dit que de l'autre côté on*

²¹⁴ DEBRUYNE Emmanuel, 'Femmes à Boches'... *op. cit.*, p. 224-227 ; BECKER Annette, *Les cicatrices...* *op. cit.*, p. 74-75 ; 79 ; CHARLES Nicolas, "Les "Boches du Nord" : ces femmes françaises exilées et leur image en France entre 1914 et 1918", *ILCEA online*, n ° 34: *Women and Migrations in the 19th and 20th Centuries: Gazes and Representations*, 2019, p. url: <https://journals.openedition.org/ilcea/5764> (last consulted 08/02/1919) ; LE NAOUR Jean-Yves, *Misères et tourments...* *op. cit.*, p. 278-280.

²¹⁵ SŒUR SAINT ELEUTHÈRE, *L'occupation allemande...* *op. cit.*, 25/02/1915 entry, p. 47, cited in DEBRUYNE Emmanuel, 'Femmes à Boches'... *op. cit.*, p. 226.

²¹⁶ ALLENDER Roland, *Jules Limbour...* *op. cit.*, 11/03/1915 entry, p. 98, cited in *ibid.*, p. 226.

*nous appelle les boches du nord, il faudrait tout de même faire des distinctions.*²¹⁷ These force evacuations, though, ceased, without evident reasons, during the winter 1915-1916 and were even forbidden afterwards. They were never implemented in Brussels since, as explained, most of the French refugees arrived in 1917²¹⁸.

Women born in Germany made up the second most important group of patients born abroad in our sample, but it only amounted to 12 individuals. Such a low number was also observed by Benoît Majerus, who interpreted this as the sign that there was no influx of German prostitutes sent abroad to supply the needs of the Kaiser's troops²¹⁹. Notably, among those 12 women, two were born in Alsace and one in Moselle, which had been annexed by Germany in 1870 after the Franco-Prussian War, nourishing the vindictiveness of the French about those "Lost Provinces"²²⁰. It is difficult to know what the position of these particular women was, especially as they are quite young (either 18 or 19 years old), or if it even had any impact on their daily life. In any case, like the women born in Germany, they were not spared from the *Frauenkrankenhaus*. The presence these 12 women on the lists of diagnosed and therefore hospitalised women suggests that they were not spared or privileged by the *Sittenpolizei* if they were infected. Even if the military regime's arguments regarding the strict regulation system imposed are tainted with ethnic prejudices against the Belgians, it appears that in the end, pragmatically, any woman who could spread a venereal disease had to be interned – at least regardless of her nationality, as when it comes to class and status, such pragmatism could waver.

In fact, a possible exception to such an obsessive willingness to isolate any contaminated (supposed) prostitute may be the factor of class and social status. According to researchers who studied prostitution during the 19th century and the Great War, a vast majority of the sex workers were of working-class origin²²¹. The regulation policies theorised and implemented, from Parent-Duchâtelet's study to the German system, appear all based on this premise. The lists of the sadly did not register any information on social status, but a sampling probe realised through the birth acts of several of the women seem to confirm the tendency that those who

²¹⁷ THIESSET Henriette, *Journal de Guerre, 1914-1920*, Amiens, Encrage, 2012, entrée du 12/01/1916, p. 120, cited in *ibid.*, p. 226-227.

²¹⁸ *Ibid.*, p. 227.

²¹⁹ MAJERUS Benoît, "La Prostitution...", in *op. cit.*, p. 15.

²²⁰ TURETTI Laurence, *Quand la France pleurait l'Alsace-Lorraine (1870-1914): Les "provinces perdues" aux sources du patriotisme républicain*, Paris, La Nuée Bleue, 2008.

²²¹ VAN HOOREWEGHE Colette, *op. cit.*, p. 164-166 ; DEBRUYNE Emmanuel, 'Femmes à Boches'... *op. cit.*, p. 101, 165.

were hospitalised in the *Frauenkrankenhaus* had humbler origins. This classist bias could go further: during the war, it was also commonly assumed that the propensity to fraternise with the Germans, including sexually, would, as well, be determined by class. Belgians of higher status, in particular the Bourgeois elites, were supposed, due to their higher education and even nature, to keep their dignity, their patriotism and, for the women, their virtue by avoiding such rapprochement with the enemy²²². Such perspective is expressed at its most extreme Manicheism by the teacher Léon Galloy from Marche-en-Famenne (province of Luxemburg): “*Je divise d’abord la population en deux parties bien distinctes : la classe intelligente et la classe ignorante, autrement dit la basse classe. La première classe – la haute – ne fraternise, ce mot-là est trop fort, ne parle pas ou le moins possible avec les Allemands. [...] Pénétrée de la justice de notre cause, elle est parfaitement sûre de la défaite finale des Allemands. Mais la classe intelligente et patriote souffre énormément de l’assujettissement de notre patrie. [...] Quant à la basse classe, une partie s’est jetée à corps perdu et dès les premiers temps dans les bras des Allemands, surtout les ouvriers. Ils fraternisent avec l’ennemi, ils briguent leurs faveurs, ils accusent leurs concitoyens (lettres anonymes) [...]. Les femmes et les jeunes filles se déshonorent au contact des Allemands : des enfants adultérins naissent un peu partout*”²²³. However, some testimonies found in war diaries suggest a more nuanced reality. In Tournai, Alexandre Carette mentioned that “*Bon nombre de femmes, ouvrières et bourgeoises, se compromettent avec des officiers. L’amour de la toilette et de l’argent l’emporte sur les sentiments de patriotisme et de pudeur*”²²⁴, while in Ghent, Virginie Lovelling pointed out that there were “*ook dames van den burgerlijken, of hoogen stand schijnen niet vrij te pleiten van gebrek aan eigenwaarde tegenover de bij hen ingekwartierde officieren*”²²⁵.” The mention of an officer, in Lovelling’s testimony, may also be revealing, as, contrary to troupers, they were not requested to submit to venereal testing and therefore did not have to denounce the “source” of their infection automatically – a double standard based on social status denounced by some as

²²² *Ibid.*, p. 165-173 ; MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 23 ; ROUSSEAU Xavier and VAN YPERSELE Laurence, “La Grande Guerre comme contexte”, in ID., *La Patrie... op. cit.*, p. 24, 30. ; JULIEN Elise and NIVET Philippe, “Les sociétés occupées: de l’expérience à la mémoire”, in CONNOLLY James, EMMANUEL Debruyne, ELISE Julien and MATTHIAS Meirlaen (ed.), *op. cit.*, p. 69-70 ; VRINTS Antoon, “Les normes de conduites en Belgique occupée”, in *ibid.*, p. 87-90, 95.

²²³ GALLOY Léon, *Pour les enfants de mes enfants. 1917*, 31/05/1918 entry, p. 11-13, cited in DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 173.

²²⁴ Cited in DETOURNAY Céline, *La Grande Guerre sous le regard de l’élite tournaisienne occupée*, Louvain-la-Neuve, 2002 (History Master’s Thesis, UCLouvain, sup. Laurence VAN YPERSELE), p.146.

²²⁵ LOVELING Virginie, *Oorlogsdagboeken. 1914-1918*, Anvers, De Bezige Bij, 2013, 20/12/1915 entry, p. 228, cited in DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 175.

a threat in the fight against venereal diseases²²⁶. Likewise, women of higher standing do not seem to have been hospitalised, as it appears that the *Sittenpolizei* and the *Frauenkrankenhaus* continued the classist double standard that prevailed before in addition to the gender bias blaming women.

Gender, although a characteristic of the patients that might seem obvious at the first glance, can prove to be more complicated. As it transparently appears in the German names of the venereal centres, the “*Frauenkrankenhäuser*”, were reserved to the treatment of women, designated as the origin of venereal infections, not men. Yet, individuals do not always fit within the binary repartition of gender at the base of this system. In the archives, such case is recorded. The file concerned Germaine M., accused of having stolen the money hidden in Leonie F.’s corset before her²²⁷ release from the venereal centre of Saint-Gilles²²⁸. Within the documents added to the testimonies on the theft, Germaine is reported to be a “*femme-homme*”, a “*hermaphrodite*” – the term used at the time to define intersex individuals. This particularity of Germaine was apparently exploited in her profession as a sex worker, where she was known under the nickname “*Germaine trois-quart d’homme*”, an insistence on masculinity that seems at odds with Germaine’s hospitalisation in a hospital for women. The common incomprehension of intersex reality at the time might have played a part²²⁹. Germaine might have been declared female at birth, while male secondary characteristics developed at puberty, or simply because she had more female features at birth than male and as birth certificates only register one gender, she had to be assigned one. As she was socialised as a woman, and as clothing and behaviour were a strong determinant of gender identity, it might have facilitated her internment in the *Frauenkrankenhaus*. But if the situation is analysed with the occupant’s prophylaxis vision in mind she was a prostitute, and her gender ambiguity did not matter as much the fact that she was a contaminating agent who had to be neutralised.

Finally, it is also important to insist that, even if the operating basis of the *Frauenkrankenhaus* rests on the conviction that all the women interned were suffering from

²²⁶ *Ibid.*, p. 210, 238, 240.

²²⁷ Feminine pronouns have been used to refer to Germaine M. as it was the case in the archives.

²²⁸ BRUSSELS, AVB, *Pol14-18*, n° 420: *Pro Justitia and Police reports on Germaine M. (April and May 1917)*.
See appendix 13.

²²⁹ See for instance DE GANCK Julie, *En quête de sexe. Réactions face aux anomalies sexuelles et à l’hermaphrodisme en Belgique contemporaine, 1830-1914*, Brussels, 2009 (History Master’s thesis, ULB, sup. PIETTE Valérie) ; DREGER Alice D., *Hermaphrodites and the Medical Invention of Sex*, Cambridge, Harvard University Press, 1998 ; FAUSTO-STERLING Anne, *Sexing the Body: Gender Politics and the Construction of Human Sexuality*, New York, Basic Books, 2000.

venereal diseases and that it was assumed by many that all of them were prostitutes, it was not the case. Apart from the fact that some women could have only engaged in circumstantial, occasional prostitution and that there already were variants in that “category”, the obsession to isolate all those who would be infected might certainly have led to the arrest and hospitalisation of “normal” women who did not engage in sex work but were simply suffering from venereal diseases and were not sex workers. Indeed, in Charleville it is estimated that they only amounted to 15% of the patients²³⁰. Furthermore, the relations between Belgian women and German men were not always venal in nature. Intimacy, even love, could develop between two individuals made to meet because of the war and the occupation, after they had lived alongside each other and crossed numerous barriers - linguistic, cultural, geopolitical, and could see, behind the enemy, another human being. But those relationships were met with many hardships, caused by the very nature of war, such as ostracisation, particularly for the women, or by the separation imposed once the man was mutated²³¹. As expressed by Emmanuel Debruyne, “*La guerre engendre ces couples qu’elle détruit ensuite*”²³². Between love and prostitution have existed a variation of relations, more or less sincere, complex or anchored in the power balance at play in the larger context of the occupation²³³. Whatever the nature of the relationship, though, under the German regulation system, any women suffering from venereal disease who had relations with a German could be suspected. As aforementioned, soldiers, if infected, had the obligation to denounce who infected them. The woman denounced in this manner had to submit to a sanitary screening or was imprisoned until she accepted to do so. But the women could also have been denounced by their fellow citizens. Indeed, a great number of denunciations, often under the form of letters, were written by Belgians to the police or the *Sittenpolizei* accusing women of prostitution and/or of suffering from venereal diseases. Jealousy, personal revenge, disgust and anger against those seen as traitors for frequenting the occupant and frustrating the patriotic feelings of their fellow citizens could motivate their redaction. These denunciations were often anonymous, but their authors nevertheless often qualified themselves as honourable citizens, invoking righteous or sanitary causes behind their

²³⁰ VAN HOOREWEGHE Colette, *op. cit.*, p. 156-159 ; MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 13 ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 100, 111, 143, 216, 228, 232.

²³¹ *Ibid.*, p. 158-162 ; LE NAOUR Jean-Yves, *Misères et tourments*... *op. cit.*, p. 283-288.

²³² DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 158.

²³³ *Ibid.*, p. 111-143 ; LE NAOUR Jean-Yves, *Misères et tourments*... *op. cit.*, p. 284-285.

action²³⁴. The words used could be very violent and attest of the ostracisation and reject that these women could endure: “*il n’est donc pas tolérable que des gens respectables aient à supporter pareilles saletés devant chez eux*”²³⁵. The *Sittenpolizei* seems to have been dubious towards these denunciations, which were often counterchecked²³⁶. But it is a possible option that some of those denunciation led to women being arrested, screened and eventually sent to the venereal centre. Denounced or not, the risk of women being wrongly hospitalised was a reality. This could be illustrated with the most extreme of cases: the internment of virgins, which was said to happen in other centres like Sedan²³⁷. There are no traces in the archives that this extreme ever happened in Brussels. However, some letters were conserved in the archives testifying the existence of arrests, and sometimes the hospitalisation, that were deemed abusive and wrong. The municipalities were especially active in these matters, as, stripped of their authority on the registration of prostitutes by the Germans, they tried to perform a more corrective influence on cases they judged arbitrary. Moral arguments, such as having a “good reputation”, are sometimes mentioned to stop any further enquiries against “honest women”²³⁸. In addition, respectable origin – as higher classes were more systematically associated with virtue, not debauchery – and good social connections seem to have been even more effective to guarantee the good reputation of the woman and the willingness of her fellow countrymen to defend her. Such situation is suggested in a note kept within the police archives. It relates how a Belgian agent, Boon, refused to cooperate with his German colleague and to arrest two young women. They were, according to the German, promiscuous with soldiers – something the Belgian refuted and motivated as the cause of his refusal: “[il] ne voulait pas se rendre complice d’une arrestation arbitraire”. The women were, still, arrested. But it quickly appeared that one of them was the daughter of the concierge of the Juvenile Court Judge Wets. The latter vouched for their honourability, and with the help of the Belgian police, the release of the young women was obtained as well as an exemption from a sanitary visit at the venereal centre of Saint-Gilles²³⁹. The idea that even virgins could qualify to receive treatment raises the question of how many of the patients were actually sick. The Bordet-Wasserman test for

²³⁴ DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 88-89, 214 ; ID., “Mesures...”, in *op. cit.*, p. 23 ; MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 7-8, 27 ; BECKER Annette, *Les cicatrices*... *op. cit.*, p. 241.

²³⁵ BRUSSELS, AVB, *Pol14-18*, n° 417: *Letter to the Under-Commisioner (06/06/1915)*.

²³⁶ MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 27 ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 89

²³⁷ *Ibid.*, p. 245.

²³⁸ *Ibid.*, p. 87-90, 161-174 ; VAN HOOREWEGHE Colette, *op. cit.*, p. 156-159.

²³⁹ BRUSSELS, AVB, *Pol14-18*, n° 420, *Police Report (05/12/16)*. See **appendix 14**.

example, complicated the diagnosis and demanded a higher clinical expertise, as a negative reaction did not always guarantee the absence of disease. Meanwhile, the medical discourse at the time was notably cautious about the prognostic of women, as it was said to be misleading due to their belief that they could carry germs without presenting external, detectable lesions caused by the infection. It was the case with Gonorrhoea, but also syphilis, a disease that had been dubbed “the great imitator” due to its confusing symptoms. Such assumptions could have led some physicians to be overzealous²⁴⁰. Wrongly hospitalised or not, though, once inside the hospital, being released seems to have been equally difficult. As the premise of the *Frauenkrankenhaus* was that all women present were there for treatment and could only leave when they had been deemed cured by the German doctor(s) directing the centre²⁴¹.

2.3. THE STAFF

Saint-Gilles hospital first entered its new functions as a *Frauenkrankenhaus* under the supervision of the Doctor Frede²⁴², recommended earlier by the Major General von Kraewel, military governor of Brussels, for his experience in the field of venereal diseases. Indeed, Frede had worked for many years before the war as a physician for Berlin’s vice squad and had been serving as the head of the dermatology and venereal service of the military hospital located Avenue de la Couronne from the beginning of the occupation²⁴³. This experience seems to have been a decisive argument in the choice of Frede, a proof that the Germans researched qualified individuals to occupy the senior positions of the centre. The head doctor acted as director inside the centre. In von Kraewel’s letter, it is mentioned that Frede received instructions from the “government physician” (*Gouvernementsarztes*)²⁴⁴. This *Gouvernementsarztes* could be Karl Pannwitz, the head of the medical section of the military government of Brabant, who appears in the earliest staff list conserved in the police’s archives²⁴⁵. Contrary to all other individuals

²⁴⁰ NEEFS Hans, *op. cit.*, p. 118-119 ; FRANÇOIS Aurore and MASSIN Veerle, *op. cit.*, p. 384 ; LE NAOUR Jean-Yves, “Sur le front intérieur du péril vénérien (1914-1918)”, in *Annales de démographie historique*, n° 103, 2002, p. 111.

²⁴¹ VAN HOOREWEGHE Colette, *op. cit.*, p. 155 ; DEBRUYNE Emmanuel, “Mesures...”, in *op. cit.*, p. 13.

²⁴² Frede’s first name is never mentioned on any document (as was the case for almost all of the staff), limiting any further identification.

²⁴³ MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 9 ; BRUSSELS, AVB, *Poll14-18*, n° 420: *von Kraewel’s letter (February 1915)*.

²⁴⁴ *Ibid.*

²⁴⁵ Those lists are actually a list of staff names and of their salaries. It was part of the *Sittenpolizei* provisional budgets sent to the municipalities. For an example of such list, **see appendix 8.3**.

on this list, he received no salary, hinting maybe at a more supervising function²⁴⁶. The director of the *Frauenkrankenhaus* seems to have possessed authority on the local municipalities in prophylaxis matters and in requesting measures to guarantee the efficacy of the venereal centre²⁴⁷. According to Benoit Majerus, Frede – and afterwards his successors – was not alone in supervising Saint-Gilles’s *Frauenkrankenhaus*. Majerus advanced that, in fact, the centre was directed permanently by two physicians, one of them at least female²⁴⁸. However, the sources where staff members are listed might show another reality. Whereas a German man is always qualified as “*médecin en chef*”, one or two individuals, always recorded after him, are qualified as “*femme médecin-assistant*” or simply “*madame [name] docteur*”. These denominations suggest a hierarchy, where the man remained the one invested to direct the institution in the end. The salaries earned by these doctors, though, undermine the simplicity of this first hypothesis. In fact, the woman (or, on some lists, the women) serving as first assistant-physician to the head doctor earned more than him. For instance, in the earliest list of staff salaries conserved, dated from May 1915, Frede, *médecin en chef*, earns 431.25 francs per month, while the two *femmes médecins-assistants*, the Dr Lewisohn and Dr Seligmann, earn 625 francs each²⁴⁹. Different suppositions can be drawn as explanation. The first would be that Frede and his successors served as army doctors during the war and therefore had a standardised salary, while it was not the case of their female counterparts. Frede, after all, was under the authority of the *Gouvernementsarzte* and therefore the military regime. Another possibility is that the women had greater qualifications, justifying a better salary - but the same pattern is repeated with their successors, undermining the idea of purely personal criteria. The Dr Liess (a man) and Dr Crampe (a woman) who respectively were nominated in November 1915²⁵⁰ and January or February 1916. Both kept their positions until the end of the war, and a salary difference remained (506.5 francs for Liess, 625 francs for Crampe)²⁵¹. Concerning the

²⁴⁶ BRUSSELS, AVB, *Pol14-18*, n° 420: *Sittenpolizei Budget – Staff Salaries (September 1915)* ; DEBRUYNE Emmanuel, “Mesures...”, in *op. cit.*, p. 15.

²⁴⁷ BRUSSELS, AVB, *Pol14-18*, n° 420: *von Kraewel’s letter (February 1915)* ; SAINT-GILLES, ACSG, *Procès-verbaux du collège communal (20/04/1915)*.

²⁴⁸ MAJERUS Benoit, “La Prostitution...”, in *op. cit.*, p. 24.

²⁴⁹ BRUSSELS, AVB, *Pol14-18*, n° 417: *Sittenpolizei Budget – Staff Salaries (May 1915)*.

²⁵⁰ He was actually succeeded momentarily (for about a month) by a “Dr Siruve”. The doctor Siruve could actually be the doctor Struve, as misspellings were frequent in these documents. Struve was qualified as *Chefarzt*, and member of the Reichstag, who was present during the Conference organised on the 8th of October 1915 – maybe even in his quality as head doctor of the *Frauenkrankenhaus* since the dates coincide. (BRUSSELS, AVB, *Pol14-18*, n° 417 and 420: *Sittenpolizei Budget – Staff Salaries (October 1915)*).

²⁵¹ BRUSSELS, AVB, *Pol14-18*, n° 417 and 420: *Sittenpolizei – Staff Salaries (December 1915 to July 1918)*.

presence of women doctors, the fact that they were working with prostitutes was proper to German practice. In Germany, women were already employed in prostitution control at the beginning of the 20th century, fulfilling roles varying from the aforementioned police auxiliary to the physician. As explained, they were deemed, as fellow women, more likely to earn the prostitute's confidence and thrust. This inclusion was introduced in Belgium during the wartime, as is perceptible in the staff lists of the hospital of Saint-Gilles. Although a few female doctors had started to practice in Belgium already before the war, the services they were allowed to provide were limited – prostitutes notably were out of reach²⁵². This changed with the occupation. Among junior physicians appears in January 1918 a “Madame De Knop, docteur”, suggesting that Belgian²⁵³ women could also be involved as physicians in this type of institution. Belgian doctors, be they men or women, were part of the staff in the centre, though. In some *Frauenkrankenhäuser*, the entire senior staff of doctors and people working in laboratories were Germans, while in others, including Brussels, Belgians were employed from the start²⁵⁴. Indeed, in May 1915 are mentioned two men named Obry and Demaret, qualified as “*élève en écriture, sciences ou médecine (praktikant)*”, later promoted (with a rise of their salary) to “*médecin*”. Obry left the centre in October 1917 but Demaret remained. He was joined by the aforementioned Dr De Knop and another male physician also named De Knop who, in all likelihood, were wife and husband. They are finally joined in 1918 by a Dr Julius Bussens (or Büssens)²⁵⁵. Belgian doctors were therefore clearly active in this German initiative. Different reasons could have motivated them to do so. Firstly, this position offered them opportunities of advancement, as had been the case for the Drs Obry, Demaret and, it might be suggested, even for Dr De Knop as a woman. Secondly, sympathies for German occupants might also have been at play, as seemed to have been the case for Julius Bussens who collaborated even further. Before joining the *Frauenkrankenhaus*, he had served as “*inspecteur du service de santé pour l'agglomération bruxelloise et (...) chef du laboratoire du service de santé à Bruxelles*”. He also claimed, in a letter written after the war, to have defended German interests in the censured newspaper *Le Bruxellois*. For this action, he declared having been condemned to death by Belgian authorities after the war, which led him to flee with his

²⁵² DICKSTEIN-BERNARD Claire, *op. cit.*, p. 17-18 ; MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 24.

²⁵³ No nationality is mentioned in the archives available. This division between German and Belgian individuals is therefore based on suppositions.

²⁵⁴ DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 222.

²⁵⁵ BRUSSELS, AVB, *Pol14-18*, n° 420: *Sittenpolizei Budgets – Staff Salaries (January to July 1918)*.

wife and two children to Germany where, finding himself facing financial difficulties, he asked (unsuccessfully) for the help to the German government²⁵⁶. Thirdly, another possible motivation is that some of these doctors might have had a German ascendancy. Such families, descendants of former immigrants from Germany and therefore still influenced by it, who were born in Belgium and had therefore the Belgian nationality, had members that tended to align themselves with the occupant, as shown by Sophie de Schaepdrijver with the study of the Graeffe family, who lived in Saint-Gilles²⁵⁷. Nevertheless, in the *Frauenkrankenhaus*, despite this inclusion of local doctors, the top positions remained in German hands, under German control. Outside the hospital, German authorities seemed to mistrust Belgian and French physicians in their treatment of venereal diseases. In some regions, they were forbidden to treat these infections, especially among German soldiers. Otherwise, they were frequently patronised and seen as less competent²⁵⁸. After receiving a missive from the German civil administration advising Belgian doctors to resort more frequently to bacteriological and serological testing, Adrien Bayet seemed particularly vexed of the occupant's contempt. He wrote in his diary, relating to the event with undisguised sarcasm: "*Et voilà ! le pauvre diable de médecin belge, ignorant et arriéré, doit s'estimer heureux qu'on lui apprenne ce qu'il doit faire ; maintenant, grâce à la paternelle sollicitude de Mr le chef de l'administration civile, il est remis dans le droit chemin, il a le poteau indicateur sans lequel, aucune route, quelque familière soit-elle, ne peut être regardée comme sûre, il sait que sa droite est d'un côté et sa gauche de l'autre...*"²⁵⁹ The reason why in the Saint-Gilles's *Frauenkrankenhaus* Belgian doctors were accepted and even promoted could be due to the fact that they were trusted, but also because they remained under the direction of German chief doctors who could correct them. Finally, a note regarding an absentee: Gottfried Benn (1886-1956). The German doctor and writer worked during the war as a venerologist for the General Government in Brussels. According to his biography, he is supposed to have treated the prostitutes of the Saint-Gilles

²⁵⁶ BERLIN, Bundesarchiv Lichterfelde, R1501:Reichsamt des Innern, n° 119598: Correspondence with Julius Büssens ; *Gesetz- und Verordnungsblatt für die okkupierten Gebiete Belgiens*, 07/11/1917, p. 4701.

²⁵⁷ DEBRUYNE Emmanuel, '*Femmes à Boches*'... *op. cit.*, p. 156 ; CAESTECKER Frank and VRINTS Antoon, "The National Mobilization of German Immigrants and their Descendants", in PANAYI Panikos, *Germans as Minorities during the First World War. A Global Comparative Perspective*, Ashgate, Farnham, 2014, p. 125 ; DE SCHAEPDRIJVER Sophie, "*We who are so cosmopolitan*" : *the War Diary of Constance Graeff, 1914-1915*, Brussels, Archives Générales du Royaume, 2008.

²⁵⁸ MAJERUS Benoît, "La Prostitution...", in *op. cit.*, p. 12 ; VAN HOOREWEGHE Colette, *op. cit.*, p. 159 ; DEBRUYNE Emmanuel, "Mesures...", in *op. cit.*, p. 23 ; ID., '*Femmes à Boches*'... *op. cit.*, p. 208, 241.

²⁵⁹ BRUSSELS, AML, ML 03546 CR, BAYET Adrien, *Journal d'un Bruxellois* ..., 10th notebook, 24/07/1916 entry.

Hospital (“*Ich war Arzt an einem Prostituiertenkrankenhaus, ein ganz isolierter Posten*”²⁶⁰) and gave a description of the place. But his name could not be found in the staff lists conserved. One possibility is that he only practiced there sporadically, maybe during one of the months of which the lists are missing. Or, as he served in Brussels and resided in Saint-Gilles, he might simply have visited the venereal centre²⁶¹.

The tendencies that were apparent among doctors also appeared among the laboratory staff: the higher functions were occupied by Germans, and women were involved. During the whole war, a woman called Poppelreuter seems to have been at the head of this service and to have been seconded by two individuals whose names, Rother and Kärtner (or Korner), have Germanic consonance but their nationality is not mentioned. They are once qualified with female pronouns but otherwise their title is “*préparateur en laboratoire*” or “*laborantin*” Those women were assisted by two Belgian women named Vanderwal (maybe sisters) who served as “*aide au laboratoire*” but who sometimes worked as “*aide-pharmacienne*” as well. In fact, the centre benefited from a pharmacy *in situ* created for the former municipal hospital. It was kept by a pharmacist named Motte (also spelled Mosse), about whom we have no further information. Another central service, based on the salaries and the constant budget allocated to it, was that of the bureaucratic management. At least one employee, Hech (or Heck) was always present and received a consequent pay, sometimes higher than that of the head doctor. He was later joined by two other clerks, similarly well paid, which might testify of a growing bureaucratic protocol or a higher number of patients to follow and record. They were certainly taking advantage of the floor which had already been dedicated to this service before the war²⁶².

The staff’s perception of their patients and their work can only be envisioned through hypotheses as no testimony remains. Different motives might be at play, without being mutually exclusive. First, there might be the question of personal gain, as has already been explained for the Belgian doctors. As for the Germans, especially men, they could also gain from their position. In a similar manner as the agents of the *Sittenpolizei* described by Benoit Majerus, such position in wartime gave them an opportunity of promotion and also kept them

²⁶⁰ Cited in BEAUPRÉ Nicolas, “Double guerre : Gottfried Benn, médecin – et écrivain ? – de deux guerres”, in *Germanica*, n° 28, 2001, p. 62 ; RUMOLD Rainer and WERCKMEISTER Otto K. (ed.), *The ideological Crisis of Expressionism. The Literary and Artistic German War Colony in Belgium 1914-1918*, Columbia, Camden House, 1993, p. 299.

²⁶¹ DEBRUYNE Emmanuel, “Mesures...”, in *op. cit.*, p. 18 ; MAJERUS Benoît, “La Prostitution ...”, in *op. cit.*, p. 19, 27 ; BRUSSELS, AVB, *Pol14-18*, n°417 ; BEAUPRÉ Nicolas, *op. cit.*, p. 61-74.

²⁶² DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 228 ; BRUSSELS, AVB, *Pol14-18*, n° 417 and 420: *Sittenpolizei Budgets – Staff Salaries* ; FOREST, ACF, *Urbanisme: Saint-Gilles’ Civil Hospital plans* (1908).

away from the fighting zones, dangerous even for the medical corps and certainly more exhausting than a centre for women in the heart of Brussels²⁶³. Secondly, the staff, at least its German members, might have felt invested in the task given to them, a fundamental task within the system implemented to preserve the warring forces and more broadly their Nation against the venereal peril. These arguments might have held more values in their eyes than the possible suffering of the women interned²⁶⁴. Furthermore, power balance and authority might have affected the staff's perception. Typically, in this type of institution, "Staff tend to feel superior, and righteous. Inmates tend (...) to feel inferior, weak, unworthy and guilty²⁶⁵". The patients were perceived on the whole as dangerous prostitutes with all the stigmatisation such attribution could have carried, while the staff, to a certain extent, were the one healing and therefore saving the women and society from themselves. Finally, a greater emotional and psychological distance with the patients could also have been reached through the process of identity dispossession that, as detailed, slowly dehumanised the women and formatted them into a patient whose only role inside the institution was to be treated and to obey those who could cure her – the medical staff. Goffman, on total institution, mentioned the need to belittle the other to the status of object – in his own words "human objects", "human material", to afterwards command authority and impose discipline more easily²⁶⁶.

The junior staff seem to have been for the most part composed of locals, as was the case in other *Frauenkrankenhäuser*²⁶⁷. The variety of functions reveals the variety of tasks required to allow the institution to function and range from maintenance to surveillance and nursing²⁶⁸. Some of these functions are clearly gendered (women tend to assume chores relating to cooking, cleaning, washing or ironing) while men served as drivers (maybe for ambulances), night guardians, engineers, electricians or concierges. Laic nurses and sisters from a religious congregation both provided care for the patients. The female nurses mentioned in the staff lists were German²⁶⁹ and were less numerous than their male counterparts (2 women for 4 men) who also had Belgian-sounding names. Their qualification is unknown, as at the time professional nursing was a new phenomenon. Most of the nursing, however, seems to have

²⁶³ MAJERUS Benoît, "La Prostitution...", in *op. cit.*, p. 20.

²⁶⁴ *Ibid.*, p. 12, 25-26 ; VAN HOOREWEGHE Colette, *op. cit.*, p. 159 ; DEBRUYNE Emmanuel, 'Femmes à Boches'... *op. cit.*, p. 235-236.

²⁶⁵ GOFFMAN Erving, *op. cit.*, p. 7.

²⁶⁶ *Ibid.*, p. 76-78.

²⁶⁷ MAJERUS Benoît, "La Prostitution...", in *op. cit.*, p. 24 ; DEBRUYNE Emmanuel, 'Femmes à Boches'... *op. cit.*

²⁶⁸ BRUSSELS, AVB, *Pol14-18*, n° 417 and 420: *Sittenpolizei Budgets – Staff Salaries*.

²⁶⁹ BRUSSELS, AVB, *CB*, Minutes (13/11/1918).

been provided by far more numerous Franciscan sisters from Louvain and their superior, Mother Ewalda, presented before. The 16 to 31 sisters present on site earned 75 francs each, their salary higher than those of the nurses, be they man or woman, maybe because they worked more hours. They also represented a religious influence, as well a form of surveillance among the pavilions where the patients were staying (*cf. supra*). From February 1916, though, another workforce appears. Their denomination varies greatly but seems each time to refer to the same persons. They are first mentioned in the staff list as “*Asile pour filles – 32 filles*”, and, simultaneously, the provisional budget the establishment of an *Asile*²⁷⁰. This term in French has different meanings. It could signify an asylum for the mentally ill. After all, one of the later effects of syphilis is neuronal damage causing odd or violent behaviour, and some syphilitics ended up in asylums for this very reason²⁷¹. But given the mention of the girls in the staff list, it is almost certain that the meaning behind this word was “shelter” and that it hosted young women and girls. Some of them worked in the hospital for 30 francs and their number varied from 18 to 69 throughout the war. They are once named “*Filles de la prévoyance*²⁷²” which presuppose the philanthropic nature of the shelter, an idea reasserted by the only mention it gets in German: “*Mädchenheim*²⁷³”. It may be one of the homes created to house underage women, but given that the aim of these shelters was often to heal them physically and morally, it would have been paradoxical to house them and make them work along a large concentration of women of ill-repute²⁷⁴. It could have been built only to host the underage girls treated inside the *Frauenkrankenhaus*, although, if it was the case, they had to be sent there by other means than the *Sittenpolizei* as their number on the lists was too low. Another option would be for the shelter to offer lodgings and work to young women in need. Another name given to the shelter in the staff lists was, in fact “*Patronage pour femmes*²⁷⁵”, which might correlate this idea. It was also in line with the project of reinsertion and prevention proclaimed by the German authorities against the precariousness caused by the war.

Most of the menial staff kept working throughout the war in the centre as their names keep appearing on most of the lists (notwithstanding their dramatic spelling variability). Although,

²⁷⁰ BRUSSELS, AVB, *Poll4-18*, n° 417: *Sittenpolizei Budget – Staff Salaries (February 1916)* ; BRUSSELS, AVB, *Poll4-18*, n° 417: *Sittenpolizei Budget (February 1916)*.

²⁷¹ NEEFS Hans, *op. cit.*, p. 97-99.

²⁷² BRUSSELS, AVB, *Poll4-18*, n° 420: *Sittenpolizei Budget – Staff Salaries (November 1916)*.

²⁷³ BRUSSELS, AVB, *Poll4-18*, n° 417: *Sittenpolizei Budget – Staff Salaries (July 1916)*.

²⁷⁴ FRANÇOIS Aurore and MASSIN Veerle, *op. cit.*, p. 391-392.

²⁷⁵ BRUSSELS, AVB, *Poll4-18*, n° 417: *Sittenpolizei Budget – Staff Salaries (April 1916)*.

as explained, working in this German-initiated infrastructure could bring benefits for the Belgians, they could also have been socially stigmatised by their fellow citizens for it, be they doctors or servants. They could have been taxed of colliding with the enemy and have fed resentment as they were employed and paid in a time of hardship and unemployment²⁷⁶. But those who had the worst reputation might have been the German nurses, who, for the occupied populations, were often assimilated to prostitutes themselves²⁷⁷. It is not impossible that such a depreciatory connotation may also have been imputed in the other numerous women involved in the running of the centre.

No archives on the daily life of the staff have been conserved. While there was a large kitchen, the food costs recorded on the provisional budgets were (officially at least) reserved to the patients, which would suggest that the staff members had to provide for themselves. Regarding lodging, they had been included in the original building, providing accommodations for the staff and for the director²⁷⁸. It is unclear as to how those lodgings were organised during the war, but it is likely that some of the staff were residing outside the *Frauenkrankenhaus*, for instance the locals, especially those working part-time. In fact, most of the junior staff's salaries were quite low, ranging from 30 francs for a female servant to 165 francs for a driver, which would suggest that the majority of them were only working part-time at the hospital²⁷⁹. But even low, all the salaries put together elevated quickly given the high number of staff members who even reached 145 individuals in January 1918. The cost increased constantly during the war, reaching 13,646.12 francs per month²⁸⁰ to the dismay of the Belgian municipalities that had to pay these bills and asked, unsuccessfully, to limit the number of employees of the venereal centre²⁸¹.

2.4. CONTRASTING VIEWS

Belgian authorities entertained mixed feelings with the *Frauenkrankenhaus* and the German prophylactic system to which it belonged. On the one hand, cooperation on the

²⁷⁶ PLUVINAGE Gonzague, "Bruxelles à l'heure allemande", in *Cahiers Bruxellois*, n° 66, 2015, p. 36 ; VRINTS Antoon, in *op. cit.*, p. 88, 92-93 ; DEBRUYNE Emmanuel, 'Femmes à Boches'... *op. cit.*, p. 164-165.

²⁷⁷ *Ibid.*, p. 117-118.

²⁷⁸ BRUSSELS, AVB, *Pol14-18*, n° 417 and 420: *Sittenpolizei Budgets* ; FOREST, ACF, *Urbanisme: Saint-Gilles' Civil Hospital plans* (1908).

²⁷⁹ BRUSSELS, AVB, *Pol14-18*, n° 417 and 420: *Sittenpolizei Budgets – Staff Salaries*.

¹⁹⁹ BRUSSELS, AVB, *Pol14-18*, n° 420 : *Sittenpolizei Budget – Staff Salaries (January 1918)*.

²⁸¹ MAJERUS Benoît, "La Prostitution...", in *op. cit.*, p. 11.

management of prostitution was quite advanced between them and their German counterpart. They shared the willingness to monitor and isolate sex workers suffering from venereal diseases, notably to protect their own citizens from infection. Nevertheless, tensions arose, particularly around specific matters. As explained before, the dealing of underage girls and abusive cases were causing friction, as did the constitution and communication of the lists registering the prostitutes. The high costs of the *Frauenkrankenhaus* and the *Sittenpolizei* to which it was affiliated quickly became another recurrent source of tension between the occupant and the Belgian municipalities forced to carry this financial burden. The solution that had prevailed in previous regulation systems consisted of making brothels pay for the treatment of their residents, but it was inapplicable as an overwhelming majority of the women hospitalised were streetwalkers or were not even prostitutes. At the same time, most of the patients were unable to pay for the treatments compelled on them. To resolve that issue, the German authorities abusing their dominant position decided to impose the financial burden of their policies to the municipalities²⁸². The expenses incurred by the venereal centre of Saint-Gilles are detailed in provisional budgets made by the *Sittenpolizei* and sent to the municipalities²⁸³. The total budget required to the running of the *Frauenkrankenhaus* varied throughout the war²⁸⁴. It was higher for the first month than what directly followed, which might be justified by installation costs, including modifications and additions to the building. Otherwise, its tendency was that of a slow rise, with lower expenses in summer and higher ones in winter. These observations can easily be explained by the huge part taken up by the purchase of food for the patients in the total of the budgets (over 50% of the budget in most cases, reaching 64% in August 1917) – far more than the salaries of the staff. During the war, penury was a constant issue and prices escalated. As more food was produced and available in summer, it was logical that the costs diminished as well. This logic is also behind the major irregularity in the costs, when 50,000 francs were expected to be paid to stock provisions for the winter of 1916²⁸⁵. Most of the other expenses referenced are not unusual for the running of a hospital: bedding, linen, toiletries, medical instruments and medication, building maintenance, heating, lighting and water provisions. The 16 municipalities of Brussels feared the burden that these

²⁸² *Ibid.* ; DEBRUYNE Emmanuel, 'Femmes à Boches'... *op. cit.*, p. 92, 223-224 ; BRUSSELS, AVB, *Pol14-18*, n° 417 and 420: *Sittenpolizei Budgets – Staff Salaries* ; BRUSSELS, AVB, *Pol14-18*, n° 420: *Gerstein's letter to Lemonnier (August 1915)*.

²⁸³ For an example of these budget, **see appendix 8**.

²⁸⁴ **See appendix 2**.

²⁸⁵ BRUSSELS, AVB, *Pol14-18*, n° 420: *Sittenpolizei Budget (November 1916)*.

expenditures would put on their already strained finances, and tensions arose on the question of the repartition of those expenditures among them. In the end, German authorities decided to base the repartition proportionally to the population of each commune according on the 1910 census. Resistance quickly followed with varying results²⁸⁶. Saint-Gilles's municipal council, for instance, found it particularly unfair that its municipality had to pay for it like any other when it already had to relinquish its hospital being forced to relocate their sick citizens to the hospitals of other municipalities. The council's argument was heard by Gerstein, and the Germans ended up paying a rent for the hospital of 4,000 francs per month, which, on the admission of the municipal council, made up for more than was needed for the relocation of the hospitalised citizens of Saint-Gilles. It did not make up for the part of its share in the expenses created by the *Sittenpolizei* and the Hospital, though, which ended up straining the finances of all 16 municipalities²⁸⁷. They pained to follow with the monthly payments required, a situation towards which the Germans granted no concessions. When in October 1915, Schaerbeek still begrudged to pay the 17,193 francs due to cover the expenses of February to June 1915, von Sauberzweig, the military governor of Brussels, threatened to take 30 of its citizens as hostages. Schaerbeek, then, relinquished²⁸⁸.

The *Frauenkrankenhäuser* caused various reactions among the occupied populations. Not all of them were negative: there were those who stressed the prophylactic value of the German system as well as the benefits of its disciplinary dimension²⁸⁹. But for most, it was a shocking institution. Not so much for the fate that awaited the women inside – although some contemporaries could show understanding, as did Bayet in his diary (“*La misère n’est jamais assez générale pour qu’il n’y en ait pas qui aient de l’argent alors que d’autres ont faim. Dans ces conditions, la femme qui a faim se vend.*”²⁹⁰), more often there were little pity for them. Predominantly then, the *Frauenkrankenhaus* represented the incarnation of what was perceived as debauchery and fraternisation with the enemy. A powerful stigmatisation surrounded the women who had relations with the Germans and did not respect the “patriotic distance” expected of them. This patriotic distance was an expression of resistance of the Belgian and

²⁸⁶ DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 92-93 ; BRUSSELS, AVB, *Poll4-18*, n° 420: *Lemonnier’s letters to Gerstein (March and May 1915)*, *Gerstein’s letter to Lemonnier (August 1915)*, *Sittenpolizei Budgets (April to May 1915)*.

²⁸⁷ SAINT-GILLES, ACSI, *Bulletins communaux (1915)* ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 93.

²⁸⁸ *Ibid.*

²⁸⁹ *Ibid.*, p. 234.

²⁹⁰ BRUSSELS, AML, ML 03546 CR, BAYET Adrien, *Journal d’un Bruxellois ...*, 10th notebook, s.d. (p. 4156).

French occupied populations against the German rule. It was manifested by limiting as much as possible contacts with the Germans and the vision of fellow citizens transgressing this unwritten rule could be the source of a real repulsion – even more for women²⁹¹. As James Connolly explained, “notions of misconduct were always heavily gendered – it was seen as a fundamentally female phenomenon”, traditionally tainted with more sexual undertones. In the occupied culture, the “conflation of treason and sexual misconduct” became more common²⁹².

Furthermore, in the case of the venereal centres, the women interned were often assumed to be prostitutes and were known to be suffering from venereal diseases, situations with strong immoral connotations, stigmatised in peacetime as much as wartime²⁹³. This shows through the nicknames given to the centres. In fact, the original, understated name of “*Frauenkrankenhaus*” is never used in the Belgian sources. In police reports²⁹⁴, the centre was named “*Hôpital de Saint-Gilles*” or “*Hôpital Molière*”, neutrally referencing its location, whereas during the meetings of Saint-Gilles’s municipal Council, the already more connoted “*Hôpital pour Prostituées*” or “*Hôpital pour Syphilitiques*” were used²⁹⁵. Other centres were commonly insultingly called “*Parc à Poules*” (or “*à Pouyes*”, “*à Pouïes*”), a nickname that even reached popular songs or theatre. Lousberg meanwhile was dubbed by German soldiers “*Luesberg*” (Mount Syphilis), located on “*Microbenboulevard*”, while Sint-Andries in Bruges was “*Lusitania*^{296/297}.” While no such name has been found relating to Brussels’s venereal hospital, it might simply be because such colloquial names were not recorded in the more official sources conserved. The aversion of the occupied for the women were sometimes more explicitly blatant than through nicknames. For example, the locals could refuse to give any assistance that might have improved the daily life of the patients,

²⁹¹ DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 100, 110, 166-169, 181-186 ; CONNOLLY James, *op. cit.*, p. 35-43 ; MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 7-8, 27 ; VRINTS Antoon, in *op. cit.*, p. 95-96 ; LE NAOUR Jean-Yves, *Misères et tourments*... *op. cit.*, p. 281.

²⁹² CONNOLLY James, *op. cit.*, p. 31-36.

²⁹³ DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 166-169, 209 ; LE NAOUR Jean-Yves, *Misères et tourments*... *op. cit.*, p. 130.

²⁹⁴ BRUSSELS, AVB, *Poll4-18*, n° 417 and 420.

²⁹⁵ SAINT-GILLES, ACSG, *Bulletins communaux (20/07/1918)* ; BRUSSELS, AVB, *CB*, Minutes (13/11/1918).

²⁹⁶ A direct reference to the British liner ship sunk in 1915 by a German U-boat, this name, according to Luc Schepens, could be a pun on the word “*luis*” designating lice in Flemish and, in this case, depressingly, the women interned in Sint-Andries. Emmanuel Debruyne advanced the idea that this could also be a metaphor for the image of women sinking into prostitution or the venereal centre itself (DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 393).

²⁹⁷ *Ibid.*, p. 233.

as best illustrated by Jules Limbour who narrated in his war diary how the German doctor of the *Frauenkrankenhaus* of Château-Gayant “*aurait voulu intéresser la population de Douai à ces malheureuses en haillons mais il a trouvé partout une répugnance glaciale*”²⁹⁸. In Brussels, this refusal to provide any support for the women linked to the *Sittenpolizei* or the *Frauenkrankenhaus* was evident in the aforementioned controversy about the lists of women screened for venereal diseases. Indeed, the German vice squad stopped communicating these lists to their Belgian counterparts when it appeared that they were used to stigmatise these women and deprive them from the help of assistance and relief organisations. This action is rooted in the social control and stigmatisation of those who deviated from the norms and were seen as disruptive, manifesting an aversion probably equivalent for the *Frauenkrankenhaus* itself²⁹⁹.

The German, of course, adopted a different perspective. Their approach on venereal diseases and prostitution was, primarily, functionalist. They did not seek to eradicate prostitution. Quite the contrary, some even advanced the idea that visiting prostitutes might have therapeutic effects for those traumatised by the violence of the frontline. The aim behind the measures they implemented was to curb the spread of diseases among their own soldiers. Firstly, as to avoid weakening the army contingent and endangering a German victory. But also, because the dangers of the venereal peril laid as well in the risk that servicemen on leave, if infected, could contaminate their family in Germany and, more dramatically, cause in the long-term the degeneracy of the nation itself³⁰⁰.

Such stake is clearly expressed by the speakers of the 8th of October 1915 conference. In his opening speech, von Blissing mentions that these diseases “*die an dem Mark unserer Volkskraft nagen*”³⁰¹ while von Drigalski talked of “*der Bekämpfung außerordentlich großer Gefahren für unser Heer und unsere Heimat, für Mann und Weib, für Familie und Staat*”³⁰². It justified the implementation of the German system in the occupied territories, in which the *Frauenkrankenhaus* played the essential part of neutralising what, according to traditional

²⁹⁸ ALLENDER Roland, *Jules Limbour... op. cit.*, 23/09/1915 entry, p.154, cited in DEBRUYNE Emmanuel, ‘*Femmes à Boches*’ ... *op. cit.*, p. 235.

²⁹⁹ *Ibid.*, p. 87, 187-188 ; MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 23.

³⁰⁰ *Ibid.*, p. 10-11 ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’ (...) *op. cit.*, p. 216, 232-233 ; ID., “Mesures...”, in *op. cit.*, p. 11-14 ; RÖGER Maren and DEBRUYNE Emmanuel, *op. cit.*, p. 693 ; FRANÇOIS Aurore and MASSIN Veerle, *op. cit.*, p. 380 ; VAN HOOREWEGHE Colette, *op. cit.*, p. 153-157 ; SAUERTEIG Lutz, “Militär, ...”, in *op. cit.*, p. 215-6.

³⁰¹ VON BISSING Moritz, “Ansprache”, in *Sitzungsbericht... op. cit.*, p. 5.

³⁰² VON DRIGALSKI Wilhelm, *op. cit.*, p. 12.

aetiology, was seen as the main contaminating agent: the infected prostitute. This vision was deeply rooted in neo-regulation theories that justified the control of prostitution not so much on moral grounds but on biological ones, where the close environment of the brothel is replaced by that of the hospital, and where sexually transmitted diseases are presented as a biological threat to the national body³⁰³, the “*Volkskörpers*”³⁰⁴. It is therefore quickly apparent that the fight against venereal diseases and the system implemented by the German have large-scale implications and an almost ideological dimension, tainted with Darwinist and degeneracy theories applied at an international level, giving it a certain urgency justifying tough measures. The war brought the opportunity to pose a strong argument in favour of neo-regulation against abolitionism. It gave its German partisans the power to test and validate their practices into the occupied territories without needing to take into account the locals’ opinion or the financial burden, whereas they had encountered opposition in Germany before the war. As such, the German system can be seen as an experiment while the occupied territories, especially Brussels where many of those measures were first put into place, as laboratories for the occupant. There could be implemented extreme neo-regulation measures such as the *Frauenkrankenhaus* that, if proven successful, could be exported elsewhere³⁰⁵. It is clearly expressed by von Drigalski at the start of his speech: “*Die zur Bekämpfung der Geschlechtskrankheiten in Brüssel getroffenen Maßnahmen sind deswegen besonders belehrend, weil man sich über die Nützlichkeit und Anwendbarkeit verschiedener Maßnahmen, die man in Belgien bisher nicht kannte und deren Möglichkeit oder Zweckmäßigkeit auch in Deutschland noch bis vor kurzem diskutiert wurde, auf Grund der hier gemachten Erfahrungen klar werden kann*”³⁰⁶.” It was also proven in practice, as successful measures and regulations in Brussels were extended to the rest of the General Government zone, and then exported to the East where German forces had progressed in Poland and the Russian Empire. Some partisans even valued how these measures could be imported to the Reich itself. The centre was therefore rooted in a larger debate that justified its scale and nature to those promoting it. Unbeknown by them, their policies would

³⁰³ VAN HOOREWEGHE Colette, *op. cit.*, p. 159 ; MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 10-11, 25-26 ; DEBRUYNE Emmanuel, “Mesures...”, in *op. cit.*, p. 10-12, 23 ; ID., ‘*Femmes à Boches*’... *op. cit.*, p. 205-209.

³⁰⁴ VON DRIGALSKI Wilhelm, *op. cit.*, p. 18.

³⁰⁵ VAN HOOREWEGHE Colette, *op. cit.*, p. 159 ; MAJERUS Benoît, “La Prostitution...”, in *op. cit.* ; DEBRUYNE Emmanuel, “Mesures...”, in *op. cit.*, p. 10-12, 23, 36 ; ID., ‘*Femmes à Boches*’... *op. cit.*, p. 205-209, 248 ; RÖGER Maren and DEBRUYNE Emmanuel, *op. cit.*, p. 693-696 ; MACHIELS Christine, *Les féminismes et la prostitution. 1860-1960*, Rennes, Presses universitaires de Rennes, 2016, p. 117-138 ; LE NAOUR Jean-Yves, “Sur le front...”, in *op. cit.*, p. 107-108.

³⁰⁶ VON DRIGALSKI Wilhelm, *op. cit.*, p. 12.

also be “exported” through time – serving as models for the management of prostitution in territories under Nazi occupation during the Second World War³⁰⁷.

While most locals saw these measures as shocking or oppressive, these experiments were justified by the Germans under the guise of civilisation. They based their reflexion on cultural and ethnic stereotypes that characterised Belgians as “indolent”, “thoughtless” and “immoral”. Local management of prostitution was depicted as unsatisfying and as less competent, particularly regarding the medical dimension of the matter that was so central to neo-regulation and hygienist principles. Furthermore, after the White trade slavery scandal, Brussels and on a larger scale Belgium were associated with sexual licentiousness. Reassured by these stereotypes and feeling superior, the Germans associated to their endeavour a missionary scope, and this idea of acting as beacons of civilisation appeared once again clearly with the October 1915 conference. While, as explained, the discourses of the events already insisted on the important dimension of their policies, the decision to make the conference take place in Brussels bore a significant symbolism. Beyond its role as headquarters to the General Government and the magnitude of the prostitution phenomenon inside the city, Brussels had also been the location of the two major international conferences in the fights against venereal diseases of 1899 and 1902. Choosing Brussels then, was posed as the continuation of this civilising fight - an interesting twist taking place on the territories against which the Germans were accused of barbaric acts after the atrocities of the invasion, including sexual barbary through rapes. Although the continuation with the conferences that took place at the turn of the century had its limits. Indeed, the only actors present were German men, as if the need to reassert more strongly German superiority, a superiority constantly repeated by the speakers and to contrast to the alleged leniency and inefficiency of previous native policies³⁰⁸.

The speakers at the conference insisted on the positive results in the fight against venereal diseases in the army and occupied territories only after a few months into this new prophylactic system. Nevertheless, this optimism already had to be tempered, as the global success first encountered was succeeded by a slight stagnation, even augmentation. In the long-term, the German regulation system had variable results. Concerning the spread of diseases among the prostitutes of Brussels, it seems to have been efficient. While, according to a letter sent by

³⁰⁷ DEBRUYNE Emmanuel, “Mesures...”, in *op. cit.*, p. 14.

³⁰⁸ *Ibid.*, p. 12, 16, 23 ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p., 111-112, 235-236 ; SAUERTEIG Lutz, *Krankheit*, *op. cit.*, p. 61-68 ; MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 12.

Gerstein in 1915, 55% of the women under sanitary supervision were diagnosed with venereal diseases, in 1917 this number had decreased to 40%. The German army also registered a lower percentage of sexually infected men than other warring troops and more specifically the infection rates of the occupying units decreased slightly (from 2.9% to 2.5%) between 1915 and 1917. In reality, however, this containment was questionable. The decrease in the number of infections remained minimal, even non-existent among some troops and a noticeable increase was even recorded during the last year of the war. Parallely, such increase was also visible among the Belgian population³⁰⁹. Bayet noted in his diary in 1918: “*Les maladies vénériennes augmentent dans de menaçantes proportions. Naturellement, la prostitution fait des progrès, ayant la misère pour marraine...*”³¹⁰. The reasons for this relative (in)efficiency could be found in the extremely coercive nature of this system that could act as a deterrent, but also in the biased ideas at its foundation. Ideas, as has been demonstrated throughout this thesis, that were entrenched in gendered and ethnic bias and saw the occupied women as the sources of infection. Meanwhile, though, venereal diseases were also spreading in Germany, and the soldiers on leave could act as agents of transmission. They could bring their infection back home, as feared, but also, from Germany to Belgium and France as it became more and more frequent throughout the war. Military and national authorities were not completely impervious to this reality, and German service men – with the noticeable exception of officers – were also subjected the prophylaxis measures. But these remained less when coercive than the ones implemented on local women³¹¹.

More specifically, the efficiency of the *Frauenkrankenhaus* itself can be discussed. In the remaining lists produced by the *Sittenpolizei*, some women were hospitalised multiple times, a situation that seems to keep happening along the war and is sometimes mentioned in the police reports. The reason behind these relapses could be that the women contracted new infection, but also maybe failing treatments. In the case of the cure of syphilis for instance, Bordet-Wasserman tests could produce misleading results, and Salvarsan’s efficiency varied greatly depending on its dosage, length of treatment and association with or reaction to other

³⁰⁹ *Ibid.*, p. 24 ; SAUERTEIG Lutz, *Krankheit*, *op. cit.*, p. 201-202 ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 237, 244-245.

³¹⁰ BRUSSELS, AML, ML 03546 CR, BAYET Adrien, *Journal d’un Bruxellois* ..., 21st notebook, 20-21/05/1918 entry.

³¹¹ RÖGER Maren and DEBRUYNE Emmanuel, *op. cit.*, p. 687 ; SAUERTEIG Lutz, *Krankheit*, *op. cit.*, p. 393–394 ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 235-236, 240.

medications³¹². Bayet, whom at first had praised Salvarsan, recorded in his diary his doubts after hearing of Ehrlich's death: “*le 606 selon toute probabilité, ne guérit pas mieux la syphilis que le mercure et il a fallu la pangermanisation de la science allemande pour avoir eu l'audace de le proclamer. Le premier, tout en reconnaissant l'action remarquable du 606 sur les lésions de la syphilis, j'ai établi (à la risée de la science allemande du reste) que je n'obtenais la réaction négative du sang que dans 2% des cas. On a ri, puis on a reconnu que c'était vrai. Je vais plus loin et j'affirme qu'un moyen comme le 606, mis entre les mains de n'importe quel médecin, a fait beaucoup plus de tort qu'il n'a fait de bien. L'on ne saura jamais ce que le 606 inconsidérément appliqué, a fait de victimes.*”³¹³ Although his conclusion on Salvarsan had certainly been tainted by his germaphobia during the occupation, it might have borne an element of truth. Most of the diseases, in fact, would be not totally curable until the mass production of penicillin by the late 1940s³¹⁴. Finally, a final aspect that could have undermined the *Frauenkrankenhaus*' efficiency is overcrowding – an irony, as the centres had actually been developed to counter this issue. In fact, it became a recurring problem for the venereal centres, so much that many had to requisition or build new infrastructures, as happened in Namur, Charleroi or Mons or even the far larger Lousberg is overrun³¹⁵. It seems logical to expect that Saint-Gilles's centre had been confronted by the same issues of growing patient population and insufficient space, although there is no definite proof on the subject in the remaining archives. The number of patients was only recorded on a few documents written during the first months of existence of the centre. Hints of overcrowding were already perceptible, though. The 295 beds mentioned at the opening of the centre were already largely exceeded, when in October 1915 (the last time a number is mentioned), sufficient food had to be bought for 350 patients³¹⁶. As the number of registered prostitutes in the city kept growing throughout the war (Majerus advanced that it was four times higher in 1917)³¹⁷, so certainly did the *Frauenkrankenhaus*' interned population. Overcrowding then, had most likely been an issue in Brussels as anywhere else, and it could have had serious consequences. First, in the available space. On the original

³¹² NEEFS Hans, *op. cit.*, p. 118-119.

³¹³ BRUSSELS, AML, ML 03546 CR, BAYET Adrien, *Journal d'un Bruxellois ...*, 5th notebook, 22/08/1915 entry.

³¹⁴ HERZOG Dagmar, *op. cit.*, p. 8.

³¹⁵ DEBRUYNE Emmanuel, 'Femmes à Boches'... *op. cit.*, p. 221-222, 245-246 ; VAN HOOREWEGHE Colette, *op. cit.*, p. 155, 159.

³¹⁶ STECHOW Walther, *op. cit.*, p. 12 ; BRUSSELS, AVB, Pol14-18, n° 420: *Sittenpolizei Budget (October 1915)*.

³¹⁷ MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 13.

plans of the hospital³¹⁸, 10 pavilions allocated to house patients³¹⁹: 6 dedicated to unspecified patients counting 19 beds, 2 to surgery with 6 beds, and 2 for infectious patients with 11 beds each³²⁰. The latter might have kept their specificity during the occupation, notably for patients suffering from contagious diseases such as tuberculosis – but their separation with the other patients may have proven to be difficult if available space was lacking. Every pavilion also had an extra bed for a nurse – a place occupied by a Franciscan nun under the occupation. So, with this total of 148 beds – already a far lower number than the one announced for the opening of the centre – lodging every patient must have been complicated. How this situation might have been dealt with is unknown, as no building was added to Saint-Gilles’s previous facilities as had been the case elsewhere. A picture taken before the war shows that it might have been possible to add a few beds, as was done later as the 1963 plan counted up to 23 beds per pavilion³²¹. But it must have quickly felt oppressing, for the patients as much as for the ones nursing them. Secondly, overcrowding might have had an impact on the staff’s efficiency. As a consequence, they might have had to divide their attention between a greater number of patients which, if it was the case, certainly degraded the quality of the nursing and treatment, albeit in Brussels the caregiving staff number increased, maybe to compensate the growing number of patients³²². Thirdly, it might have caused shortages on fundamental goods. Food, notably, was scarce during the war, as became linens and combustible in winter. These shortages, therefore, could aggravate the experience of those living between the walls of the *Frauenkrankenhaus*³²³. Turning to the local population for help does not seem to have been a solution. Although some doctors tried, as explained by Jules Limbour in his diary about the *Frauenkrankenhaus* of Château-Gayant, only a “*répugnance glaciale*” awaited their call³²⁴. Finally, in such conditions, hygiene suffered, making it difficult to maintain the ideal standards originally envisioned for the venereal centres³²⁵.

³¹⁸ The plans can be found in the **appendix 5**.

³¹⁹ Some place was reserved for the possible future erection of two other pavilions, but as they do not appear on the 1963 plan, it is unlikely they were built during the War.

³²⁰ FOREST, ACF, *Urbanisme: Saint-Gilles’ Civil Hospital plans* (1908).

³²¹ FOREST, ACF, *Urbanisme: Saint-Gilles’ Civil Hospital plan* (1963).

³²² See **appendix 2.4**.

³²³ It had been the case in Ghent (VAN HOOREWEGHE Colette, *op. cit.*, p. 159).

³²⁴ ALLENDER Roland, *Jules Limbour...op. cit.*, 23/09/1915 entry, p.154, cited in DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 235.

³²⁵ *Ibid.*, p. 245.

In the end, due to the lack of direct primary sources, only an outline of this institution and the life of those involved in it could be drawn. Nevertheless, while it is impossible to draw a detailed, precise representation of the experience of the *Frauenkrankenhaus*, indirect archives and previous information collected on other venereal centres in the occupied territories allow at least to imagine Saint-Gilles's *Frauenkrankenhaus*. What it was, what it might have represented and its use in the German system. A total institution, serving as a civilising laboratory, isolating and neutralising infected women with disputable results. A life crushing experience for the patients interned while, paradoxically, empowering women doctors and including locals at the same time. The women hospitalised, were, in the end, caught between two systems: the German prophylaxis depicting them as dangerous agents carrying infection, and the occupied culture condemning their relation with the enemy. The debauchery incarnated by the *Frauenkrankenhaus* itself raised the question of the future of the German-instigated institution once the occupation ended.

CHAPTER 3: THE AFTERMATH OF THE WAR

3.1. LIBERATION?

While, on the 11th of November 1918, the armistice put an end to the fights on the battlefield, most of the formerly occupied territories – including Brussels – had yet to be freed. In fact, many German soldiers still had to be demobilised. The last days of their occupation of the Belgian capital were turbulent, even before the official suspension of hostilities. In addition to the dissolution of the army and the weakening of discipline as defeat loomed, revolt shook the German ranks, causing turmoil and upheaval. Violent confrontations opposed pro-monarchist and pro-republican soldiers, whilst the hierarchy that had prevailed at the heart of the General Government had been replaced by a revolutionary council of soldiers. It is only on the 15th of November that the Germans finally left Brussels. Shortly after, Allied troops triumphantly entered the city behind the previously imprisoned mayor Adolphe Max. The Belgian capital was finally freed³²⁶.

But with the liberation also came the time of reprisals. Indeed, alongside celebrations flared mob violence against those accused of misconduct with the former occupant, notably Flemish activists, profiteers, informers and the women who had an affair with German servicemen. The latter were pejoratively called “*femmes à Boches*”. Whereas some of these women had fled the scourge of their countrymen by following their retreating lovers or moving to another region, many had chosen to stay. They became prime targets of the violence that followed the liberation in French and Belgian territories. Tensions and vengefulness had been growing against them from the beginning of the occupation, but the Germans had repressed it. Once the Germans had gone though, local resentment could be expressed freely³²⁷.

The actions undertaken against these “*femmes à Boches*”, characterised by gendered violence and abuse, culminated in the symbolic shaving of their heads. While more commonly associated with the Second World War, where the public humiliation and the shaving of similarly accused women were captured on pictures by photographers such as Robert Capa and

³²⁶ MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 26 ; PLUVINAGE Gonzague, “Bruxelles...”, in *op. cit.*, p. 36-38 ; VAN YPERSELE Laurence, “Violences populaires”, in ROUSSEAU Xavier and VAN YPERSELE Laurence, *op. cit.*, p. 36-40 ; DEBRUYNE Emmanuel, “*Femmes à Boches*’...”, *op. cit.*, p. 294-297.

³²⁷ *Ibid.*, p. 287-90, 92 ; PLUVINAGE Gonzague, “Bruxelles...”, in *op. cit.*, p. 38-9 ; MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 26-7 ; VAN YPERSELE Laurence, “Sortir...”, in *op. cit.*, p. 65-66 ; ID., “Héros, martyrs et traîtres: les fractures de la Belgique libérée”, in AUDOIN-ROUZEAU Stéphane and PROCHASSON Christophe (ed.), *Sortir de la grande guerre : le monde et l'après-1918*, Paris, Tallandier, 2008, p. 216.

became a key element of the collective imaginary of the liberation, this type of mob punishment was already inflected in 1918. The first shavings started in Bruges and Roubaix on the 19th of October 1918. Through rumours, the news of these actions not only reached liberated lands but also territories that were still occupied. As highlighted by Emmanuel Debruyne, these rumours had a significant impact, favouring a “*mise en condition*” of the local and prompting them to action. First, because it legitimised their actions by providing them with a precedent. Secondly, because it gave them the *modus operandi* to punish these women³²⁸.

In Brussels, the first of the shavings took place on the 16th of November³²⁹. Adrien Bayet noted in his journal: “*On arrête à Bruxelles les activistes, les traîtres, les accapareurs. On casse les maisons de ceux qui ont manifesté des sentiments germanophiles; enfin les femmes qui ont eu des rapports avec les Allemands sont rasées, mises en chemises et promenées dans la rue sur des chariots*³³⁰.” While this testimony already provides an idea of the fate reserved to the “*femmes à Boches*”, another of these public violent outbreaks provides a more detailed illustration of the process. On the 23rd of November, a young refugee accused of promiscuity with the Germans and of having betrayed her father was apprehended by Belgian, French and English soldiers. As the crowd quickly gathered around her, the men tore off her hat, her clothes and finally cut her hair before dragging her to one of the most public places of interest in the capital, the steps of the Stock Exchange. There, exposed, she was beaten and sexually molested. Later, other soldiers took her to a car where she endured further abuse while being driven to the police station – suffering from further abuse during her journey in the car. Her case is no exception - many similar actions were undertaken in the Greater Brussels and the neighbouring municipalities³³¹.

The expiation imposed on the “*femmes à Boches*” became highly ritualised, and perversely mirrored the crime they were accused of - publicly betraying their nation, through their body, with male enemies. Several characteristics of this punishment can be identified. First, it seems to have been mostly inflicted by men. Sometimes by locals – even relatives, like a cheated husband, but also by Belgian or Allied soldiers who outsiders of the locality. The war had been

³²⁸ ID., “Violences populaires”, in ROUSSEAU Xavier and VAN YPERSELE Laurence, *op. cit.*, p. 33 ; VIRGILI Fabrice, *La France "virile" : des femmes tondues à la Libération*, Paris, Payot et Rivages, 2000 ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 292-294.

³²⁹ *Ibid.*, p. 297 ; VAN YPERSELE Laurence, “Violences populaires”, in ROUSSEAU Xavier and VAN YPERSELE Laurence, *op. cit.*, p. 43.

³³⁰ BRUSSELS, AML, ML 03546 CR, BAYET Adrien, *Journal d'un Bruxellois...*, 25th notebook, 21/11/1918 entry.

³³¹ MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 27 ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 297-298 ; VAN YPERSELE Laurence, “Sortir...”, in *op. cit.*, p. 67-71.

a source of fear and frustration for many men. Those separated from their wives might have dreaded at first that they might have been assaulted and then that they might have been unfaithful, especially with an occupant. Meanwhile, those who had remained in the occupied territories had seen their countrywomen in the company of Germans, not Belgians like them. Frustratingly, in both cases, Belgian men had felt powerless to prevent Belgian women from having relations with the enemy. At the liberation, the shavings and mistreatment of the “*femmes à Boches*” can therefore be understood as more than a punishment against those who had betrayed the nation. It is also a means for men to reassert their masculinity and dominance³³².

Secondly, and it was another manner by which this punishment was far more gendered than the one reserved to male colliders, it lashed out at the female body and markers of femininity. This body, by which the woman had wronged, was beaten, her clothes were torn off and her hair was cut. The latter is a particularly symbolic amputation that can be traced back to far older punitive customs, reserved since the Middle Ages to sexually deviant women and highly connoted. In the specific context of the liberation, shaving her head aimed explicitly to deprive the woman of her femininity and her power of seduction: “*Une femme passe en hurlant, on lui a coupé les cheveux. Un hussard de la mort les avait trouvés trop jolis*”³³³. Furthermore, as her hair would take a long time to grow back, it was also a means to marginalise the accused woman and make her recognisable for months³³⁴.

Thirdly, as the crime was public, so was the punishment. The woman was dragged or paraded to public places where she was mishandled in front of a crowd gathered for the occasion. In Brussels, the steps of the Stock Exchange, in particular, became a privileged place to enforce this form of mob justice. In this regard, this public form of punishment can also be linked to other old traditions like the hullabaloo (*charivari*) – where local mob traditionally exerted social control on a deviant individual. She is publicly marked, in her flesh (and hair)

³³² *Ibid.*, p. 69 ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 303-304, 347 ; LE NAOUR Jean-Yves, “Femmes...”, in *op. cit.*, p. 149 ; ID., *Misères et tourments*... *op. cit.*, p. 99, 294, 326 ; MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 27-28 ; BECKER Annette, *Les cicatrices*... *op. cit.*, p. 240-242, 248 ; VAN YPERSELE Laurence, “Héros, martyrs et traîtres...”, *op. cit.*, p. 217-218 ; CORBIN Alain, COURTINE Jean-Jacques and AUDOIN-ROUZEAU Stéphane e.a (ed.), *Histoire de la virilité*, vol. 3: *La virilité en crise ? XX^{ème}-XXI^{ème} siècle*, Paris, Seuil 2011, p. 202-203.

³³³ BLASSE Jules, *Souvenirs d’un fantassin du 2^e Chasseurs à Pied. Campagne 1914-18*, Mons, Imprimerie du Journal *La Province*, 1925, p. 177, cited in DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 293.

³³⁴ *Ibid.*, p. 304 ; LE NAOUR Jean-Yves, “Femmes...”, in *op. cit.*; MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 27 ; VAN YPERSELE Laurence, “Sortir...”, in *op. cit.*, p. 68 ; ID., “Héros, martyrs et traîtres...”, *op. cit.*, p. 216 ; VIRGILI Fabrice, *op. cit.*, p. 236.

for her misconduct and marginalised – by this correction social order is, in a way, re-established. Another aspect of the public nature of these expiating actions is that the body itself is often exposed - almost as the crime weapon would be at a trial. Tearing off her clothes in a prudish society is particularly humiliating³³⁵.

Finally, this form of mob justice is also particularly dehumanising. Submerged and terrified, hairless and more or less denuded, frozen in the November air and cowering in an attempt to protect herself from the blows as much as from the cold: as represented by James Thiriar³³⁶, the woman's humanity was erased³³⁷. A factor that certainly alienated her and facilitated others' abuse.

Public and military authorities alike took little actions against these violent acts. The Allied troops stationed in Brussels, although they were ordered to maintain order, did not have the vocation to intervene in such events. As for the Belgian authorities and police, they were weakened by the occupation and already had many issues to deal with in the direct aftermath of the armistice. The police in particular was understaffed. At first, they were unable and to contain the violence, sometimes managing – at best – to canalise it. For example, agents were instructed to only arrest women at night or at dusk and to stop taking them to the police station to avoid further violence. Moreover, they tended to see the question of the “*femmes à Boches*” as a private problem, that therefore had to be dealt with privately by their wronged relatives (an idea that the vehement mobs obviously did not share). For the authorities after all, even if having an affair with the enemy was a morally and socially reprehensible misconduct, it was not a criminal offence that could be legally punishable³³⁸.

However, the women could still face judiciary retribution for other crimes. Inspired by what was done in France, suspicious individuals who could cause disturbance were arrested and shortly interned in a sorting depot (*centre de triage*). As the territories were liberated, arrests followed. They were based on lists of names prepared by the Belgians, but also in some cases, Allied troops. Furthermore, denunciations could also lead to the apprehension of dubious individuals: the Decree-Law of 12th October 1918 allowed arrests “*sur simple suspicion ou*

³³⁵ *Ibid.*, *op. cit.*, p. 237 ; VAN YPERSELE Laurence, “Sortir...”, in *op. cit.*, p. 68, 70 ; ID., “Violences populaires”, in ROUSSEAU Xavier and VAN YPERSELE Laurence, *op. cit.*, p. 45-47 ; MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 26, 28 ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 303-304.

³³⁶ THIRIAR James, “Vendit son corps à l’ennemi”, in *Bien vu, bien entendu, adjugé !*, Brussels, J. Degève & Cie, c.1923. **See appendix 15.**

³³⁷ DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*

³³⁸ *Ibid.*, p. 310-311 ; VAN YPERSELE Laurence, “Sortir...”, in *op. cit.*, p. 70 ; ID., “Héros, martyrs et traîtres...”, *op. cit.*, p. 216 ; MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 27.

dénonciation.” As the suspected women transited in the sorting depot, they were interrogated. As they could not be incriminated for sleeping with a German, they were released if no other charge could be pressed on them. Otherwise they were transferred to prison for inculcation such as “*dénonciation méchante à l’ennemi*” or “*infraction à la sûreté extérieure de l’Etat*”. In fact, it seemed unimaginable at the time that a woman could have a relation with a German without seeking material compensations. Thus, many were suspected of colluding, profiteering, denouncing or betraying Belgians citizens or interests. More than neutralising potentially dangerous elements who could cause disorder, the sorting-depot and the scheme in which it operated also served to show citizens that the State did not let uncivility go unpunished either. Finally, it was also, in a way, preventing unrest by taking those accused of misconduct away and circumventing mob justice³³⁹.

Most of popular vindictiveness and retaliation only lasted a few weeks and came to an end when municipalities, assisted by military police and forces, were able to reassert their authority and to take repressive action against what was increasingly perceived as public disturbance caused by troublemakers. Meanwhile, those who had initiated violence against women who could, afterwards, prove that they had been unjustly abused, were legally prosecuted. For instance, two brothers who had unjustly prompted the crowd to act against a woman on the 23rd of November 1918 were condemned in 1920 to pay her a compensation and to serve a prison sentence³⁴⁰.

But only the cases recognised as misguided did end in this manner, for most of the shaved and abused “*femmes à Boches*” of the liberation were never compensated. Instead, they had to live with the consequences. Hairless, they were recognisable, a fact that might have motivated further abuse and also deprived them of a network of solidarity she might have still enjoyed. Consequently, being marginalised and devoid of support could have left her in difficult material circumstances. But undeniably, the violence had a psychological impact as well. Bruises and cut could heal, hair could grow back, whereas the trauma caused by such a distressing experience might have haunted them for a much longer time. Some could simply not cope with

³³⁹ CONNOLLY James, *op. cit.*, p. 104 ; BECKER Annette, *Les cicatrices... op. cit.*, p. 240-241 ; VAN YPERSELE Laurence, “Héros, martyrs et traîtres...”, *op. cit.*, p. 216-217 ; ID., “Violences populaires”, in ROUSSEAU Xavier and VAN YPERSELE Laurence, *op. cit.*, p. 51 ; LEMOINE Thierry and ROUSSEAU Xavier, “La force du droit’. Bricolage législatif et réorganisation judiciaire”, in *ibid.*, p. 70 ; LE NAOUR Jean-Yves, *Misères et tourments... op. cit.*, p. 281, 294 ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 290-292, 312-315.

³⁴⁰ *Ibid.*, p. 311-312 ; VAN YPERSELE Laurence, “Sortir...”, in *op. cit.*, p. 71 ; ID., “Violences populaires”, in ROUSSEAU Xavier and VAN YPERSELE Laurence, *op. cit.*, p. 49-50.

it, as did a woman who may have tried to commit suicide shortly after having been shaved and mauled by the husband she had wronged, assisted by the crowd³⁴¹. In addition, a lack of recognition for their experience and their isolation certainly had further personal consequence as support has been proven important to heal from trauma³⁴². Instead, they received little compassion from others. Some expressed their reprehension against the act, but it was caused more by their concern for public decency than for the women and their fate. Some, especially men, even expressed how the violence of the mob was understandable³⁴³: “*Dat die behandeling niet altijd met zachtheid gebeurt [sic] laat zich begrijpen*³⁴⁴.”

Ironically, the medical violence of the *Frauenkrankenhaus* seems to have preserved the women still interned from the public violence against those accused of colliding with the enemy. Despite the turmoil of the last days of occupation, the *Frauenkrankenhaus* subsisted. Father Leyendecker came the morning before his departure to say farewell and remarked that some women had taken advantage of the chaotic atmosphere to escape – a hint that surveillance, at least, suffered in the centre. Yet, this German institution was still in function when the Allied troops made their entry. Over 160 women, at that time, were still being treated between its walls³⁴⁵.

In fact, whereas after the liberation the police vice squad quickly reassumed a communal structure in place of the intercommunal and centralised structure favoured by the former occupant, the venereal centre of Saint-Gilles was maintained. For the civic and military authorities, venereal diseases and therefore prostitution remained challenging issues. The immediate context of a formerly occupied country, just emerging from a total war, undergoing structural changes after the departure of the Germans was favourable for the resurgence of infection. The departure of the *Sittenpolizei* and the subsequent end of a centralised vice squad represented another problem – smaller municipalities did not have the means to control prostitutes as efficiently, and yet Allied soldiers were stationed on their grounds. Even in larger

³⁴¹ VAN YPERSELE Laurence, “Sortir...”, in *op. cit.*, p. 67 (Laurence van Ypersele expressed doubt on the veracity of this story, reported by the newspaper *L’Étoile Belge*, 25 novembre 1918).

³⁴² *Ibid.*, p. 68 ; BRIERE John and SCOTT Catherine, *Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment*, Newbury Park, SAGE Publications, 2006, p. 37–63 ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 312, 347.

³⁴³ *Ibid.*, p. 307-312, 348 ; VAN YPERSELE Laurence, “Sortir...”, in *op. cit.*, p. 68-69 ; ID., “Violences populaires”, in ROUSSEAU Xavier and VAN YPERSELE Laurence, *op. cit.*, p. 58.

³⁴⁴ WATERSCHOOT Eugene, *De Duitschers in de Kempen. Memorandum van den Oorlog 1914-1918*, Turnhout, Studium Generale, 2006, p. 202, cited in DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 309, 408.

³⁴⁵ *Ibid.*, p. 323 ; BOUDENS Robrecht, *op. cit.*

municipalities, police forces were weakened and temporally destabilised after the *Sittenpolizei* had left. The change of scale itself had negative effects, as prostitutes could easily move from one municipality to another to avoid control or prosecution³⁴⁶. While soldiers were informed of the sanitary dangers of visiting prostitutes and even to prefer abstinence³⁴⁷, their stationing in the capital nevertheless sustained the demand for venal sex – in fact, the number of prostitutes would only diminish after their departure months later. As a result, Allied commandants were also deeply concerned by the spread of venereal diseases and appealed to Belgian authorities to act on this matter. This question of infection and the perceived epidemic scale of contamination in the population motivated them to extend some of the neo-regulation measures regarding prostitution that had been implemented by the Germans. Chiefly, preserving a centralised medical institution to neutralise infection was paramount³⁴⁸. Already before the city was freed, the Royal Prosecutor Georges Holvoet required of Saint-Gilles’s mayor, Antoine Bréart³⁴⁹, the maintenance of the intercommunal venereal centre. It was asked of Saint-Gilles to finish the treatment of the 160 women still interned to avoid that those who were not yet cured could be released and spread their infection, but also to continue indefinitely the treatment and medical control of the prostitutes of the agglomeration³⁵⁰. The liberation of Brussels, thus, did not equal liberation for the women of the *Frauenkrankenhaus*. Positively, it seems to have spared them from the public violence surge of the liberation. But they still remained interned and alienated.

This situation was not unique to Brussels. Other centres, like those of Mons and Liège, were also kept in operation. Even if they had been instigated by the German occupant and had incarnated the debauchery of the “*femmes à Boches*”, the *Frauenkrankenhäuser* utility and necessity were recognised in the post-conflict sanitary urgency. However, this was not a generality either. For instance, Lousberg, in Ghent, was quickly dismantled³⁵¹. The remaining

³⁴⁶ DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 322-325 ; MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 28.

³⁴⁷ SAUERTEIG Lutz, “Militär, ...”, in *op. cit.*, p. 207 ; WITHROW Oswald, *Facts for Fighters*, Toronto, Military Service Department of the National Council of Young Men’s Christian Associations of Canada (YMCA), 1918, p. 6-15 (Manhood series, n° 3).

³⁴⁸ DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 322-323 ; MAJERUS Benoît, “La Prostitution...”, in *op. cit.*

³⁴⁹ **BRÉART Antoine (1851-1935)**: councillor and then mayor of Saint-Gilles from 1911 to 1929 (TORDOIR Joseph, “Antoine Bréart (1851-1935) et Joseph Courtoy (1854-1938). Deux maçons saint-gillois originaires du Brabant wallon (Approches biographiques)”, in *Wavriensia*, n°48/4, 1999, p. 105)

³⁵⁰ BRUSSELS, AVB, *Pol14-18*, n° 420: *Holvoet’s letter to Bréart (12/11/1918)*. See **Appendix 16**.

³⁵¹ DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 323 ; VAN HOOREWEGHE Colette, *op. cit.*, p.160-161.

venereal centres, though, changed their name. After all, the term “*Frauenkrankenhaus*” seems to have been almost exclusively used by its instigators. The *Frauenkrankenhaus* of Saint-Gilles therefore officially became the “*hôpital intercommunal antivénérien*”. Otherwise, it was also called “*hôpital Molière*” (in reference to the avenue on which it was located) or more frequently “*hôpital pour prostituées*” or “*(pour) syphilitique(s)*” in the archives.

Keeping the venereal hospital in operation, though, was not welcomed by Saint-Gilles’s municipal council, especially when what was at first supposed to be a temporary solution seemed to become more permanent. On several occasions – during municipal meetings, during the Conferences of Mayors, or through their correspondence – Saint-Gilles’s Mayor Antoine Bréart and the councillor Antoine Peereboom, also chairman of the municipal civil hospices commission, expressed their frustration at seeing their hospital being used to cure prostitutes while their honest citizens still had to be relocated in a makeshift hospital under the town hall³⁵². They judged it unfair that Saint-Gilles still had to relinquish its own infrastructures, and thus manifested great resentment and little patience for the interned women: “*Ne pourrait-on trouver un autre local? Et en attendant qu’on nous débarrasse des prostituées de l’hôpital, chaque commune ne pourrait-elle pas s’abstenir de nous en envoyer d’autres, et s’occuper elle-même de ses syphilitiques?*”³⁵³ Therefore, it was only reluctantly that Saint-Gilles maintained the centre.

After the German had left, it was placed under the responsibility of Saint-Gilles’s civil hospices commission. Unfortunately, as had already been the case with the *Frauenkrankenhaus* under the occupation, no direct archive has been preserved, and understanding how much of the previous organisation put in place by the Germans was still in place is impossible. Other documents, however, give a glimpse of the challenges facing the centre in the direct post-war period.

Firstly, the hospital seems to have had difficulties in finding and keeping staff. On the one hand, there were confronted with the departure of the German doctors, nurses and employees after the armistice. For instance, Lemonier (still acting as mayor in Brussels until Max’s return) and Bréard raised the issue on the 13th of November:

³⁵² For example: SAINT-GILLES, ACSG, *Bulletins communaux* (06/02/1919), p. 9 ; ; BRUSSELS, AVB, CB, Minutes (14/12/1918) ; BRUSSELS, AVB, *Pol14-18*, n° 420: *Peereboom and the Civil Hospices Administration of Saint-Gilles’s letter to Max* (11/12/1918) ; *Bréart’s letter to Max* (07/01/1919). See **appendix 17**.

³⁵³ BRUSSELS, AVB, CB, Minutes (23/12/1918).

“M. Lemonnier – (...) Par suite du départ des infirmières allemandes, cet hôpital manque d’infirmières.

M. Bréart – J’en cherche depuis deux jours en vain!

M. Lemonnier – Une quinzaine de femmes vous suffiront.

M. Bréart – Je n’en trouve pas une et si j’échoue dans mes recherches, je devrais licencier les femmes syphilitiques qui sont à l’hôpital³⁵⁴.”

As in the staff lists, only two women were designed as nurses, it is unclear if by “*infirmières allemandes*”, Lemonnier meant only those two or referred to the nuns (who were mostly German³⁵⁵). It seems evident though, that there was a strong aversion from the locals to work at this hospital. The difficulty to find doctors is similarly mentioned in two days later (on the 15th of November)³⁵⁶. Belgian physicians had worked in the hospital during the war, a fact that raises the question of what they might have become after the city was freed if they did not keep working in the hospital. What happened to the Belgian staff as a whole is mostly unknown. It is plausible that socially they suffered retribution for having worked in a German institution, but legally it does not seem to have been the case, as Dr Julius Bussens’s case suggests. In the letters he wrote to the German Home Office in August 1920, hoping (unsuccessfully) to be granted a pension, he explained how he had to flee the country with his wife and children after having been condemned to death by Belgian justice. If the reason he gave for such a harsh punishment was his implication with the Germans, it has nothing to do with the *Frauenkrankenhaus*. Instead, he claimed that he was persecuted for having served German interests in the censored newspaper *Le Bruxellois*³⁵⁷. Thus, serving the medical aspect of the German system of control of prostitution did not seem to have been assimilated to a penal offence – at least not one that led to death penalty. In any case, most if not all of the previous doctors had stopped working for the venereal hospital when it went back under Saint-Gilles’s supervision. The hospital, therefore, must have been understaffed in the first months after the occupation.

Another issue that seems to have arisen was the growing number of patients. The 160 women still present on the 17th of November were quickly joined by others, brought to the

³⁵⁴ BRUSSELS, AVB, CB, Minutes (13/11/1918).

³⁵⁵ MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 24.

³⁵⁶ BRUSSELS, AVB, CB, Minutes (15/11/1918).

³⁵⁷ BERLIN, Bundesarchiv Lichterfelde, R1501: Reichsamt des Innern, n° 119598: correspondance with Julius Bussens ; *Gesetz... op. cit.*

centre after sanitary controls. Even if they had regained their communal autonomy, the vice squad units brought all the prostitutes found to be infected in the agglomeration to Saint-Gilles's³⁵⁸. Already before the liberation, Belgian authorities had tried to get a hold of the lists made by the *Sittenpolizei*, but the Germans had refused to hand them over: “*pour préserver nos soldats de la contagion, il a été demandé à l'autorité allemande la liste des filles cartées par elle. Le gouvernement allemand a répondu que ces femmes ne s'étant livrées à la prostitution que provisoirement et accidentellement, on ne livrerait pas leur nom pour qu'il ne reste pas trace de leur infamie*³⁵⁹.” It did not stop Belgian agents to take actions though. They used the lists they had kept from 1915 and 1916³⁶⁰, and obviously knew who the other prostitutes were: “*Tous nos agents des mœurs les connaissent*³⁶¹.” Consequently, the control of these women probably continued after the Germans had left. What is more, the number of sex workers in the capital remained important as long as Allied troops were stationed³⁶². This fact, associated with the neo-regulation practices that were applied after the war, assured numerous potential patients to Saint-Gilles's. It did seem undeniable to Peereboom that “*dans ces conditions, le service reprendra les proportions qu'il avait jadis*³⁶³”, and indeed it was later deplored in a letter to the mayor³⁶⁴ that “*Notre hôpital sert de refuge à toutes les femmes de l'agglomération*”, noticing a similar consequence “*le nombre considérable des prostituées hospitalisées*”. The women could be arrested by patrolling vice squad agents, but also after having been denounced by other locals or by soldiers who belonged to Belgian or Allied armies³⁶⁵.

Several police reports concerned the complains of these soldiers against a woman who left them with more than memories of their stay in the capital³⁶⁶. Finding the culprit though was

³⁵⁸ MAJERUS Benoît, “La Prostitution...”, in *op. cit.*, p. 28 ; BRUSSELS, AVB, *Pol14-18*, n° 420: *Holvoet's letter to Bréart (12/11/1918)* ; BRUSSELS, AVB, *Pol14-18*, n° 420: *Excerpt from the minutes of the meeting of the Administrative Commission of the Civil Hospices of Saint-Gilles (07/12/18)*.

³⁵⁹ BRUSSELS, AVB, *CB*, Minutes (21/10/18).

³⁶⁰ BRUSSELS, AVB, *Pol14-18*, n° 420: *handwritten note, s.d.*

³⁶¹ BRUSSELS, AVB, *CB*, Minutes (21/10/18).

³⁶² MAJERUS Benoît, *Occupations... op. cit.*, p. 150 ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 320.

³⁶³ BRUSSELS, AVB, *Pol14-18*, n° 420: *Excerpt from the minutes of the meeting of the Administrative Commission of the Civil Hospices of Saint-Gilles (07/12/18)*.

³⁶⁴ The author of the document could not be identified, as his signature could not be compared to any other document; the writer, however, clearly represented Saint-Gilles (as he talked of “*Notre hôpital*” and defended the municipality's interests). The only other information in the document was that he was a director. It may be of the hospital itself, or of an organ of administration that was linked to it. This document is present in the appendices (see appendix 18) ; BRUSSELS, AVB, *Pol14-18*, n° 420: *Report to the mayor on the use of the civil hospital of Saint-Gilles (03/02/19)*.

³⁶⁵ DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 324 ; LE NAOUR Jean-Yves, *Misères et tourments...* *op. cit.*, p. 161 ; BRUSSELS, AVB, *Pol14-18*, n° 420.

³⁶⁶ *Ibid.*

not always easy and depended on the information kept by the contaminated men. Some had precise information – for example, a young Canadian soldier remembered having seen the picture of the woman in the café where they had met, proposing it as a clue³⁶⁷. Others had less to go by, such as a Frenchman who had been contaminated by a woman whose name, Germaine, was the only identification he could give – too little for the vice squad who could not find her³⁶⁸. The commanding officers required stiff actions to counter the risk of venereal diseases spreading through their ranks. For example, on the 28th of January 1919, the commandant of the British troops in Brussels wrote to Max about his concern regarding the increasing number of British soldiers infected and requiring action : “*Vue [sic] la croissance des maladies vénériennes à Bruxelles, je vous serais fort reconnaissant si vous pourriez [sic] donner des ordres comportant l’examen le plus sévère des femmes soupçonnées atteintes de ce mal*³⁶⁹.” Indeed, the role of military authorities appears to have become more important. For instance, while the centre was at first maintained at the incentive of the Royal Procurer, it changed, as explained by Bréart in January 1919: “*C’est l’autorité militaire qui est chargée de la chose ; elle a repris les pouvoirs qui étaient entre les mains du Procureur du Roi. Il paraît que c’est à l’autorité militaire que nous devons nous adresser*³⁷⁰”.

Finally, the main issue for Saint-Gilles’s municipal council seems to have been the repartition of the financial burden caused by the antivenereal hospital. According to the Council and its members, the repartition, officially based on the workplace of the women, is impractical and unfair : “*nous le répétons, il y a préjudice pour nous, puisque le remboursement des frais au taux fixé pour notre hôpital est de beaucoup inférieur à celui nécessité par ces traitements spécifiques. Il faudrait donc trouver un système qui soit plus équitable*³⁷¹.” Ironically, they proposed to reimplement the repartition imposed by the Germans during the occupation as they judged it fairer for an intercommunal institution: “*Le mode de liquidation établi pendant l’occupation allemande nous paraît le plus équitable. (...) On nous dira que ce système a cessé avec l’occupation puisque le Grand Bruxelles a également cessé d’exister. Mais à cela nous répondrons qu’il n’en est rien puisque notre hôpital sert toujours pour toutes les prostituées*

³⁶⁷ BRUSSELS, AVB, *Pol14-18*, n° 420: *Letter from the 12th Canadian field ambulance (15/02/1919)*.

³⁶⁸ BRUSSELS, AVB, *Pol14-18*, n° 420: *Letter from Crespin, 17/02/1919*.

³⁶⁹ BRUSSELS, AVB, *Pol14-18*, n° 420: *Letter from the British commandant to the Mayor (28/01/19)*. See **appendix 19**.

³⁷⁰ SAINT-GILLES, AVSG, *Bulletins communaux (06/02/1919)*, p. 9.

³⁷¹ BRUSSELS, AVB, *Pol14-18*, n° 420: *Report to the mayor on the use of the civil hospital of Saint-Gilles (03/02/19)*.

contaminées du Grand Bruxelles. Si la Conférence n'admettait pas le principe de l'intervention financière des communes, basée sur la proportion établie pendant l'occupation, nous aurions à envisager l'évacuation d'office de notre hôpital, car, en droit, rien ne nous oblige à lui donner cette affectation spéciale que nous avons bien voulu lui donner³⁷²."

This last threat, though, would quickly be put into action as the municipal council decided, unilaterally, to put an end to the use of their hospital as a antivenereal centre in February 1919. In a letter sent to the mayors of the agglomeration on the 24th of that month, they notified them that *"toutes nos protestations contre le maintien de l'affectation de notre hôpital restant sans suite, notre administration a décidé de cesser ce service³⁷³."* The letter also specified that no more woman would be interned starting from the 26th of February and that the other municipalities would have to take back the remaining prostitutes before the 30th of March 1919. The first deadline was strictly applied by the institution. Indeed, a report mention the disarray of a vice squad agent on the morning of the 26th, who was trying to find a new hospital to intern three women who were found to be infected. He had inquired if he could bring them to Saint-Pierre's Hospital, as was done before the war. But Saint-Pierre's did not have room for them anymore. Not knowing what to do, even hesitating to free the women, the policeman ultimately referred to his superior. In the end, the women were taken to Saint-Pierre's after the General secretary of the Hospices Administration of Brussels intervened³⁷⁴. This illustrates how troublesome Saint-Gilles's decision must have been. The final deadline, though, first mentioned as being the 30th of March, seems to have been postponed by one month, as evoked in a letter kept by Schaerbeek's municipal archives: *"La commission des hospices civils de Saint-Gilles nous avise que le tout dernier délai fixé pour l'hospitalisation des prostituées malades à l'hôpital de Saint-Gilles est fixé au 30 avril 1919³⁷⁵."* Afterwards, the remaining patients were simply released in the street. According to Benoît Majerus, this event caused a scandal³⁷⁶. The press, though, remained silent on this topic³⁷⁷, it thus seems to have been more

³⁷² BRUSSELS, AVB, Pol14-18, n° 420: Report to the mayor on the use of the civil hospital of Saint-Gilles (03/02/19).

³⁷³ BRUSSELS, AVB, Pol14-18, n° 420: Peereboom and the Civil Hospices Administration of Saint-Gilles's letter to Max (24/02/1919). See appendix 20.

³⁷⁴ BRUSSELS, AVB, Pol14-18, n° 420: Police report (26/02/1919). See appendix 21.

³⁷⁵ Cited in CATOIRE Guillaume, *op. cit.*, p. 107.

³⁷⁶ MAJERUS Benoît, "La Prostitution...", in *op. cit.*

³⁷⁷ Despite checking several newspapers (*Le Journal de Bruxelles, L'Etoile Belge, Le Peuple, La Libre Belgique, Le Soir*) in the database of the Belgian Royal Library from February to September 1919, nothing on that event was found.

of a political and medical scandal, disrupting the system in place³⁷⁸. Interestingly, this event also reveals the municipal primacy on prostitution and therefore venereal matters, as Saint-Gilles, in the end, had the last word concerning the affectation of its hospital. In any case, after the 30th of April 1919, the antivenereal centre officially stopped operating. The municipality could refurbish the building, an action that apparently took time and money, hinting at the extent of the modifications that had been undertaken by the Germans. It was only in 1920 that it officially reopened as a civil hospital³⁷⁹. But while the internment of women in Saint-Gilles came to an end, its use as a venereal centre had long-term consequences.

It indubitably had an impact on the women who had been treated between its walls since 1915. It is impossible to tell how many of them had been interned in this institution, because, as explained before, there is a lack of sources to determine it. But it must have constituted a reality for at least hundreds, if not thousands of women. For instance, in October 1915, the *Sittenpolizei*'s budgets mentioned 350 women interned³⁸⁰ while, in 1917, registered prostitutes accounted for 3,855 women in Brussels and Louvain (as a smaller town, the majority of the women likely worked in Brussels)³⁸¹. In addition, there were clandestine sex workers as well as women suffering of venereal diseases who might have not been prostitutes but were interned anyway³⁸². It gives an indication of how many women might have been treated in the venereal centre. Among the consequences of their hospitalisation, they might have endured social stigma as those treated were supposed to have had sex with Germans, bringing upon them an opprobrium which added to the already shameful connotation of venereal diseases. This could have had a negative impact on their possible reinsertion in society after the war, or on material consequences as was likely the case for the shaved women of the liberation (*cf. supra*)³⁸³. While those still interned were apparently preserved, some of the former patients might actually have been targets of the mob violence of November 1918. But by their hospitalisation, the patients had gone through another transformative violence – one that ironically might have included

³⁷⁸ BRUSSELS, AVB, *Pol14-18*, n° 420: *Rapport de police (26/02/1919)*, copy of Adolphe Max's letter to the Royal Prosecutor (26/02/1919).

³⁷⁹ SAINT-GILLES, ACSG, *Bulletins communaux (22/04/1920)*, p. 194 ; SAINT-GILLES, ACSG, *Comptes communaux (1919)*, p. 134.

³⁸⁰ BRUSSELS, AVB, *Pol14-18*, n° 420: *Sittenpolizei Budget (October 1915)*.

³⁸¹ MAJERUS Benoît, "La Prostitution...", in *op. cit.*, p. 13 ; DEBRUYNE Emmanuel, 'Femmes à Boches'... *op. cit.*, p. 329. ;

³⁸² *Ibid.*

³⁸³ *Ibid.*, p. 312, 346 ; BECKER Annette, *Les cicatrices...* *op. cit.*, p. 240 ; LE NAOUR Jean-Yves, *Misères et tourments...* *op. cit.*, p.130.

shavings as well, and equally could have caused long-term effect on their mental health. The experience of the internment, the process of personality mortification, the medical violence, possibly the separation with their children could have left them with psychotraumatic disabilities. Marginalised, they were likely unable to receive help, even less a supportive and caring environment. Given the resources available though, it is currently impossible to go beyond hypotheses as to the impact that the internment might have had on its patients' lives.

This flagrant absence of traces and testimonies also raises the question of recognition. These women who were mostly perceived to have disunited themselves from their fellow citizens and had treacherous relations with the enemy were also marginalised in memory. They were in a way the perfect opposite of the heroines of the Great War such as the resistant Gabrielle Petit who had sacrificed her life for her nation. She became an almost deified martyr, not sharing the typical traits such as weakness usually associated with her gender, but instead she was shown as the paradigm of Belgian people's heroism "*Cette héroïque jeune fille a personnifié la noblesse et la fierté de l'âme belge*"³⁸⁴. Instead, the "*femmes à Boches*" and former patients of the *Frauenkrankenhaus* – who had to bear the shameful connotations associated with venereal diseases - were omitted from patriotic discourse that prevailed after the war, and their memory and testimonies were lost in (their) silence³⁸⁵.

The medical control and internment of prostitutes did not end either in the capital with Saint-Gilles's hospital. Instead, its specificities were transferred to another institution that followed in its steps.

3.2. THE ANTIVENEREAL CENTRE OF UCCLE

In 1919, the venereal peril was still a very tangible threat to the nation. Undeniably, it was dreaded in Belgian society with a renewed fervour after the Great War, when upheavals caused by the conflict favoured the propagation of all kinds of diseases among weakened populations. It became a national cause, more than ever before being discussed in the public scene by a

³⁸⁴ *Histoire de la Belgique à l'usage des écoles primaires par les frères de la charité*, Tessenloo, 1922, p. 180, cited in VAN YPERSELE Laurence et DEBRUYNE Emmanuel, *De la guerre de l'ombre aux ombres de la guerre: l'espionnage en Belgique durant la guerre 1914-1918, histoire et mémoire*, Brussels, Labor, 2004, p. 113.

³⁸⁵ *Ibid.*, p. 111-116, 149 ; VAN YPERSELE Laurence, "Sortir...", in *op. cit.*, p. 69 ; ID., "Héros et héroïsation", in ID. (ed.), *Questions d'histoire contemporaine: conflits, mémoires et identités*, Paris, PUF, 2006 ; ID., "Violences populaires", in ROUSSEAU Xavier and VAN YPERSELE Laurence, *op. cit.*, p. 52 ; BECKER Annette, *Les cicatrices... op. cit.*, p. 14-17 ; JULIEN Elise and NIVET Philippe, *op. cit.*, p. 69-70 ; LE NAOUR Jean-Yves, *Misères et tourments... op. cit.*, p. 22.

greater number of actors, including new societies such as the *Ligue nationale belge contre le péril vénérien*. It was portrayed as a dangerous scourge that threatened the Belgian race, weakened during the war by human loss and contamination from the former occupant – the Germans were commonly designated culprit for the higher rates of syphilitics reported in 1919 alongside prostitutes³⁸⁶. Numerous statistics³⁸⁷ decried the excessively high number of syphilitics in Belgian society and its consequences. For example, Adrien Bayet estimated the death toll due to syphilis to be as high as responsible for 11% of deaths in Brussels – almost as deathly as tuberculosis (16%)³⁸⁸, whereas the High Council for Public Hygiene claimed that 15% of the Belgian population was infected³⁸⁹. It declared in its report “*On s’accorde généralement à dire que, depuis quatre ou cinq lustres, les cas de maladies vénériennes observés ont, d’année en année, régulièrement augmenté en nombre, d’une façon inquiétante. Mais Durant la guerre et depuis l’armistice, l’endémie a pris le caractère d’un fléau. A s’en référer aux autorités médicales les plus compétentes, la gravité et la létalité lointaine de la syphilis n’ont jamais été si cruelles*”³⁹⁰.”

The fears linked to the hereditary nature of the venereal peril and its impact on future generations were renewed as well through the growing importance of the eugenic impetus and pronatalism. Eugenics was a social and biological science theorised by Francis Galton at the end of the 19th century in Britain that gained international interest at the turn of the century and during the interwar period. Its aim was to save and even improve the race and its hereditary qualities. Whereas British, American and German intellectuals favoured a radical hereditary determinism, in Belgium, the chosen approach leaned more towards the social hygienics promoted in France and the Netherlands³⁹¹. Venereal diseases were counted among the factors deteriorating the national body, “*ce mal qui dépeuple un pays et qui crée des individus tarés, source de déchéance physique et de déficit économique (...) [cette maladie] redoutable qu’on*

³⁸⁶ DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 322-325 ; NEEFS Hans, *op. cit.*, p. 153, 181-183, 215-216 ; CATOIRE Guillaume, *op. cit.*, p. 17-18, 20-21 ; LE NAOUR Jean-Yves, “Sur le front...”, in *op. cit.*, p. 107 ; SCHEPENS Luc, *op. cit.*, p.121.

³⁸⁷ The methodology and therefore results of these statistics were sometimes questionable (for more on this question and about the use of statistics in the fight against venereal diseases, see: FRANÇOIS Aurore and MACHIELS Christine, *op. cit.*)

³⁸⁸ Cited in NEEFS Hans, *op. cit.*

³⁸⁹ DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 324.

³⁹⁰ BRUSSELS, AGR, *MVG*, n° 401, *Report on the activity of the Hygiene Administration (1923)*, p. 12.

³⁹¹ NEEFS Hans, *op. cit.*, p. 181-183 ; WILSON Philip K., “Eugenics”, in *Encyclopaedia Britannica*, on <https://www.britannica.com/science/eugenics-genetics> (last consulted 26/07/2019) ; LE NAOUR Jean-Yves, “Sur le front...”, in *op. cit.* ; CAROL Anne, “Médecine et eugénisme...” in *op. cit.*, p. 618-631.

a qualifiée sans exagération du nom de “peste” des temps modernes, maladie qui, — pire que la peste elle-même, — fait non seulement des ravages de mort individuelle, mais atteint la génération à venir³⁹².” It was assumed that this threat looming over a society trying to rebuild itself had to be countered: “les maladies vénériennes sont une cause puissante de dégénérescence de la race et d’amoindrissement de la valeur sociale des individus et qu’il est temps de recourir à des mesures pratiques et efficaces pour en empêcher l’éclosion et en enrayer l’extension³⁹³” Meanwhile, although this aetiology was becoming more contested, many still held to the conviction that the prostitute, in particular the clandestine, was at the origin of contamination: “les maladies vénériennes, partant des prostituées, remontent et infectent toutes les classes sociales, pour redescendre de là et aller contaminer à nouveau les prostituées dont elles émanent³⁹⁴.” As a result, when the municipalities regained their full autonomy and competences after the war, the neo-regulation system was reinforced. As explained before, this system tried to overcome the shortcomings of the regulation system, shifting the emphasis on police to sanitary surveillance by medical expert and the closed environment of the brothel to the hospital. It was the basis of the prophylactic objective aiming to neutralise those designated as the main pathogen agents³⁹⁵.

Already before 1914, the observation that prostitutes (and their diseases) did not stop at a municipality’s borders had initiated talks on the possibility of setting up common institutions. After the war, it turned into a keen interest to develop intercommunal projects in the capital to reach an effective “*unité d’action*³⁹⁶.” In such a context, after Saint-Gilles abruptly put an end to the antivenereal hospital, the agglomeration’s mayors worked to set up a new intercommunal medical service to treat the prostitutes of the agglomeration³⁹⁷. Meanwhile, each municipality had to care for its own sex workers. As illustrated before by the example of the vice squad agent searching a place to intern women in Saint-Pierre’s, many hospitals of the agglomeration had neither the space nor the willingness to treat prostitutes. Moreover, their conduct of the

³⁹² BURLS Ms. William, *Rapport sur l’Oeuvre accomplie par la Ligue, présenté au premier Congrès de la Ligue Nationale Belge contre le Péril Vénérien (8-9 Octobre 1922)*, Brussels, s.d., p. 1, 8.

³⁹³ BRIGOTTE Antoine, “Chronique Professionnelle. Projet de Prophylaxie antivénérienne”, in *Le Scalpel*, n° 73/31, 1920, p. 469.

³⁹⁴ RULOT Hector, “Revue de la presse. La lutte antivénérienne”, in *Bruxelles Médical*, n° 5, 1921, p. 162.

³⁹⁵ DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 322-324 ; NEEFS Hans, *op. cit.*, p. 153, 214-216.

³⁹⁶ SAINT-GILLES, ACSG, *Bulletins communaux (22/04/1920)*, p. 157.

³⁹⁷ MAJERUS Benoît, “La Prostitution...”, in *op. cit.* ; CATOIRE Guillaume, *op. cit.*, p. 102-103.

antisyphilitic and antibleorrhagic consultations were criticised for their non-hygienic standards³⁹⁸. It highlighted the need for a centralised and specialised hospital.

Finally, the future intercommunal antivenereal hospital, successor of the *Frauenkrankenhaus*, was established in Uccle. It opened on the 3rd of September 1919³⁹⁹. Installed in the former hygienic institute of Uccle-Calvoet⁴⁰⁰, it likely shared the same rigorous hygienist precepts and structure that had motivated the Germans to select Saint-Gilles's civil hospital to set up their venereal centre. A status drawn in December 1919⁴⁰¹, a letter from Antoine Bréart to the municipal council of Saint-Gilles⁴⁰², a procedure sent to the vice squads⁴⁰³, and reports written by the head doctor of the urogynaecology service of the hospital⁴⁰⁴, Dr Delcroix, highlight some specificities of the structure and regulation that characterised the antivenereal hospital.

As an intercommunal institution, it was based on the voluntary participation of the municipalities (a difference with the German system that had been imposed). Upon this agreement, every municipality sent their infected prostitutes to be treated in the centre. The sanitary visits would continue as well but would not take place at the antivenereal centre. Instead, the registered prostitutes were required to go to the dispensary located in the Rue aux Laines. If a woman suspected of “debauchery” was arrested and found to be infected and yet was not registered as a prostitute, she would be directed to a civil hospital to be cured. Meanwhile an enquiry had to be conducted to determine her situation and if she had to be registered as a sex worker afterwards⁴⁰⁵. Not extending the surveillance to all women suffering from venereal diseases, was a significant difference with the German system previously implemented. This extreme had been criticised after the war, for example in report from the High Council for Public Hygiene and medical circles that described how many women who might have been infected but were not into sex trade had been abusively arrested by the

³⁹⁸ *Ibid.*, p. 108.

³⁹⁹ SAINT-GILLES, ACSI, *Bulletins communaux* (22/04/1920), p. 157 ; BRUSSELS, AVB, *Pol14-18*, n° 420: *Report to the Conference of Mayors* (09/09/19).

⁴⁰⁰ BRUSSELS, AVB, *Pol14-18*, n° 420: *Letter from the Administrative council for the Hospices of Brussels to the mayor* (1920).

⁴⁰¹ SAINT-GILLES, ACSI, *Bulletins communaux* (23/12/1919), p. 640-662.

⁴⁰² SAINT-GILLES, ACSI, *Bulletins communaux* (22/04/1920), p. 156-160.

⁴⁰³ BRUSSELS, AVB, *Pol14-18*, n° 420: *Procedure for the hospitalisation of women infected with venereal diseases in Brussels* (26/11/1920).

⁴⁰⁴ BRUSSELS, AGR, *MVG*, n° 401: “*Lutte antivénérienne. Abolitionisme et réglementation*” by Dr Delcroix (09/09/19), “*Rapport sur la surveillance médicale des prostituées*” by Dr Delcroix (April 1922)

⁴⁰⁵ SAINT-GILLES, ACSI, *Bulletins communaux* (22/04/1920), p. 159 ; BRUSSELS, AVB, *Pol14-18*, n° 420: *Procedure for the hospitalisation of women infected with venereal diseases in Brussels* (26/11/1920).

occupant⁴⁰⁶. Otherwise, if the arrested woman was a registered prostitute, she would be hospitalised in Uccle and only released when she was no longer contagious: “[Les prostituées] reconnues atteintes de lésions contagieuses sont dirigées aussitôt sur l’hôpital intercommunal d’Uccle où elles sont maintenues jusqu’à disparition des lésions contagieuses⁴⁰⁷”

Their treatment was free, and the resulting costs were the main cause of contestation on the project of the antivenereal centre by municipalities that, on the one hand, recognised the necessity of an intercommunal institution to tackle the problem, but on the other hand had struggled to relinquish some of their autonomy. The idea that it had to be paid by the municipality where the women sold their services was debated. As Saint-Gilles had expressed before, it was seen as unfair: “il est incontestable que les filles qui se livrent à la débauche dans une agglomération, tiennent peu compte de la délimitation des communes et se livrent à leur trafic au hasard des rencontres et de leurs aventures. Chercher à connaître les localités où les prostituées clandestines se sont livrées à la débauche est une tentative toujours vaine. (...) c’est un problème qu’il n’est jamais possible de résoudre en toute équité⁴⁰⁸.” The system that seems to have been accepted in the end is to create an intercommunal fund, “destiné à couvrir les frais de traitements et d’entretien des prostituées internées à l’hôpital d’Uccle, frais dans lesquels chaque commune interviendrait à concurrence de 75% sur base du revenu des contributions directes, et 25% sur base de leur population⁴⁰⁹”.

The antivenereal centre included three services: a dermato-syphiligraphy service, a urogynaecology service and laboratory service. According to Delcroix, such organisation allowed to conduct more advanced analyses and a better diagnosis. Each service had specifically assigned staff: the first two services would each be under the direction of a specialist physician, assisted by another physician (*médecin adjoint*) and interns, whereas the latter service would be supervised by only one specialist. The staff also included other interns, female nurses, administrative and menial employees. The head doctors assumed the position of directors of the institution. It was required of them to live in Brussels, to be present for at least 24 hours per week on site and to stop practicing privately outside the antivenereal hospital. They had to ensure that hygienist principles were respected. They were also responsible for the

⁴⁰⁶ BRUSSELS, AGR, MVG, n° 401, *Report on the activity of the Hygiene Administration (1921)*.

⁴⁰⁷ BRUSSELS, AVB, Pol14-18, n° 420: *Procedure for the hospitalisation of women infected with venereal diseases in Brussels (26/11/1920)* ; BRUSSELS, AGR, MVG, n° 401: “*Rapport sur la surveillance médicale des prostituées et de certains sujets suspects*” by Dr Delcroix (April 1922), p. 16.

⁴⁰⁸ SAINT-GILLES, AVSG, *Bulletins communaux (22/04/1920)*, p. 157.

⁴⁰⁹ *Ibid.*

release of the patient – as was the case in the *Frauenkrankenhaus*, the head doctor was an all-powerful figure. Consistent with an age that gave an increasing importance to medical experts in the public debate, the responsibilities and authority granted to the head doctors were consequent. In fact, it appears that in the antivenereal hospital, any action, from changing beds to releasing a patient, had to be supervised by them. A counter-power existed though in the form of an Executive Board representing the interests of the municipalities and charged to ensure the proper operation of the hospital, nominate the doctors and fix the treatments⁴¹⁰.

Another similarity with the previous centre in Saint-Gilles was the substantial bureaucratic procedures. Each service had to keep observational sheets (*feuilles d'observation*) that recorded the patient's name, number inside the institution, the number of her bedroom, affliction, date of entry, and the name of the physician following her evolution. They would also keep visiting notebooks (*cahiers de visite*) where the alimentation and the treatments of the patients would be noted along with the monitoring of her clinical reviews, serologic and microscopic testing⁴¹¹.

Head doctors, or their deputies in their absence, were also required to impose a strict discipline in their respective service – a hint indicating once again a certain continuity with the *Frauenkrankenhaus*, although no further detail on possible regulation were found in the scarce archives mentioning Uccle's centre. Nonetheless, it appears to have been a civilising dimension to the treatment of the prostitutes in Uccle's antivenereal hospital. Delcroix, in his report, insisted on the equal importance of moral recovery (*redressement moral*) and physical recovery of the women. What is more, moral recovery, for Delcroix, also had a role to play in the women's reinsertion once they were released. This idea of reinsertion seems to have been complemented by working opportunities of an indefinite nature, both inside and outside the hospital. Simply curing the disease was no longer enough: moral recovery and rehabilitation were part of the antivenereal project⁴¹². This was typical of the ambivalent Belgian approach

⁴¹⁰ SAINT-GILLES, AVSG, *Bulletins communaux* (23/12/1919), p. 640-662 ; BRUSSELS, AGR, *MVG*, n° 401: "Rapport sur la surveillance médicale des prostituées et de certains sujets suspects" by Dr Delcroix (April 1922), p. 23 ; BRUSSELS, AGR, *MVG*, n° 401: "Lutte antivénérienne. Abolitionisme et réglementation" by Dr Delcroix (09/09/19), p. 8.

⁴¹¹ SAINT-GILLES, AVSG, *Bulletins communaux* (23/12/1919), p. 640-646.

⁴¹² SAINT-GILLES, AVSG, *Bulletins communaux* (23/12/1919), p. 640-642 ; BRUSSELS, AGR, *MVG*, n° 401: "Rapport sur la surveillance médicale des prostituées et de certains sujets suspects" by Dr Delcroix (April 1922), p. 27 ; BRUSSELS, AGR, *MVG*, n° 401: "Lutte antivénérienne. Abolitionisme et réglementation" by Dr Delcroix (09/09/19), p. 18.

to prostitution, oscillating between regulation and abolitionism, between the identification and control of the prostitutes and the fight against prostitution itself, including on moral grounds⁴¹³.

There are obvious elements of continuity with the previous model of the *Frauenkrankenhaus* under the occupation, which might imply that it was also the case when the centre came under Saint-Gilles's control after the war. However, it is impossible to apprehend how many similarities these institutions shared, given the sparse resources existing on both institutions. Still, the prison-like nature of the *Frauenkrankenhaus* seems to be at least partially characteristic of Uccle's antivenereal hospital. The hospital was in fact rapidly criticised for its carceral dimension along with the regulation practices applied in the capital⁴¹⁴: "*cet hôpital (...) est en fait une prison où ne sont enfermées que les femmes soumises au contrôle*⁴¹⁵". Both Delcroix's reports actually defended the hospital and its utility within the regulation system: "*En effet, c'est dans le perfectionnement de l'adaptation de ces hôpitaux à la lutte antivénérienne que réside l'instrument le plus puissant et le plus durable qui puisse être dirigé contre la prostitution clandestine qui est elle-même l'agent de contamination le plus pernicieux*⁴¹⁶." This defence of regulation as well as the criticism addressed against the antivenereal hospital have to be understood in the broader context of the resurgence of abolitionism and new prophylactic policies on venereal diseases during the interwar period. Together, they challenged the regulation system and proposed alternative sanitary solutions that would, notably in Brussels, lead to the contestation and the repeal of regulation measures.

The new prophylaxis and health policies that would be implemented were based on different principles. First, it was characterised by a new approach to aetiology. Although, as explained, many still perceived the prostitutes as the principal agents of contamination, after the war there was a consequent enlargement of the potential infected population on which to act: the men were more openly included. Even some supporters of regulation recognised it at least partially. This was due to the fact that the Great War had disrupted previous conceptions surrounding venereal infection. Already because German men were accused of having spread sexually transmitted diseases. But another significant shift had occurred. Before, venereal infections were mostly perceived to be caused by precise, dangerous populations and

⁴¹³ NEEFS Hans, *op. cit.*, p. 155.

⁴¹⁴ MAJERUS Benoît, "La Prostitution...", in *op. cit.*

⁴¹⁵ BRUSSELS, AVB, *Bulletins communaux* (23/12/1921), p. 2201.

⁴¹⁶ BRUSSELS, AGR, *MVG*, n° 401: "Lutte antivénérienne. Abolitionisme et réglementation" by Dr Delcroix (09/09/19), p. 14.

illegitimate intercourse. After 1918, this ideological *cordon sanitaire* had collapsed. Due to their possible wartime experiences, demobilised soldiers were considered particularly contagious. Meanwhile, the distinction between respectable and public women had been blurred⁴¹⁷. Finally, young civilians of either sex were seen as promiscuous because they had to enter “*la phase génitale de leur existence*” under the wartime conditions of misery, unemployment, and disrupted family structures which had caused “*une émancipation précoce*”⁴¹⁸. Such observations induced the belief that the problem had to be countered on a larger scale and not only aimed at female prostitutes, which served anti-regulation arguments: “*Mais ce qui me fait dénier une valeur de premier ordre à la réglementation de la prostitution, c’est qu’elle ne représente qu’une part infime dans le nombre total des relations extra-conjugales*”⁴¹⁹.

Secondly, the epidemiological urgency of the direct aftermath of the war forced the government to take the problem seriously and intervene against this “scourge”. It did so by abundantly subsidising preventive campaigns, treatments, hospitals, clinics and dispensaries. This funding brought about the implementation of health policies and innovative strategies in the fight against venereal diseases on an unprecedented scale. While this involvement was temporary and would be drastically reduced after 1926 as the rates of infected individuals had impressively decreased, it had serious implications and kept on being pursued by other actors such as the *Ligue nationale belge contre le Péril vénérien* (LNBPV). These associations were influential and lobbied for the creation and continuity of a new prophylactic system in the interwar⁴²⁰.

Thirdly, this new subsidised prophylaxis proposed free screening by Wasserman-Bordet testing⁴²¹ and free medical treatment to every citizen, and cures such as Salvarsan were subsequently massively administered. Far from the coercive German system, this project was

⁴¹⁷ NEEFS Hans, *op. cit.*, p. 146-151 ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 322, 324 ; HERZOG Dagmar, *op. cit.*, p. 45-49.

⁴¹⁸ BRUSSELS, AGR, *MVG*, n° 405: BAYET Adrien, “Endémie vénérienne en Belgique”, in *Bulletin belge de la société belge de dermatologie et de syphiligraphie*, 1920, p. 72.

⁴¹⁹ DAUBRESSE François, “A propos du Péril Vénérien. Mesures d’application immédiate et d’une efficacité certaine pour enrayer l’extension de la syphilis”, in *Le Scalpel*, n° 72/21, 1919, p. 394.

⁴²⁰ DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 325-326 ; NEEFS Hans, *op. cit.*, p. 134, 153-156, 165, 188.

⁴²¹ Interestingly, while during the 1915 conference the German talked of “*der Wassermannschen Blutprobe*”, erasing the Belgian co-developer of the test, after the war the Belgians did exactly the opposite. They erased Wasserman, insisting on the Belgian developer, Bordet, in the recommendations of the High Council for Public Hygiene (BRUSSELS, AGR, *MVG*, n° 401: *contribution à la prophylaxie des maladies vénériennes* (1919), p. 4).

also based on a strictly voluntary approach that guaranteed anonymity – an incentive for those otherwise too ashamed. These healthcare services were to be provided by properly trained venerologists in a network of specialised new clinics and dispensaries and through the reorganisation of existing infrastructures⁴²².

Fourthly, there was also an emphasis on information and education. Large-scale campaigns were launched by active organisations such as the LNBPV to reach an expanding target audience. It relied on numerous media, from the brochures⁴²³ to the newly developed (and still silent) cinema. It promoted safe behaviours to implement preventing venereal contamination and also tried to lessen the moral undertones of the traditional discourse on these diseases. Instead, a more medical understanding was proposed to lessen the shame that surrounded sexually transmitted infections and discouraged potential patients to seek treatment⁴²⁴.

This program was characterised by a typical Belgian balance between public health and individual liberty. As explained by Hans Neefs, Belgium was located between “the interventionist ‘*mode communautaire*’ in Germany and the liberal ‘*mode particulariste*’ in Anglo-Saxon Countries, of which Belgium instinctively gave preference to the Anglo-Saxon concern by safeguarding individual liberties as much as possible⁴²⁵”. As it reached great results, especially in the fight against syphilis which had significantly decreased, this new curative approach was promoted internationally and Belgium – a small territory where free and easily accessible treatments were massively implemented - was viewed as a social laboratory⁴²⁶.

Interwar abolitionists “accepted and defended the policy of free voluntary treatment as a morally and hygienically superior system in comparison to the despised existing system of regulation⁴²⁷” and appreciated the new aetiology that put the sex worker and the average venereally ill patient on an equal footing. Their resurgence was first motivated by the strong implementation of regulation in the direct aftermath of the war. This momentum prompted the abolitionist circles to react, notably the *Comité National Belge pour la Répression de la Traite des Blanches* and its successor the *Comité National de Défense contre la Traite des Femmes et Enfants*. The abolitionists campaigned and gained the support of ministers as well as national

⁴²² DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 325 ; NEEFS Hans, *op. cit.*, p. 154-156, 169.

⁴²³ BRUSSELS, AGR, MVG, n° 401: *Conseils pour éviter ou guérir les maladies vénériennes (s.d.)*, *Conseils aux Femmes pour éviter ou guérir les maladies vénériennes (s.d.)* ; **See appendix 22.**

⁴²⁴ DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.* ; NEEFS Hans, *op. cit.*, p. 181-182.

⁴²⁵ *Ibid.*, p. 155.

⁴²⁶ *Ibid.*, p. 163-165, 169 ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 326.

⁴²⁷ NEEFS Hans, *op. cit.*, p. 214.

and local representatives to their cause. They also developed close ties with the LNBPV, that counted many sympathisers including Dr Adrien Bayet who at the time was frequently consulted by the High Council for Public Hygiene about venereal policies. The movement extended its basis with members from far more diverse backgrounds than before the war when it was mostly composed of an intellectual elite. They became more influential and brought their ideas into the public scene, the political spheres and the medical debates⁴²⁸.

Their arguments remained more or less similar than in the past, focusing on the sexual double standards (“*La réglementation officielle de la prostitution est une institution d’égoïsme masculin et une institution de classe*”⁴²⁹), the arbitrary nature of vice squads, the facilitation of international human trafficking through regulation, and how regulation represented the State’s exploitation of prostitution. After 1918, abolitionists also claimed that the pointlessness of regulation had become even more blatant than before. First, because this system could not efficiently manage clandestine prostitution while the number of registered prostitutes was quickly decreasing (reaching only 388 individuals in 1920). Secondly, because the new prophylactic policies made sanitary control redundant, as anybody was offered free medical care. Abolitionists endorsed this new approach that was not only seen as fairer – it applied for anyone, regardless of their sex, the prostitute was only a patient – but it was also more efficient. In fact, it was thought that even clandestine prostitutes would voluntarily seek treatment, notably thanks to the guaranty of anonymity⁴³⁰.

This renewed influence of abolitionism led to intense debate, including – importantly - in local councils, where regulation could be reformed. *In fine*, the reform remained local, as controlling prostitution was a municipal competence, and the decision depended greatly on the councillors’ ideology and convictions about gender, deviant sexuality and its impact on public order. It is also important to add that, at the time, local councils counted their first elected female councillors. Belgian women over 21 years old had in fact gained the right to vote in municipal elections - with the notable exception of prostitutes who were reproached of their misconduct in the war and thus denied this right. Some of these newly elected female

⁴²⁸ *Ibid.*, p. 211-7 ; MACHIELS Christine, *Les féminismes... op. cit.*, p. 165-176, 181-187 ; ID., “Féminisme et abolitionismes au XIX^e et XX^e siècles en Belgique”, in CHAUMONT Jean-Michel and MACHIELS Christine (ed.), *op. cit.*, p. 166-168.

⁴²⁹ MAUS Isidore, *La réglementation officielle de la prostitution et le problème social, Brussels, 1938*, p. 9, cited in CATOIRE Guillaume, *op. cit.*, p. 39.

⁴³⁰ MACHIELS Christine, *Les féminismes... op. cit.*, p. 181-187 ; NEEFS Hans, *op. cit.*, p. 214-217.

councillors would work actively on sex trade policies along with abolitionists, influencing the debates and sometimes leading to more or less significant reforms⁴³¹.

One of the most drastic reforms actually took place in 1924 in Brussels, when, at the initiative of two female councillors and the mayor Adolphe Max, the regulation of prostitution was revoked – a significant turnaround as Brussels had been renowned since 1844 for its hyper-regulationist approach⁴³². After tense debates, it was decided that this new abolitionist reform was to be implemented for a trial period covering the second half of 1924. Under this new system, regulation was suspended. Instead, visiting nurses, attached to a social service, sought “*les personnes atteintes de maladies vénériennes et ayant prématurément interrompu leur traitement, ainsi que les personnes exposées à la contagion par suite de leur relation avec des vénériens*”⁴³³. They had to persuade them to continue their treatment in the dispensary attached to their service. The suppression of regulation was made possible by the extended prophylactic system implemented since 1918 that offered a comprehensive medical system in which the prostitutes were supposed to blend in the mass of other infectious carriers⁴³⁴. In reality, all distinction did not disappear – the visiting nurses were instructed to pay a special attention to individuals “*particulièrement exposées par suite de leur genre d’existence à contracter ou propager des maladies vénériennes*”⁴³⁵, a category that obviously included sex workers. Furthermore, the social service also had to try to “*détourner de la débauche les femmes qui s’y livrent (...) les détourner du vice*” and provide guidance to facilitate “*leur retour à la vie normale*” or, otherwise, at least “*les amener à prendre les précautions nécessaires contre les dangers inhérents à leur genre d’existence*”⁴³⁶.

The reform of 1924 led to the decommissioning of the antivenereal hospital of Uccle the same year: it had become obsolete as the prostitutes ceased to be treated separately⁴³⁷. As is expressed – not without a touch of sarcasm – by the pro-regulation councillor Joseph Vandemeulebroek, “*la réglementation de la prostitution étant supprimée, il n’y a donc plus de*

⁴³¹ *Ibid.*, p. 218-219 ; MACHIELS Christine, *Les féminismes... op. cit.*, p. 188-193 ; JACQUES Catherine, *Les féministes belges et les luttes pour l’égalité politique et économique. 1918-1968*, Brussels, Académie royale de Belgique, 2013, p. 26-28 ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 321.

⁴³² *Ibid.*, p. 322 ; NEEFS Hans, *op. cit.*, p. 218, 220 ; MACHIELS Christine, *Les féminismes... op. cit.*, p. 192-199.

⁴³³ BRUSSELS, AVB, *Bulletins communaux (02/06/1924)*, p. 930-938.

⁴³⁴ NEEFS Hans, *op. cit.*, p. 220 ; MACHIELS Christine, *Les féminismes... op. cit.*, p. 180-199.

⁴³⁵ BRUSSELS, AVB, *Bulletins communaux (02/06/1924)*, p. 930-6.

⁴³⁶ BRUSSELS, AVB, *Bulletins communaux (07/04/1924)*, p. 269-278 ; BRUSSELS, AVB, *Bulletins communaux (16/03/1925)*, p. 433-435.

⁴³⁷ MAJERUS Benoît, “La Prostitution...”, in *op. cit.* ; DEBRUYNE Emmanuel, ‘*Femmes à Boches*’... *op. cit.*, p. 321-322.

*prostituées et nous ne pouvons plus envoyer les femmes publiques malades dans un hôpital spécial. L'hôpital actuel n'est donc plus nécessaire*⁴³⁸.

This abolitionist reform was short-lived. From the start, it was vigorously contested, including in the medical world, and its trial period was deemed inconclusive. Brussels still did not return to regulation, but amendments were made to the initial project instead. The purely voluntary system was abandoned and replaced by the threat of legal prosecution used as a deterrent to incite those accused of debauchery (officially irrespective of their sex, in line with abolitionist principles) to comply to medical examination and treatment⁴³⁹.

As for the antivenereal hospital, it was not returned to service.

⁴³⁸ BRUSSELS, AVB, *Bulletins communaux* (19/05/1924), p. 822.

⁴³⁹ NEEFS Hans, *op. cit.*, p. 320-321 ; JACQUES Catherine, *op. cit.*, p. 31 ; MACHIELS Christine, *Les féminismes...* *op. cit.*, p. 194-199 ; BRUSSELS, AVB, *Bulletins communaux* (16/03/1925), p. 433-435.

CONCLUSION

The *Frauenkrankenhaus* and its subsequent avatars, the antivenereal hospitals of Saint-Gilles and Uccle, were typical products of their time. Their study reveals as much about the society in which they were created as then about the centres themselves. In fact, the microcosm organised within its walls allows us to understand the macrocosm: a society gripped with fear of diseases and degeneracy, oscillating between moral principles and medical pragmatism, influenced by various stereotypes, ideologies and power dynamics.

The centre and its role within the German prophylactic system implemented in 1915 illustrate a specific moment in the history of the prevention of venereal diseases. It can be seen as the paroxysmal incarnation of hygienist and neo-regulation principles. Replacing the increasingly obsolete brothel, the antivenereal hospital, legitimised by medical advancements, became the ideal place not only to isolate and monitor the infected prostitute, but also to neutralise her and stop further contamination. This focus on women highlights continuity with beliefs inherited from the precedent century. For instance, while the Germans also imposed sanitary procedures on their servicemen, the stricter measures imposed on women were based on the traditional aetiology that designated deviant women as the main “source of infection”. And yet, although the changing nature of prostitution in wartime forced the recognition that not all those who resorted to selling their body were born prostitutes, it did not stop German authorities to extend their policies to all women of the Greater Brussels who might endanger their soldiers – including the forced hospitalisation in the *Frauenkrankenhaus*.

This institution fitted within the concept of the total institution described by Goffman: a closed, prison-like environment, regulated by a strict discipline, where the patients underwent a process of role dispossession and identity mortification. Interestingly, there seems to have been a civilizing, moralizing and even redemptive dimension in the rules and organisation of the centre. These were based on stereotypes associating working-class prostitutes with misbehaviour and dirtiness – habits that had to be countered. Imposing the normalisation of the deviant woman was also a manner of limiting her dangerousness and completing her neutralisation. This neutralisation was ultimately incarnated in her rehabilitation, already facilitated inside but also outside the centre where the woman was supposed to find an “honest work”. An idea likely shared by the Belgians after the war, when, in Uccle’s antivenereal hospital, simply curing the woman physically was not enough – her moral recovery mattered as well. But for the Germans, in the context of occupation, this emphasis could also serve them

to counter the accusation made against them of sexual barbarity. They even founded a knitting school – where the women would produce warm clothes for the German soldiers at a low price.

The implementation of this extremely comprehensive and coercive system resulted from the sanitary crisis that culminated in the winter of 1914-1915. The ideal abstinence of the chaste citizen-soldier was contradicted by the reality on the ground: prostitution and venereal diseases were spreading dangerously, and the local authorities were deemed incompetent in curbing it. It exacerbated not only the fear of weakening the warring forces, but also the deep-rooted dread of degeneracy that, despite significant medical advancement, had been reactivated at the turn of the century, particularly due to hereditary syphilis. Men on leave, contaminated by local prostitutes, could contaminate their wives in Germany and ultimately their children, the future generations, therefore degrading the race itself. While the war had been supposed to bring the biological and moral regeneration of the nation, venereal contamination actually risked degenerating it.

But afterwards, the occupant justified these radical measures by more than the urgency of the situation. In fact, they were presented under the guise of civilisation, as is explicit with the conference of the 8th of October 1915. Taking place in Brussels, this conference was clearly promoted as the continuation of the major international conferences in the fights against venereal diseases of 1899 and 1902 that had taken place in the capital – although in 1915, only Germans were present. The new system was exalted and presented in an almost missionary dimension: the superior occupant had brought an advanced and scientifically validated means to control venereal diseases in medically inferior nations. Furthermore, the Germans also used their dominance to pose a strong argument in favour of neo-regulation against abolitionism by using the occupied territories as large-scale laboratories. There, they could test and validate regulation practises without needing to take into account the locals' opinion or the financial burden. Conclusive measures would subsequently be exported elsewhere. The *Frauenkrankenhaus*, thus, was part of a larger project, supposed to serve the greater good and the progress of neo-regulation based on medical containment, lying at the intersection of medicine, ideology and power dynamics.

Locally, the cooperation with the Belgian vice squad and municipalities, competent on the question of regulation and medicalisation of prostitution, was quite advanced. However, tensions arose on precise, sensitive issues: the costs, the arrests deemed arbitrary and unjustified, and also the internment of underage girls. The latter showed clear difference between Belgian and German approaches. – whereas the functionalist Germans only saw them

as contaminating agents like their elders, the Belgians sought to remove them from debauchery and prostitution by applying the Juvenile Welfare Act of 1912. Otherwise, the locals were mostly hostile to the institution. It came to represent the incarnation of the debauchery and suspected collusion of the “*femmes à Boches*”, the women who transgressed the patriotic distance and for whom they had little compassion.

Despite being an institution imposed by the Germans and negatively connoted, the centre was not dismantled when the Belgian capital was finally freed in 1918. Once again, it was justified by the fear of an epidemic outbreak of venereal diseases in specific post-war circumstances. They could spread far more easily due to demobilisation, weakened structures and population, as well as the stationing of Allied troops that sustained the demand for prostitutes. Subsequently, pragmatism prevailed, and civil and military authorities demanded the maintenance of the hospital. However, for the Belgians only sex workers should be interned as opposed to all the possibly infected women as was the case under the Germans. Neo-regulation remained as well, promoting the control, isolation, and the neutralisation of contagious sex workers. Ironically, at the moment of liberation, when mobs violently abused and shaved the “*femmes à boches*”, the 160 women still hospitalised in the antivenereal centre were apparently spared. It is nevertheless probable that former patients, might have fallen victims of the ritualised expiation reserved for those who had been too close to the enemy.

The study of the centre in the aftermath of the war also demonstrates the primacy of municipal power. At first, Saint-Gilles begrudgingly accepted the use of its hospital, but unilaterally put an end to the intercommunal centre when they judged the unfair situation had lasted too long: “*en droit, rien ne nous oblige à lui donner cette affectation spéciale*⁴⁴⁰.” The financial burden of the centre and its repartition was a recurrent source of dissatisfaction and discontent. Already under the Germans, it had been the cause for protestations and one of the important points of tension in an otherwise advanced cooperation. It seems to have continued after the occupation, with representatives of Saint-Gilles even mentioning that the repartition imposed during the war as the fairest one. But fundamentally, the municipality wanted to regain the full exercise of its civil hospital, built originally for its own citizens and not the prostitutes of all the agglomeration. Despite this debacle, the mayors of the agglomeration kept on trying

⁴⁴⁰ BRUSSELS, AVB, *Pol14-18*, n° 420: *Report to the mayor on the use of the civil hospital of Saint-Gilles (03/02/19)*.

to maintain an intercommunal institution, realising the need for such a structure. Consequently, a new antivenereal hospital deserving the Greater Brussels was established in Uccle.

There were apparently several continuities with the *Frauenkrankenhaus*, although it is unclear to what extent due to a lack of sources. In both institutions, the hospitalisation and treatments were forced – with a notable difference though: in Uccle, only registered prostitutes were interned. Both institutions shared a strict discipline and gave prevalent role to its doctors and to bureaucracy – which actually can also be seen as a trend of the time when medical experts as much as statistics and the keeping of data played an increasing role in the public sphere. A difference though, is that while the Germans had female doctors (creating a paradoxical microcosm, at the same time terrible for the patients and empowering for women physicians), it does not seem to be the case in Uccle. Finally, another similarity to the *Frauenkrankenhaus*, was the dimension included in the treatment to moral recovery, equally based on stereotypes of gender and class.

The dismantlement of Uccle's antivenereal hospital can be understood in a context of shifting ideals and perceptions. While fears that venereal diseases might endanger the Belgian race were exacerbated, the resurging abolitionist movement pointed out the inefficiency of regulation but also its redundancy with the new prophylaxis. It was based on a comprehensive remodelling of specific medical infrastructures, the guarantee of free, voluntary and anonymous treatment as well as large-scale information campaigns that challenged the moral connotations of sexually transmitted infections. It also broadened the category of antivenereal policies because the war challenged the traditional aetiology that limits its focus to prostitutes and illegitimate sex. Where the *Frauenkrankenhaus* had mixed results, the new prophylactic proved that free individual voluntary treatment dispensed on a large scale had greater success than coercion, further discrediting regulation. This evolution led to some reforms, which remained local though as monitoring prostitution was a municipal competence. It was also encouraged by the entry of women in politics on municipal level. It was the case in Brussels, where regulation was revoked in 1924. Therefore, a special venue dedicated to the medical control of sex workers was not needed anymore, and the antivenereal hospital of Uccle was dismantled the same year.

While it is undeniable that the experience of the *Frauenkrankenhaus* and the antivenereal hospitals that followed must have had an impact on the women interned and their life, what emerges is the lack of first-hand resources on the question. It limited drastically the possibility to understand this experience. No direct sources from the institutions – from Saint-Gilles as

much as Uccle – have been conserved. It implies no patient files, and no first-hand information on their life inside. This lack of direct source also obviously limited the study of the centres of Brussels and of their staff. To overcome this issue, many hypotheses had to be drawn from the scarce pertinent documents that could be found and from research on similar institutions. This thesis tried to give the most complete overview of Saint-Gilles's *Frauenkrankenhaus* possibly achievable given the time, length and resources at its author's disposal. Hopefully, it still allowed the reader to gain a better understanding of this peculiar institution.

Studying the experience of the women interned was also complicated as none wrote testimonies. This silence, though, is, in a way, inherent to the topic studied itself. The women hospitalised were caught between two systems: the German prophylaxis depicting them as dangerous agents carrying infection, and the occupied culture condemning their relation with the enemy. As such, they could be were three times marginalised: they were seen as prostitutes, who likely had relations with the enemy, and were suffering from shameful diseases. This situation likely led to self-censorship. Moreover, they disappeared from the patriotic initial national narrative of the war. It is only more recently, as historical interests turned to questions on sexuality and marginalised people that light could be brought on this topic.

Writing on History is also reflecting on the present, and it was striking how some of the themes approached in this thesis remain current issues. For instance, medical violence is being criticised, especially for women in gynaecology⁴⁴¹ while sexually transmitted diseases, including syphilis, are dangerously on the rise⁴⁴² and still badly connoted⁴⁴³. Furthermore, working on this thesis particularly showed how science and medicine, often commonly depicted as objective, hard sciences, are *in fine* the product of a society that interprets and uses them according to its values and principles – highlighting at the same time how history is relevant in understanding and questioning such assumptions in the long-term.

⁴⁴¹ See for example: BOUSQUET Danielle, COURAUD Geneviève and COLLET Margaux, *Les actes sexistes durant le suivi gynécologique et obstétrical. Des remarques aux violences, la nécessité de reconnaître, prévenir et condamner le sexisme. Rapport du Haut Conseil à l'égalité entre les femmes et les hommes*, Paris, Haut Conseil à l'égalité entre les femmes et les hommes, 2018, url: http://www.haut-conseil-egalite.gouv.fr/IMG/pdf/hce_les_actes_sexistes_durant_le_suivi_gynecologique_et_obstetrical_20180629.pdf (last consulted 24/07/2019).

⁴⁴² See for example: SMETS Joële, “Dix fois plus de cas de syphilis en Belgique”, in *Le Soir mag*, 22/09/2017, url: <https://soirmag.lesoir.be/115555/article/2017-09-22/dix-fois-plus-de-cas-de-syphilis-en-belgique> (last consulted 24/07/2019).

⁴⁴³ See for example: FOSTER Lyndsay R. and BYERS Sandra E., “Stigmatization of individuals with sexually transmitted infections: effects of illness and observer characteristics”, in *Journal of Applied Social Psychology*, n° 43, 2013, p. 141-152.

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