



**Control, Compulsion and**

**Controversy:**

**Venereal Diseases**

**in**

**Adelaide and Edinburgh**

**1910-1947**

**By**

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February 2001

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Edinburgh  
1910-1947**

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## ABSTRACT

### **Control, compulsion and controversy: venereal diseases in Adelaide and Edinburgh 1910-1947**

This thesis argues that despite the liberal use of social control theory in the literature on the social history of venereal diseases, rational discourses do not necessarily lead to government intervention. Modern analyses usually overestimate the capacity of social control strategies to hit their mark. Where intervention was proposed the degree and method was, in the case of venereal diseases, continually debated and revised. Through the unique experience of the failed attempt to introduce compulsory notification and treatment for venereal disease in Adelaide and Edinburgh in the period defined by the title it will be demonstrated that legislators were constrained in these two cities by a variety of factors in determining the public health policy in regard to these particular diseases. The complexity of the relationship between governments and the societies for whom they legislate and the influences or otherwise of social organisations, institutions and pressure groups are seen as important factors in this relationship. Also, analyses that assume geographic as well as empirical specificity demonstrate the difficulty for historians who attempt to mould a national experience from a diverse set of circumstances. Comparative analysis reveals that culturally similar locations can experience similar impulses and constraints to the development of social policy under differing constitutional arrangements.

## Acknowledgements

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Susan Lemar February 2001

## Abbreviations

BPP	British Parliamentary Papers
BPD	British Parliamentary Debates
DHS	Department of Health for Scotland
EPHD	Edinburgh Public Health Department
GRG	Government Record Group
HH	Home and Health Series
LHB	Lothian Health Board
MJA	Medical Journal of Australia
ML	Mortlock Library
MiL	Mitchell Library
MOH	Medical Officer of Health
NAS	National Archives of Scotland
SBH	Scottish board of Health
SLSA	State Library of South Australia
SAAP	South Australian Acts of Parliament
SAPD	South Australian Parliamentary Debates
SAPP	South Australian Parliamentary Papers
SRSA	State Records of South Australia
WCTU	Woman's Christian Temperance Union

# Introduction

## **Control, Compulsion and Controversy: venereal diseases in Adelaide and Edinburgh 1910-1947**

### *(i) Object*

The historiography of the growth of government in modern industrial societies has taken shape around the validity of two propositions. The first is that governments tend inexorably to regulate social life through the elaboration of an apparatus of inspection and compulsion. The second is that regulation in turn tends toward the control by elites of subordinate and relatively powerless social groups such as women and children, the poor the sick, immigrants and non-Anglo Saxons. Changes in social policy over time, in other words, advance a programme of "social control."

This thesis examines the history of venereal diseases control in Britain and Australia to challenge this meta-narrative of social policy in four ways. It shows the persistence of voluntary and non-compulsory forms of disease control; it shows the contested and negotiated states of regulatory measures; it shows that as far as venereal diseases control was concerned, transnationally, compulsion was far from acceptable and popular approach to the problem; and it shows that communities sharing remarkably similar social structures, systems of government, moral codes and medical cultures could take similar paths for the control of venereal diseases but produce quite different outcomes.

From its original preoccupation with sanitation, the issue of compulsion in public health in Britain and Australia quickly incorporated a debate over the liberty of the individual and his or her responsibility to the common weal. In the matter of health care, "individual and corporate responsibility", "individual initiative", "exertion and diligence", and "personal discipline" were considered by early public health theorists more valuable to the nation, more constructive



and permanent, than a too rapid or superficial provision of external facilities for securing social well-being.<sup>1</sup> When the same principles were applied to the control of infectious diseases a distinct discourse surrounding public health was initiated. When venereal diseases were introduced into the equation medical responses to public health issues merged with moral responses that were often injected with pseudo-scientific prescriptions for national fitness. Usually such prescriptions were also infused with related issues such as the age of consent, prostitution, abortion, alcoholism and mental deficiency. The consequences of such "social evils", rather than offering categorical justification for decisive measures for their control, confronted social policy reformers with considerations as to what was possible, what was practicable and what was ethical.

This study intends to reveal the difficulties for historians in attempting to reconcile motives and outcomes. Also it aims to demonstrate that localised studies are useful in revealing the controversies of the compulsion debate surrounding venereal diseases. The localised case-study approach is important in revealing that the compulsion debate was intricate; that popular explanations for the motivation and consequence of coercive health policy may be qualified when experiences in particular circumstances are scrutinised; and that, although it is always possible to uncover specific examples that do not conform to grand theories, the relationship between governments and the societies for whom they legislate is always complex. This complexity is well demonstrated during the debate surrounding compulsion in the control of venereal diseases in Adelaide and Edinburgh from 1910 to 1947.

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1 E. E. Reynolds, *Ourselves and the Community*, Cambridge (University Press, Cambridge, 1932), p. 51.

*(ii) Historiography*

In the nineteenth and early twentieth centuries the debate over venereal disease control was an international one. In the early twentieth century international congresses drew together the medical profession from a variety of countries. When determining legislative responses governments drew on the experience of others. The strengths and weakness of proposals were vigorously debated. The successes and failures of various strategies were scrutinised, and compulsory and voluntary schemes were compared for their efficacy and capability of enforcement. The dilemma over whether or not to enforce a compulsory system of disease control incited considerable debate among liberal social reformers, the medical profession, public health authorities and legislators. The nature and content of this debate have been the subject of a large body of work on the social history of venereal diseases. The basic assumption underpinning the majority of this work is that the control of the venereal diseases, syphilis, gonorrhoea and soft chancre, was a problem beyond merely public health policy. Contemporary concerns about social morals and racial fitness and the double sexual standard have underpinned many studies into social responses to venereal diseases control.

Most studies, like those by Lucy Bland, acknowledge the growth of eugenics, the 'science' of racial health and purity, as a dominant and motivating ideology behind venereal disease control policy.<sup>2</sup> However, others, by focusing on the creation of discourses surrounding sexuality, examine disease control in respect of racial health and racial purity in more specific historical contexts. The work of Sander L. Gilman on images of illness, health, sexuality and race has been influential for its identification of the translation of theological concepts of

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<sup>2</sup> Lucy Bland, "'Guardians of the race', or 'Vampires upon the nation's health?': Female sexuality and its regulation in early twentieth-century Britain", in Elizabeth Whitelegg, et al (eds), *The Changing Experience of Women*, Martin Robertson, (Oxford, 1982), pp. 375-378; Judith Smart, "The Great War and the 'Scarlet Scourge': Debates about VD in Melbourne During World War I", in *An ANZAC Muster: War and Society in Australia and New Zealand 1914-18 and 1939-45: Selected Papers* (1992A), Monash Publications in History, ed. Judith Smart and Tony Wood, p. 65; Roger Davidson, "Venereal Disease, Sexual Morality, and Public Health in Interwar Scotland", *Journal of the History of Sexuality*, vol. 5, no. 21, (October, 1994), pp. 282-3; Philip J. Fleming, "Fighting the 'Red Plague': Observations on the response to venereal disease in New Zealand 1910-1945", *New Zealand Journal of History*, vol. 22 (1988), pp. 57-8; Philip J. Fleming, *'Shadow Over New Zealand': The Response to Venereal Diseases in New Zealand 1910-1945*, Ph. D. Thesis, Massey University, New Zealand, (1989), p. 178. In Fee's study of Baltimore the race issue represented a major factor in the formulation and implementation of disease control strategies. Elizabeth Fee, "Sins vs. Science: Venereal Disease in Baltimore in the Twentieth Century", *Journal of the History of Medicine and Allied Sciences*, vol. 43, no. 2 (1988), pp.147.

the corrupt body into medical categories. Gilman argues that these categories have come to "permeate all of the other categories of science, including the dominant 'science' of the nineteenth century, the biology of race."<sup>3</sup> The outwardly, visible signs of the disease which identify its sufferers, during the nineteenth century, become indicators of moral and therefore social miscreants. Sexual diseases in this context represent evidence of degeneration. This shift from theology to morality lead to a "public obligation to control sexuality as a source of pollution" fuelled by a "sense of lurking danger within the body."<sup>4</sup>

Gilman has also identified the belief that particular physical characteristics, especially those associated with racial difference, informed concepts of health and beauty.<sup>5</sup> Further, Gilman has demonstrated that "Central to the model and to the understanding of the Other is the definition of the Other in sexual terms, for no factor in nineteenth-century self-definition was more powerful than the sense of the sexually pathological."<sup>6</sup> Thus, in the process of colonial expansion, venereal disease has figured significantly in the history of empire. The examination of western concepts of disease, sexuality and morality and their implications for indigenous populations amounts to a critique of imperialism within the historiography of venereal disease. This approach views medicine as an instrument of social control around which 'discourses' were created. The discourses surrounding venereal disease became intertwined with notions of sin and shame in order to maintain a distance from a variety of 'others'. The study of the social, spatial and temporal context of the venereal disease experience across cultures is an approach that has as yet few practitioners. Notable exceptions include Jean Kehoe on the colonial experiences of New Zealand and Japan, M. A. Jebb on Western Australian Aborigines, Philippa Levine on India, Lenore Manderson on Malaya and

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3 Sander L. Gilman, *Sexuality: An Illustrated History - Representing the Sexual in Medicine and Culture from the Middle Ages to the Age of AIDS*. (John Wiley & Sons, New York, 1989), p. 231.

4 *Ibid.* p. 238.

5 *Ibid.* p.54

6 *Ibid.* p. 89.

Megan Vaughan on Africa. All claim significance for the social construction and control of venereal diseases in the processes of colonisation<sup>7</sup>

Most of the literature concentrates on the "peaks" of legislative activity. The intensification of concern over the problem of prostitution in the mid nineteenth century that produced contagious diseases acts in military towns has been examined by Susan Conner, F. B. Smith, Judith Walkowitz and others.<sup>8</sup> Indeed, historically the prostitute has been consistently presented as a primary threat to social order with venereal disease as evidence of, and punishment for, moral decline. The contribution of feminist historians in this field of inquiry in the last thirty years draws upon the familiar themes of victimisation and the patriarchal control of women's bodies. Often in these studies venereal disease control policy is confirmation of the state's pre-occupation with sexual morality within broader theses on sexuality and prostitution.<sup>9</sup> The regulation of prostitution and the control of female sexuality and the preservation of male power represents the primary focus of what may be termed the 'victimisation model'. This model sees the historical experience of venereal diseases legislation as a sustained and consistent attempt to direct the lives and control the sexuality of working-class women. Institutional support for such a cause may be found in the lock hospitals and female penitentiaries that served as agencies of control and surveillance.

7 Jean Kehoe, "Medicine, Sexuality and Imperialism: British Medical Discourses Surrounding Venereal Disease in New Zealand and Japan", Ph. D. (Victoria University Wellington, 1992); M. A. Jebb, "The Lock Hospitals Experiment: Europeans, Aborigines and Venereal Disease", *Studies in Western Australian History* (December, 1984), pp. 68-87; Philippa Levine, "Venereal Disease, Prostitution and the Politics of Empire: The Case of British India", *Journal of the History of Sexuality*, vol. 4, no. 4, (1994), pp. 579-602; Lenore Manderson, *Sickness and the State: Health and Illness in Colonial Malay, 1870-1940*, (Cambridge University Press, Cambridge, 1996), chapter. 6; Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness*. (Polity Press, 1991), esp. chapter. 6; see also Philip J. Fleming, "'Shadow Over New Zealand': The Response to Venereal Diseases in New Zealand 1910-1945," Ph. D. Thesis, Massey University, New Zealand, (1989), p. 178.

8 Susan Conner, "Politics, prostitution, and the Pox in Revolutionary Paris, 1789-1799", *Journal of Social History*, vol. 22 (Summer, 1989); Mary Murnane and Kay Daniels, "'Prostitutes as Purveyors of Disease': Venereal Disease Legislation in Tasmania, 1868-1945," *Hecate*, vol. 5, no.1 (1979); Judith Walkowitz, *Prostitution and Victorian Society: Women, class and the state*. (Cambridge University Press, Cambridge, 1980),

9 For example see Lucy Bland, *Banishing the Beast: English Feminism and Sexual Morality 1885-1914*, (Penguin, London, 1995); Edward J Bristow, *Vice and Vigilance: Purity Movements in Britain since 1700*, (Gill and Macmillan, Roman and Littlefield, Dublin, 1977); Frank Mort, *Dangerous Sexualities*, (Routledge, London, 1987); on prostitution see Linda Mahood, *The Magdalenes: Prostitution in the nineteenth century*, (Routledge, London, 1990); Judith Walkowitz, *Prostitution and Victorian Society: Women, class and the state*, (Cambridge University Press, Cambridge, 1980); Kay Daniels, (ed.), *So Much Hard Work: Women and Prostitution in Australian History*, (Fontana/Collins, Sydney, 1984); Carolyn Strange, *Toronto's Girl Problem: The Perils and Pleasures of the City, 1880-1930*, (University of Toronto Press, Toronto, 1995), chapter 4; Vera Bullough, "Women, birth control, prostitution and the pox", *Trans. Conf. Gp. social admin. Hist.*, vol. 6 (1976), pp.20-31.

Where such legislation was not in operation, as Linda Mahood in her work on prostitution in Scotland argues, such agencies of control were still established.<sup>10</sup> Mahood claims that agencies for control and surveillance of women isolated prostitutes from the respectable community.<sup>11</sup> The chief ally in this strategy, she reveals, was the philanthropic activities of the prison reform movement. Deeply influenced by environmentalism, hereditarianism, and evangelicalism, she argues that the clergy, middle-class women, businessmen, and local state representatives made up the ranks of the philanthropic movement.<sup>12</sup> Hence, the state, represented by government departments and health authorities, the church and some sections of a predominantly middle-class women's movement, worked together to effect "social control".

Historians and contemporaries agree that the nineteenth-century Contagious Diseases Acts in Britain were based on a double standard of sexual behaviour. The primary objection from men and women who opposed the legislation between the 1864 and 1886 was that the principle was founded upon a moral bias against women, served to regulate vice, and endorsed a cycle of infection, disinfection and reinfection. The eventual repeal of the legislation suggests that such arguments found increasing support over the years. However, it must be pointed out that the legislation did not achieve the levels of control, of either prostitution or venereal diseases, that authorities expected. Also the legislation became difficult to enforce as prostitutes found ways to avoid detection and diagnosis.<sup>13</sup> These are significant points because it meant that in the future the usefulness of disease control strategies that involved compulsion could be challenged on the grounds of efficacy.

The claim that female sexuality can be contained by statute has often led to the conclusion that venereal disease control, represented institutionalised misogyny masquerading as public health policy especially since the First World War. For example, Lucy Bland has examined the venereal diseases campaign in

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10 Linda Mahood, *The Magdalenes: Prostitution in the nineteenth century*. Routledge (London, 1990), p. 28.

11 *Ibid.*

12 *Ibid.* p. 49.

13 See F.B. Smith, "Ethics and Disease in the Later Nineteenth Century: The Contagious Diseases Acts", *Historical Studies*, vol. 15 (1971), pp. 118-135.

early twentieth-century Britain. In particular, Mahood has studied the enactment in Britain of Regulation 40D, which was an attempt to control venereal diseases among servicemen by criminalising the solicitation of members of the armed forces by infected women. Judith Smart has examined a more general policy that brought the civilian community under strict regulations in Melbourne. While the policy came into effect as a result of concerns generated by the First World War, it remained the foundation of venereal diseases control in the State of Victoria throughout and beyond the period covered by this study.<sup>14</sup>

Some writers have suggested that public attention to venereal disease diminished in the 1920s. Richard Davenport-Hines suggests that a combination of factors reduced the problem as far as the public was concerned. There was according to Davenport-Hines a declining preoccupation with racial purity, boredom with furious medical controversies, wider access to self-disinfection after intercourse, the opening of rehabilitation hostels for infected young women, the advent of new therapies like bismuth or salvarsan, an increase in the number of clinics and an improvement in the scientific services available to treat new cases.<sup>15</sup> But one historian, Roger Davidson, has examined the campaign for venereal disease controls in interwar Scotland. In his research he acknowledges the contribution of the voluntary Scottish Venereal Diseases Scheme to community health. He claims that the campaign was both gender and class specific and the ideology and procedures shaping venereal disease

<sup>14</sup> Judith Smart, "Feminists, Labor Women and Venereal Disease in Early Twentieth Century Melbourne", *Australian Feminist Studies*, vol. 15, (Autumn, 1992), pp. 25-40; Judith Smart, "The Great War and the 'Scarlet Scourge': Debates about VD in Melbourne During World War I", in an *ANZAC Muster: War and Society in Australia and New Zealand 1914-18* pp. 39-45; Selected papers (1992A), Monash Publications in History, ed. Judith Smart and Tony Wood, pp. 58-85. See also Roger Davidson, "Venereal Disease, Sexual Morality, and Public Health in Interwar Scotland", *Journal of the History of Sexuality*, vol. 5, no. 21, (October, 1994). pp. 282-3; Lucy Bland, "'Guardians of the Race', or 'Vampires upon the nation's health?': Female sexuality and its regulation in early twentieth-century Britain", in Elizabeth Whitelegg, et al (eds), *The Changing Experience of Women*, (Martin Robertson, Oxford, 1982), p. 382; Lucy Bland, "'Cleansing the Portals of Life': The Venereal Disease Campaign in the Early Twentieth Century", in M. Langan and B. Schwarz (eds), *Crises in the British State, 1880-1930*, (London, 1985), pp. 192-208. For articles on the World War I venereal disease problem see Edward H. Beardsley, "Allied against sin: American and British responses to venereal disease in World War I", *Medical History*, vol. 20 (1976), pp.189-202; Mark Harrison, "The British Army and the Problem of Venereal Disease in France and Egypt during the First World War", *Medical History*, Vol. 39, (1995), pp. 133-158; White, Richard, "Sun, Sand and Syphilis: Australian Soldiers and the Orient Egypt 1914", *Australian Cultural History*, No. 9, (1990), pp. 49-64; Dennis Shoesmith, "'Nature's Law': The venereal Diseases Debate, Melbourne 1918-19", *ANU Historical Journal*, vol. 9 (December, 1972), pp. 20-23.

<sup>15</sup> Richard Davenport-Hines, *Sex, Death and Punishment: Attitudes to sex and sexuality in Britain since the Renaissance*, (Collins, London, 1990), p. 247; S.M. Tomkins, "Palmitate or Permanganate: The Venereal Prophylaxis Debate in Britain, 1916-1926," *Medical History*, (37), 1993, p.397.

service were repressive and discriminatory. Inevitably for Davidson, the discourses that shaped medical practice and policy toward venereal disease "both reflected and reaffirmed patterns of social and sexual subordination."<sup>16</sup> Davidson's research reveals that the issues surrounding venereal diseases that caused conflict between the medical profession and legislators remained important throughout the 1920 and 1930s.

Conflict also ensued over the emergency regulations restricting the behaviour of civilians, especially women, during the Second World War. The perceived increase of venereal disease during this conflict has been consistently associated, by contemporary health authorities, governments and the police, and subsequently by historians, with the terms 'national emergency' and 'moral panic'. The particular exigencies of war heightened the sense that venereal diseases threaten the social fabric, with wartime policy giving greater urgency to existing concerns. While some historians examine the attack on women's patriotism and the reinforcement of the sexual stereotype, others point to the problem of social change associated with war and the efforts by a patriarchal society to restrain and confine women to their traditional roles. This has been a theme in the work of Kate Darian-Smith, Gail Reekie, Kay Saunders and Helen Taylor, Roger Davidson and Michael Sturma.<sup>17</sup>

Ruth Roach Pierson takes a different angle on wartime venereal diseases control. Pierson examined the discriminatory strategy for the detection and treatment of venereal disease among the Canadian Women's Army. Her study highlights the discrepancies between the venereal disease control programme

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<sup>16</sup> Roger Davidson, "Venereal Disease, Sexual Morality, and Public Health in Interwar Scotland", *Journal of the History of Sexuality*, vol. 5, no. 21, (1994), p. 294; Roger Davidson, "Venereal Disease, Public Health and Social Control: The Scottish Experience in an International Perspective", Forthcoming, The University of Edinburgh. pp. 7-9. See also David Evans, "Tackling the 'Hideous Scourge': The Creation of the Venereal Disease Treatment Centres in Early Twentieth-Century Britain", *The Society for the Social History of Medicine*, Vol. 5, No. 3, (1992), p. 431; Elizabeth Fee, writing on the 'Baltimore plan', highlights a class based disease control strategy that saw industrial workers subjected to a strict diagnostic and treatment regime. Elizabeth Fee, "Sins vs. Science: Venereal Disease in Baltimore in the Twentieth Century", *Journal of the History of Medicine and Allied Sciences*, vol. 43, no. 2 (1988), p. 141-164.

<sup>17</sup> Kate Darian-Smith, "Morality and Feminine Patriotism in Melbourne During the Second World War", *Victorian Historical Journal*, Vol. 59, No. 2, (1988), 47-54; Gail Reekie, "War, Sexuality and Feminism: Perth's Women's Organisations, 1938-1945", *Historical Studies*, Vol. 21, No. 85, (October, 1985) pp. 576-591; Kay Saunders and Helen Taylor, "'To Combat the Plague': The Construction of Moral Alarm and State Intervention in Queensland During World War II", *Hecate*, Vol. 14, No. 1 (1988), pp. 5-30; Michael Sturma, "Public Health and Sexual Morality: Venereal Disease in World War II Australia", *Signs*, vol. 13 (Summer, 1988), pp. 725-40; Roger Davidson, "'Fighting the Deadly Scourge': The Impact of World War II on Civilian VD Policy in Scotland", *The Scottish Historical Review*, vol. LXXV, 1: no. 199, (April 1996), pp. 72-97.

for service women and that available to servicemen. Pierson argues that the fact that women were denied effective protection from disease through education and prophylaxis indicates a connection between prevailing social attitudes towards female sexuality and social policy.<sup>18</sup>

Thus, many historians of venereal disease draw their conclusions from a simplified series of causes and effects which ignore the often complex and contradictory nature of human relations. Historians of the social history of venereal diseases have often adopted approaches that suggested a conspiracy of control and repression. Indeed, social control approaches have offered one of the most powerful critical and insightful theory in the analysis of social policy generally. Traditionally used to describe the power society exercises over the individual, social control assumes the existence of a society that has a "centre" from where the enforcement of the consensus over norms, and the mechanism for the re-establishment of an equilibrium threatened by "social deviants" takes place.<sup>19</sup>

To some degree the literature on the social history of venereal diseases advances social control theory. While all of the historians cited may not use the term, notions of repression, punishment and indeed persecution are implicit in most of the analyses to date. Social control theory at its extreme, posits that all state activities, however benign or progressive they appear, are really only camouflaged mechanisms of subordination and repression. Health policy, for example, is revealed as a mechanism of social control of the less powerful by the state indistinguishable in its aims from police courts and prisons. The concept of social control has been used to explain almost any upper and or middle-class effort to influence the behaviours of subordinate groups whether they be the poor, the working class or women. Such attempts were useful for bringing the benefits of class analysis to the reform enterprise. The influence or otherwise of social organisations, institutions and pressure groups on policy demonstrates that statutory control may be better defined as a process of

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<sup>18</sup> Ruth Roach Pierson, "The Double Bind on the Double Standard: VD Control and the CWAC in World War II", *Canadian Historical Review*, LXII, (1981), pp. 31-58.

<sup>19</sup> Peter Burke, *History and Social Theory*, (Polity Press, Cambridge, 1994), pp. 84-5.



negotiation between various horizontal bases of power rather than a control strategy imposed exclusively from above.

Social control theory promotes a tendency to see those to be controlled as passive subjects. It assumes a monolithic notion of power and a unanimity of purpose among the "controllers". Such usage, argues Lucia Zedner, leaves unchallenged the efficacy of the mechanism of social control, overlooking the possibility that many may have quite other than their intended effects.<sup>20</sup> Also the idea that social control can be imposed on the subordinate classes, rather than negotiated by the groups concerned have been challenged. The assumption that the social control objectives implicit in a reform programme are automatically realised just because laws are passed has caused conjecture.<sup>21</sup>

As John H. Mayer pointed out in 1983, working primarily to establish reformer motivation, and then to label reformers' efforts, has obscured the meanings of particular reforms.<sup>22</sup> Indeed, argues Mayer, a number of social control studies, while presenting a functionalist analysis of institutions, utilise a rhetoric that suggests instead a primary concern to demonstrate the falseness of reformers' good intentions.<sup>23</sup> Within the context of its times a particular reform may have been seriously, sincerely and perhaps realistically proposed because of a belief that habits of virtue and religion would lead to success, or at least, elevate one's life where vice would degrade it.<sup>24</sup> To Mayer, that is, a contemporary source of meaning in disease reform was the ubiquitous belief in the possibility of self-empowerment.

Focus on specific policy reforms and the social conditions that informed them has revealed that attempts at social control in some cases represent a triangular negotiation between central authorities such as governments, professionals in the field to which the policy is related and the public. Scrutiny

20 Lucia Zedner, "Social control", in William Outhwaite and Tom Bottomore, *The Blackwell Dictionary of Twentieth-Century Social Thought*, (Blackwell, Oxford, 1993), p.586. For a discussion of social control theory see A. P. Donajkowski, *Social Control in Nineteenth Century Britain*, (Croom Helm, London, 1977) and Gareth Stedman Jones, *Languages of Class*, (Cambridge University Press, Cambridge, 1983).

21 David Garland, "Social Control", in Adam Kuper and Jessica Kuper, *The Social Science Encyclopedia*, (Routledge, London, 1996), p. 783.

22 John H. Mayer, "Notes towards a Working Definition of Social Control in Historical Analysis," in Stanley Cohen and Andrew Scull (eds), *Social Control and the State: Historical and Comparative Essays*, Martin Robertson, (Oxford, 1983), p. 22.

23 *Ibid.* p. 20.

24 *Ibid.*

of the venereal diseases control debate, especially in relation to the issue of compulsory notification and treatment, challenges the assumption that social control as it is used by the historians of venereal diseases is wielded from above without recourse by those to be controlled. According to historians who prefer to highlight the strengths of the early women's movements, dissidents challenged the methods proposed to enforce control strategies. When the debate turned to statutory control the question of appropriate measures from the mid-nineteenth to the mid-twentieth century reveals a culture of resistance among some groups. Margaret Hamilton has argued that the eventual repeal of the British Contagious Diseases Acts may be put down to the concerted campaign by a group of courageous women to end what they saw as an infringement of the constitutional rights of prostitutes.<sup>25</sup>

The proposed introduction of compulsory notification and treatment in the twentieth century provided a unifying cause for women's organisations against male constructions of sexuality in sexist society. The campaigns by some women's groups over the enactment of coercive legislation in Melbourne during the First World War, the work of Judith Smart suggests, stands as a symbol of this. Although Smart claims the proclamation and enforcement of such legislation represent a "complete rout of feminist hopes for modifying the patriarchal state and masculine definitions of sexuality," legislators did not have things all their own way.<sup>26</sup> The co-option of what Smart calls feminist strategies of education and freely available treatment, tempered compulsion with humanity.<sup>27</sup> If this was possible, social control once becomes a dubious concept. Such resistance demonstrates that social control as a mechanism to create order in the middle class model is subject to challenge by social policy analysts.

Social control theory has offered an alternative hypothesis to the dominant ideology of social policy as a purely humanitarian enterprise. While

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<sup>25</sup> Margaret Hamilton, "Opposition to the Contagious Diseases Acts, 1864-1886." *Albion*, vol. 10, no. 1, Spring 1978, p. 15.

<sup>26</sup> Judith Smart,, "Feminists, Labor Women and Venereal Disease in Early Twentieth Century Melbourne", p. 34.

<sup>27</sup> *Ibid.* p. 36.

social control theory might offer a number of intriguing and intuitively satisfying clues it tends to rely too heavily on assertion rather than empirical data. The result has been that sometimes theory becomes too distant from practice to be meaningful. To interpret change in policy or the introduction of a new policy as the result of some grand design or as a deliberate attempt to exercise control is not realistic.<sup>28</sup> As Joan Higgins argued in 1980, social control theory tends to imply a certain homogeneity that does not always bear close examination.<sup>29</sup> In the application of social control theory to social policy analyses, the way forward, argues Higgins, is to expand the middle ground between the empiricism of traditional social administration on the one hand, and abstract theorising on the other. Some of the methodological problems of social control theory can be overcome by testing them more rigorously against empirical data.<sup>30</sup> This study does this by focusing on two geographically and temporally limited examples such as Adelaide and Edinburgh.

Writers who examine the issues of gender, class and race, the politicisation of disease and the criminalisation of illness under the auspices of public health policy have failed to address the problems associated with the implementation of compulsory schemes to effect disease control. The attempt to introduce such measures as compulsory notification and treatment reveals that intervention was a practice engendered by some considerable debate among professionals, social reform organisations and the government. The implications for social control theory are significant. Although historians have not argued as much, the success of repeal campaigns and the ability of some women's groups to modify practice, as revealed by Smart and Hamilton, suggest that the process of policy development however repressive it may seem was a negotiable one. The idea that elites could protest on the behalf of less powerful groups and be instrumental in the rejection of social control policy is

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28 Joan Higgins, "Social Control Theories of Social Policy," *Journal of Social Policy*, (9) (1), 1980, p. 21.

29 *Ibid.* p. 22.

30 *Ibid.* p. 23; see also Stanley Cohen and Andrew Scull, (eds.), *Social Control and the State: Historical and Comparative Essays*, Martin Robertson, (Oxford, 1983), pp. 19-20.

an indication that such policy was subject to social constraint as much as it was to social impulses.

This did not mean that social conventions about sexual behaviour had been broken down, only that within a regime of conformity there was some flexibility. Most of the historiography thus far fails to examine this flexibility and the ambiguity about compulsion it engendered. Analyses that do not consider the possible implications of the interrelating issues risk being crudely reductionist. That there was a debate over such proposals suggests that policy development was not clear cut and the institution of the state was constrained by practical considerations ranging from economics and efficiency to common sense. These issues are missing from much of the historiography thus far.

Some qualification has been offered as a challenge to determinist theory. While most writers acknowledge that social and moral subordination was confirmed through the discourse surrounding the statutory control of venereal disease, not all subscribe to the inevitable conclusions of social control theory. Such studies do not deny the discourse on sexuality or accusations of discriminatory practice that pervades the work above. Philip J. Fleming has cautioned against a relentless pursuit of the social control model. Fleming argues that while social control approaches have much to offer in aiding the understanding of anxieties and assumptions in the early twentieth century, historians should be wary of using them in too rigid or deterministic a manner. Used dogmatically or simplistically such tools become clichés which obscure rather than explain. Fleming warns against "following too slavishly notions of social control and imputing motives and strategies which were foreign to the groups and individuals concerned."<sup>31</sup>

Advances in knowledge and practice in the area of public venereal diseases brought emotional rhetoric about human behaviour, particularly in sexual matters. While ideological impulses for policy proposals have been given due recognition, the impact of practical factors has not been tackled. As

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<sup>31</sup> Philip J. Fleming, *'Shadow Over New Zealand': The Response to Venereal Diseases in New Zealand 1910-1945*, pp. 170, 199.

directors of reform in relation to both voluntary and coercive schemes to control venereal disease from the mid nineteenth century to the mid twentieth century, these do not stand as the only determinants of legislative procedure.

The existing literature does not explain the continuance of non-compulsionism in some places as an alternative disease control strategy in some areas. Where the trend towards compulsion was strong and when the policies of other countries are taken into account, the decision not to include coercive clauses was seen by contemporary compulsionists as a failure to address the problem of venereal disease control in a practical way. For non-compulsionists voluntary venereal disease control schemes were seen not as government inactivity but as considered and positive initiatives. The debate pitted "non-compulsionism" against "compulsionism". Much of the debate involved the legal and the political as well as the social and moral issues associated with the control of venereal diseases. Yet the cultural and social factors that help to explain the continuance of voluntary schemes where the option was available to adopt coercive and discriminatory schemes remain for the most part unexamined.

Further investigation of approaches to the social history of venereal diseases does reveal subtle alteration in approach. The pre-occupation of contemporaries with infectious diseases generally is seldom recognised as a factor influencing approaches to venereal diseases in the nineteenth and twentieth centuries. The practical advances in venereal diseases services are all but ignored. Few commend the pragmatism of governments in persisting with voluntary schemes in the midst of campaigns for compulsion. Exceptions include David Evans and D. R. Tibbits, who focus on outcomes rather than motives. Evans stresses that the state venereal diseases scheme and the establishment of treatment centres were an innovation in the development of state health policy. This "alternative approach" identifies a shift in the focus of health policy away from strategies informed by the social/moral discourse

towards a strategy that emphasised a more scientific response to the medical rather than exclusively social problem.<sup>32</sup>

Tibbits' thesis, "The Medical, Social and Political response to Venereal Disease in Victoria 1860-1980", is basically a narrative of the development of venereal disease services in Melbourne. In this work Tibbits considers the impact of laboratory medicine on medical practice and the microbiological aspects of the subject. Social attitudes towards disease and the factors that encourage or inhibit illness prevention and health promotion are considered in the light of those attitudes that restrict practice to curative medicine.<sup>33</sup> Although "aimed at the present", Tibbits' study traverses some 77 years and extends beyond specific conflicts such as wars. While Tibbits acknowledges the influence of studies which explore the social construction of medicine, the author separates her work from those "confined to or directed by a particular political or intellectual interpretative position."<sup>34</sup> While this study does not attempt to undertake such a separation, it does, however, suggest that some of the analyses in the historiography of venereal diseases control require revision.

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<sup>32</sup> David Evans, "Tackling the 'Hideous Scourge': The Creation of the Venereal Disease Treatment Centres in Early Twentieth-Century Britain", *The Society for the Social History of Medicine*, Vol. 5, No. 3, (1992), pp. 413-433, esp 431; For other examples of venereal disease services as public health innovation see: John M. Eyles, *Sir Arthur Newsholme and state medicine, 1885-1935*, (Cambridge University Press, Cambridge, 1997), pp. 277-294.

<sup>33</sup> Diane Roslyn Tibbits, "The Medical, Social and Political Response to Venereal Diseases in Victoria 1860-1980," p. 7.

<sup>34</sup> *Ibid.*

*(iii) Methodology*

A study of the compulsion issue in Adelaide and Edinburgh between 1910 and 1947 will add a further dimension to the case study approach than has been employed to date. These case studies will demonstrate that in both Edinburgh and Adelaide encouraging individual responsibility and attempting to legislate for social control were likely to become a hit and miss affair. The popular explanations for the motivation and consequence of coercive health policy can be qualified when scrutiny is applied to specific experiences in particular circumstances. Case studies can demonstrate that single theoretical models are insufficient in understanding the motives of authorities or the success or otherwise of schemes to control venereal diseases. The particular usefulness of the two case studies in this study is that the controversy surrounding venereal diseases control surfaced and resurfaced throughout a period of significant social change. This change, whether the result of war, economic turmoil or the practical development of medical technology, is reflected in the debates and discourses surrounding venereal diseases.

The sometimes parochial nature of policy reform has seldom been addressed despite the fact that the jurisdiction of some of the legislation for the control of venereal diseases was confined to town or city boundaries.<sup>35</sup> For example, in England the Contagious Diseases Acts were implemented only in some garrison towns. In Australia British style contagious diseases acts were imposed in some colonies at the demand of the navy in Tasmania and Queensland in the nineteenth century to protect service personnel. Local government adopted venereal disease control reforms in interwar Bradford and Sheffield.

The power of the decentralised state and the importance of local government as an aspect of the national state have been explored by Cynthia Cockburn and others.<sup>36</sup> The power allocated to city councils has had

<sup>35</sup> "Venereal Diseases in Brisbane," *Medical Journal of Australia*, 23 June, 1917, p. 545.

<sup>36</sup> For a discussion of the nature and responsibilities of the local state see Cynthia Cockburn, *The Local State: Management of Cities and People*, (Pluto Press, London, 1977); For a more critical perspective see David King et al, *Town Hall Power or Whitehall Pawn?*, Institute of Public Affairs, (London, 1980). For a discussion and definition of local government in the early twentieth century see G. Montagu Harris, *Local Government in Many Lands: a comparative Study*, (P.S. King & Sons, Ltd., Westminster, 1926). See

implications for venereal disease control policy and administration in Britain. Elizabeth Fee on Baltimore in the United States has acknowledged the local state apparatus as a significant player in the administration of venereal disease policy in early twentieth century. This approach is particularly appropriate for understanding the venereal diseases control debate in Edinburgh. The administration of a national venereal diseases control policy through city and regional councils encouraged in Edinburgh a campaign for more power for local authorities. Local health officials supported by a section of the medical fraternity in Edinburgh lobbied Whitehall for the right to a policy they believed appropriate to local conditions. In Scotland a serious challenge to the national policy of non-compulsionism was mounted by the Edinburgh Corporation in 1928. The bill provided for notification and compulsory treatment under special circumstances. Although the Edinburgh Corporation was not trying to initiate a new national policy, the success of the Edinburgh Corporation Bill would have set valuable precedent. Indeed, Edinburgh became a test case for a coercive policy proposal in Britain.

Although local boards of health were responsible for administering policy, in Adelaide the Central Board of Health, a state government department, oversaw the process. While local government officials were vocal in the debate, they could only urge the state government to act. Local medical officers of health from suburban councils wrote to the government pleading that compulsion be considered. Medical officers of health from the Central Board of Health urged that it should not. Because the Central Board maintained the authority to override the Local Board's authority the councils never really represented a serious lobby group. However, the Local Board Health for the Adelaide City Council did have a role. Guided by the literature published by the Australian Association for Fighting Venereal Diseases from the 1920s, the Council was responsible for the dissemination of propaganda material.

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also P.W. Jackson, *Local Government*, (Butterworths, London, 1970); Colin Mellors and Nigel Copperthwaite, *Local Government in the Community*, (ICSA Publishing Limited, Cambridge, 1987); A. Evers, W. Farrant, A. Trojan (eds), *Healthy Public Policy and the Local Level*, (Boulder, Colorado, 1990).



In the first half of the century there was no question of a national policy in Australia. It was the states not the federation that awaited the outcome of the British Royal Commission on Venereal Diseases. Individual states looked initially to Britain for a model in venereal diseases control reform. However, the decision to opt for a voluntary system rather than a regime of compulsion was not followed except in one Australian state. Inspired by concerns about regeneration in the face of great human losses incurred during the First World War, coercive venereal diseases control policy became incorporated into States Health Acts in Western Australia (1915) and Queensland (1917). In Victoria in 1916 and New South Wales 1918 venereal diseases acts were passed. The New South Wales Act was not proclaimed until 1920 but did not begin operating until 1922.

In South Australia a coercive act was passed in 1920 but never proclaimed. Considerable debate surrounded the progress of the South Australian Venereal Diseases Bill through parliament. Prominent members of the Adelaide social elite, mostly from the medical profession, religious figures and women's organisations participated. Many column inches in the press were devoted to the issues of compulsion and social problems of the day. With the exception of Michael Sturma's article on the National Security Regulation in the Second World War, the Australian literature by necessity has been confined to state based studies. South Australia has been the noticeable absentee from this body of work. An Adelaide case study is particularly useful for assigning a place for South Australia in the story of venereal diseases control. Although an aberration in the Australian context, methods of control in Adelaide were consistent with those measures adopted in Britain during peace time.

*(iv) Comparative studies*

Although case studies on their own risk being parochial, the worst aspects of parochialism can be avoided if the studies are seen in terms of local, national, international and historical trends and pressures. One possible

explanation of the particularism of Adelaide in the Australian context is that it was peculiarly attentive to international trends in disease control. The Edinburgh Corporation, on the other hand, may have seen disease control policy peculiar to its region as a demonstration of local autonomy. As the international nature of the venereal disease historiography demonstrates, trends and problems transcend national boundaries. In terms of understanding the developments in one country, reference should be made to similar or oppositional developments in others.<sup>37</sup> Policy "innovations" in one country were often scrutinised by others. Sometimes the problems of the old world were seen as a warning for the new.

The considerable body of literature on venereal disease policy noticeably lacks comparative studies. Two important exceptions are Peter Baldwin's *Contagion and the State in Europe, 1830-1930*, and Milton Lewis' *Thorns on the Rose: The History of Sexually Transmitted Diseases in Australia in International Perspective*.<sup>38</sup> Such analyses have acknowledged the value of comparative research for its importance as a methodological tool for exploring key issues in social policy. Comparative studies increase the ability to distinguish the general from the specific, if only to identify what is generally true for all countries and what is unique and specifically true to any situation.<sup>39</sup> A methodological procedure that allows the historical process to reveal all of its inherent contradictions will guard against self-contained analyses that can be the disadvantage of the single case study approach.

The overall advantage of comparison in social policy, Joan Higgins argues, is that it permits the researcher to identify the social determinants of policy and to differentiate between culturally specific causes, variables,

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<sup>37</sup> *Ibid*, p. 158; See also Hugh Hecló, "Review article: political analysis", *British Journal of Political Science*, Vol. 2, (Jan. 1972), p. 90; Eliot J. Feldman, "Comparative public policy: field or method?" *Comparative Politics*, (Jan. 1978), p. 300; J.R. Kellert cited in Derek Fraser, *Power and Authority in the Victorian City*, Basil Blackwell, (Oxford, 1979); Joan Higgins wrote "[C]omparative studies in social policy, as with other areas of social science, may help us to answer some questions but not others. What is important is to recognize the limitations of the comparative approach and to work within them." Joan Higgins, *States of Welfare: Comparative Analysis in Social Policy*, (Basil Blackwell & Martin Robertson, Oxford, 1981), p. 12; Norman Ginsburg, *Divisions of Welfare: A Critical Introduction to Comparative Social Policy*, (Sage, London, 1992), pp. 18, 19, 24.

<sup>38</sup> Milton Lewis, *Thorns on the Rose: The History of Sexually Transmitted Diseases in Australia in International Perspective*, (Australian Government Publishing Service, Canberra, 1998); Peter Baldwin, *Contagion and the State in Europe, 1830-1930*, (Cambridge University Press, Cambridge, 1999).

<sup>39</sup> *Ibid*. p 1.

institutional arrangements and outcomes and those which are characteristic of different countries.<sup>40</sup> Comparative research is an important methodological tool for exploring key issues in social policy. As Higgins argues, comparative studies are more effective than one-country studies in identifying "what governments are *not doing* because we have a greater awareness of what they *could be doing*."<sup>41</sup> This approach may also be useful for understanding the mechanisms that drive the reform process in more localised studies. Indeed, the comparative case study approach becomes valuable in contextualising the local within the national, and the national within the global experience of venereal diseases control. Also case studies allow us to see specific and unusual events as well as general themes and to uncover new knowledge about what might seem to be a familiar subject.<sup>42</sup>

The validity of such an approach will be demonstrated by the understanding it yields of the complex and multifarious conditions that influenced the push for and protest against compulsory notification and treatment for venereal disease in Adelaide and Edinburgh between 1910 and 1947. It is possible to deploy comparative methodology to societies that may be geographically distant but are derived from the same values and *mores*. In the case of Britain and Australia the association is appropriate - in Scotland and South Australia particularly so. Adelaide and Edinburgh were the cultural centres of their respective areas with a similar size of population once Leith joined up with the Edinburgh Regional Council area in 1920. Both sought autonomy in issues they saw as affecting their region. As far as venereal diseases policy was concerned Edinburgh and Adelaide behaved as city states. Coercion as a means to reveal the extent of the problem and the programme of compulsory treatment that accompanied it were both the uniting and divisive issues in the venereal diseases control debate in Adelaide and Edinburgh.

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40 *Ibid.* p. 12.

41 Joan Higgins, *States of Welfare: Comparative Analysis in Social Policy*, p.17; See also F.G., Castles, *The Working Class and Welfare: Reflections on the Political Development of the Welfare State in Australia and New Zealand, 1890-1980*, (Allen & Unwin Port Nicholson Press, Wellington, 1985), p. 22; Rob Watts, "Family allowances in Canada and Australia 1940-1945: A comparative critical case study", *Journal of Social Policy*, Vol. 16, no. 1 (1987), p. 22; Norman Ginsburg, *Divisions of Welfare*, p.24,

42 Joan Higgins, *States of Welfare: Comparative Analysis in Social Policy*, p. 2.

Questions of civil liberties, the ability of health services to provide adequate and effective treatment before the discovery of penicillin and the problems associated with detaining sufferers who defaulted on their treatment were the issues confronting legislators.

The critical use of comparative analysis will demonstrate that widely accepted explanations are inadequate. Such inadequacy compels social historians to seek out more specific and perhaps less determinist explanations.<sup>43</sup> This study will demonstrate that localised studies are useful in revealing the controversies and intricacies of the compulsion debate. Analyses that assume geographic as well as empirical specificity demonstrate the difficulty for historians who attempt to mould a national experience from a diverse set of circumstances. Thus, compromise is frequently the outcome between the competing demands of interests groups.<sup>44</sup> This is the result of the constraints, whether historical, economic or political in nature, within which policy-makers are forced to operate and a quintessential feature of healthy, democratic societies.

The failure of the Edinburgh Corporation Bill 1928 provides a point of focus that parallels the controversy over the failure to proclaim the South Australian Venereal Diseases Act 1920. Whether it is appropriate to include what governments *don't* do, in terms of specific policies to address a particular need, as well as what they *do* do is a question asked by some social policy analysts.<sup>45</sup> What appears to be government inaction, or non-decision, may come to represent a considered policy when the government persists with a particular position over time against pressures to the contrary. This study is concerned with the negotiation of outcomes between government, interest groups and individuals. It examines the controversy that surrounded the proposals for the introduction and implementation of coercive policy under the auspices of venereal disease control in two case studies.

<sup>43</sup> Theda Skocpol & Margaret Somers, "The Uses of Comparative History in Macrosocial Inquiry", *Comparative Studies in Society and History*, Vol. 22, No. 2, (April, 1980), p.194

<sup>44</sup> Joan Higgins, *States of Welfare: Comparative Analysis in Social Policy*, p. 14.

<sup>45</sup> *Ibid.* p.17; A. Heidenheimer, H. Hecllo and C. Adams, *Comparative Public Policy: The Politics of Social Choice in America, Europe and Japan*, 3rd edition, (St. Martin's Press, New York, 1990) p. 5; Norman Ginsburg, *Divisions of Welfare*), p. 1-2.

# PART 1

ADELAIDE

# 1

## Controversy in Adelaide's Public Health 1873-1910

The chief feature which all the diseases classified as 'infectious' under the Health Act possess in common is that they are preventable. It is this feature that gives any legislature a sufficient reason for so far interfering with the liberty of the subject as to cause him to notify his disease, and gives a right to put him under restraint in the matter of spreading infection among his neighbors.<sup>1</sup>

### (i) *Introduction*

This chapter argues that the concerns which informed the debate surrounding venereal disease policy in the early twentieth century had their origins in a broader debate on general health policy beginning in the late nineteenth century. Such an approach identifies areas of contention that would become important in the venereal diseases debate. As James Gillespie has argued, the administration of health policy in the late nineteenth and early twentieth centuries have been the most "hotly contested" area of public policy. The issue of state intervention in the provision of health services has been a source of conflict as the various levels of government "vied for control."<sup>2</sup> The same is true of what is provided in health care. The problem of state intervention in the nature of health services has also been an issue for serious debate. Preventative strategies that raised the level of intervention by the state were a part of the evolution of public health policy away from purely sanitary reform. Questions concerning the appropriate level of intervention, the liberty of the individual, and the maintenance of professional autonomy among interested groups were repeated in attempts to design public health policy since public health became an issue for the South Australian Government in the 1870s.

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1 W. Ramsay Smith, "The Control of Communicable Diseases in South Australia", (Adelaide, 1910), p. 14.

2 James A. Gillespie, *The Price of Health: Australian Governments and Medical Politics 1910-1960*, (Cambridge University Press, Cambridge, 1991), p. ix.

(ii) *Public health in early Adelaide*

Following the centenary of South Australia's proclamation in 1936, reflection and appreciation of the quality of life to be found in Adelaide featured in contributions to the *Medical Journal of Australia*. Foundation of the colony, wrote A. Grenfell Price of the University of Adelaide in 1937, was "the direct result of that scientific progress which produced the industrial revolution" and "an example of man's scientific conquest of a new and strange environment." With land virtually free from epidemic or endemic disease, a fine climate, a "youthful" and "exotic" population, the colony featured all the conditions conducive to good health. While cholera and typhus were described as having "never gained entrance", bubonic plague made only a brief seasonal appearance in Port Adelaide, and smallpox secured only a "temporary and local footing"; diphtheria, scarlet fever, measles and whooping cough appeared "at intervals"; and the appearance of tuberculosis at the beginning of the nineteenth century may be accounted for by the "indiscriminate dispatch of consumptives from Britain." The "worst scourges" were perceived to be gastrointestinal infections such as typhoid fever. A more diligent approach to water and food provision, the development of immunisation methods, and the existence from the outset of "efficient medical scientists" who played a leading part in "fostering community interests", meant that other diseases were all but eliminated.<sup>3</sup> In social terms, after the first one hundred years of the colony, while the natural increase and the birth-rate was alarmingly below the national average, so was the death rate, figures for serious crime, drunkenness, illegitimacy, insanity and suicide.<sup>4</sup> While the path of progress had been a "thorny one", according to A. R. Southwood, Chairman of the

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<sup>3</sup> A. Grenfell Price, "South Australia and Its Capital", *Medical Journal of Australia*, 17 April, 1937, pp.596, 599.

<sup>4</sup> *Ibid.* p. 599.



central Board of Health, in 1938 "South Australia had made sound health laws."<sup>5</sup>

While South Australians could congratulate themselves on the success of well placed and timed legislation for their health, they also understood that provision for the common weal was not necessarily an issue without controversy. The principle issue responsible for this controversy was compulsion. Compulsory notification by medical practitioners was central to the debate on effective diseases control. The measure was intended not only for the purposes of determining prevalence but also to ensure treatment where possible and isolation when necessary. The co-operation of the medical profession was an important factor in the success of such a scheme. Obligation upon the medical practitioner to notify cases of infectious disease in the late nineteenth and early twentieth centuries was an innovation not welcomed by some. Anne Crichton describes the development of health policy in Australia as having evolved gradually from a system of private entrepreneurial philanthropy towards a service organisation funded and controlled by government. Consequently, the process reflects a system that continues to evolve through "compromise rather than rational planning."<sup>6</sup> The development of health policy in Adelaide may represent a fair illustration of this.

At the colonial level, in the latter part of the nineteenth century, preventative medicine in the form of the suppression of nuisances made up the substance of public health policy in South Australia. Inspiration for South Australia's first statutory attempt "to make provision for the preservation and Improvement of the Public Health" was provided by the warm, wet summer of 1870-71. The presence of "noxious smells" and "the seeds of very dangerous

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5 A.R. Southwood, "Public Health Legislation: Its Evolution in South Australia", *Medical Journal of Australia*, 23 April, 1938, p. 729.

6 Anne Crichton, *Slowly Taking Control? Australian governments and health care provision 1788-1988*, (Allen & Unwin, Sydney, 1990), p. 7.

maladies" signalled the fact that nothing had been done in South Australia to ensure the preservation of the public health.<sup>7</sup> Despite a fine climate and the fact that the city was still not densely populated, Adelaide's sanitary status became an urgent concern for the city corporation, members of the medical profession and the public. If, as one correspondent to *The Register* put it in 1873, something was not done effectively to aid the suppression of nuisances, the summer would be heralded, not by "the sweet scents of flowers, but by the foul and offensive odours" of the "Adelaide bouquet."<sup>8</sup>

During the debate over the first South Australian Public Health Bill in 1873, comments on the sanitary conditions of Adelaide by the future President of the Board of Health, Dr. Horatio Thomas Whittle, supported the assessment of press correspondents. Whittle drew on his experience of practising in a large industrial city. The "offensive smells" of Adelaide's terraces and streets, Whittle believed, were comparable with the worst of the black slums of Birmingham. Sanitary conditions in Adelaide were either disregarded completely or "left to the caprice of the inhabitants." The smells from closets, stagnant water, and decomposing matters, commented Whittle, were justification for Adelaide's description as a "city of stench." <sup>9</sup> As the laws stood, it was reported in the press, very little could be done either in the way of suppressing nuisances or of enforcing those sanitary measures essential to the "physical and in some degree to the moral well-being of the community."<sup>10</sup> Letters in local newspapers urged immediate action from the state and called upon the press to keep the subject before the legislature.

South Australia's first Public Health Act provided for street cleaning, rubbish disposal, the seizure of unwholesome food, the

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7 "Public Health Bill", *SAPD*, 11 Sept., 1873, p. 402.

8 Letter to the editor: 'Rusticus Expectans' "The Great Nuisance Question", *Register*, 18, Aug. 1873, p. 5, col. F.

9 Whittle Quoted in "Public Health Bill", *SAPD*, 14 Oct., 1873, p. 752.

10 "The Public Health Bill", *Register*, 1 Sept. 1873, p. 4, col. E.

abatement of nuisances, and powers of inspection. City and town councils were made "Local Boards of Health" and a "Central Board of Health" was established as a controlling authority to oversee the execution of the Act.<sup>11</sup> However, while there was general agreement that the Act was an important innovation, there was concern that in some ways the Bill went too far. The power of the local and central boards, and interference with the lives of the individual were concerns that were aired in the press. *The Register* in 1873 printed an editorial column warning of the attendant danger in allowing too much power to the health officials of the newly established local boards. A clause requiring the whitewashing, cleansing, and purification of filthy premises was criticised because it was an attempt to enforce the "habits of cleanliness upon private persons." Another clause, *The Register* argued, required modification to restrict the power of the health officials from entering private dwellings at will without showing reasonable cause for the intrusion. There was the potential for an "officious or inquisitive officer to make the Act a source of needless annoyance to respectable citizens against whom he may happen to entertain a grudge."<sup>12</sup> Such concerns were to become sticking points in the public health policy debate for the remainder of the century. This was to become evident in the debate surrounding compulsory notification of diseases.

### *(iii) Early debate on compulsion*

As the leader of the opposition declared during the last debate on compulsion in health policy during World War Two, "we have two sections of the community - the compulsionists and the non-compulsionists."<sup>13</sup> This division among the medical profession,

11 "The Public Health Act, 1873", *SAAP*, no. 22. For a summary of South Australian public health legislation before 1938 see A. R. Southwood, "Public Health Legislation: Its Evolution in South Australia", *Medical Journal of Australia*, 23 April, 1938, pp. 726-29.

12 "The Public Health Bill", *The Register*, 8 Sept. 1873, p.4&5, col. E,F&A.

13 R. S. Richards, Leader of the Opposition, "Venereal Diseases Bill," House of Assembly, *SAPD*, 18 Dec. 1945, p. 1392.

legislators and social reformers characterised the debate surrounding the control of venereal diseases in Adelaide from the late nineteenth century until the middle of the twentieth. But this division was evident from the earliest debates on health policy in Adelaide. While legislators vigorously debated the requirements of South Australia's public health policy, there was one provision they were sure they did not want.

While the problem of public health policy in South Australia was a local one, when searching for policy it was usually the case that precedent was sought abroad as well as in the neighbouring colonies. As some public health historians have noted, Australian legislation often had its roots in British statutes. However, despite this reference to precedent, as Anne Crichton has pointed out, Australian legislators were selective in their adoption of British strategies for local use.<sup>14</sup> The debate over public health issues in Adelaide revealed that, despite British precedent on particular policy decisions, South Australian legislators attempted to lead rather than follow. While lessons could be learned from elsewhere, whether nationally or internationally, contingency and local public opinion were the director of health policy. Legislators in Adelaide looked upon the English Contagious Diseases Acts as a model for public health legislation not to be followed. Some members of Parliament believed that reference to "other infectious and contagious diseases" in the Bill would allow an interpretation of the laws that resembled the notorious English Contagious Diseases Acts. It was the insertion of these terms, argued one member, that conferred such powers upon "the secret police of England." The Attorney-General was advised to "jealously guard against the bill becoming such an abominable Act as the English one,

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<sup>14</sup> Anne Crichton, *Slowly Taking Control?*, pp. 11, 13-14.

which had been reprehended by nearly every sensible member of the community."<sup>15</sup>

This resistance is an indication that legislators were wary of coercive policy. While doctors were in agreement that sanitation reform was vital for preservation of public health, concerns about individual freedom and power of authorities split the medical profession when attention was turned to compulsory notification of infectious and contagious disease. Indeed, the principle of compulsion in the control of infectious and contagious disease provided an especially thorny problem. Derived principally from the Imperial Act of 1875 and a Victorian Act of 1883, the Public Health Bill of 1884 increased the powers of health authorities in dealing with infectious diseases. Effectively, the Bill provided for the notification and isolation of cases of smallpox, cholera, plague and yellow fever as well as other "dangerous, contagious or infectious diseases" that might be declared so by proclamation.<sup>16</sup> The Minister of Education and Justice urged careful consideration of the powers contained in the Bill. Given that the Government had assumed for itself measures for dealing with an outbreak of smallpox at Border Town, there appeared to be no justification for hastening the passage of the Bill. The statutory provision of such extreme powers, dealing with the restriction of the liberty of the subject", should be the subject of the "fullest discussion and deliberation desirable."<sup>17</sup>

The system of notification favoured by some members obliged medical attendants to report cases of infectious disease directly to the Central Board of Health. The obligations that it placed on the medical attendant and the possibility that such an "innovation" in public health policy might actually impede the detection and purification of the infected offered much pause for thought. Some legislators thought

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<sup>15</sup> "Public Health Bill", *SAPD*, 5 Aug. 1884, p. 518.

<sup>16</sup> "The Public Health Amendment Act, 1884", *SAAP*, no. 316, 1884.

<sup>17</sup> "Public Health Bill Amendment Bill", *SAPD*, 13 Aug. 1884, p. 607-8.

it hard that a medical man should be liable to penalty for infringing the "sacred" relationship between himself and his patients. But others argued that there was a higher duty of the medical profession to the state, and the profession ought to agree to the Bill which was admittedly intended to meet an emergency that could well arise among the community.<sup>18</sup> Others, such as Dr. Allan Campbell, while supporting the principle of compulsion and campaigning for the inclusion of tuberculosis on the list of notifiable diseases, believed that medical men should not be put in the position of informers.<sup>19</sup> Despite such warnings, the Attorney General, Dr. Kingston, insisted that there was "a higher duty of the medical profession to the State" and it therefore ought to agree to the bill.<sup>20</sup>

Kingston's view was supported by E. C. Stirling, lecturer on physiology in the University of Adelaide and surgeon to the Adelaide Hospital speaking in 1887 at the Intercolonial Medical Congress on the subject of the state, the practitioner, and the public. While accepting that it was the right of the state to repress acts that would result in the contamination of the elements, and actions that give rise to the spread of disease by "careless, culpable, or wilful neglect", he considered that the degree to which the state should intervene was problematic. Stirling considered difficult to draw a line between this course, which was a simple repression of nuisances, and a strict supervision of private conduct that would be intolerable. "Even now," Stirling argued, "we are forced to appreciate the difficulty to define this line and the anomalies which result from the attempt." Despite his uncertainty, Stirling went on to criticise the medical profession for its lack of support for compulsion. The attitude of the medical profession, Stirling claimed, had not been consistent with their position as the guardians of public health. It would be well, Stirling urged, to

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<sup>18</sup> *Ibid.*

<sup>19</sup> "Public Health Act Amendment Bill", *SAPD*, 26 Aug. 1884, p. 741.

<sup>20</sup> *Ibid.*

encourage rather than resist attempts to extend the principle of the notification of disease.<sup>21</sup>

The concerns of non-compulsionist doctors recognised the practical, legal and social impediments to such a policy. Medical members of parliament were critical of such a system on a number of grounds. Firstly, the Board of Health conferred too much power on a small section of the community. The strict application of the isolation clause of the Bill by medical men and health officials could potentially result in the "ruin of any business man in every township in the colony."<sup>22</sup> Secondly, there was the danger that the relationship between the medical officer and the household he was attending could be jeopardised if the report were incumbent upon the doctor.<sup>23</sup> Thirdly, as the penalty for failing to send a certificate of notification to the Board of Health would fall on the attendant, it would be difficult to prove a case of failure to notify as the medical officer alone determined whether notification was required.<sup>24</sup> Fourthly, the possible hardship caused to the sufferers by the long recovery period in isolation might also act as an impediment to the process.

Despite the protest of some medical members of Parliament against the more compromising clauses, compulsory notification by medical officers became the first step in statutory attempts to facilitate the detection, isolation and containment of infectious diseases. When The Public Health Acts Amendment Act, 1884, was passed it provided for the notification to the Central Board of Health by a medical officer of all cases of smallpox, cholera, plague, yellow fever, or "other dangerous, contagious, or infectious disease" that might be declared by proclamation in the future. Other clauses provided for the disinfection

<sup>21</sup> E.C. Stirling, "The State, The Practitioner, and the Public", Intercolonial Medical Congress, Session 1, Adelaide 1887, pp. 238-49.

<sup>22</sup> *Ibid.* p.609. The power to isolate tenements, streets, thoroughfares whether public or private and the power to limit or prevent ingress or egress or regress to any persons to same was conferred on the Central Board of Health. This could potentially affect businesses. See "The Public Health Act" 1884, SAAP, no. 316, clause 2.

<sup>23</sup> "Public Health Bill", SAPD, 5Aug. 1884, pp. 515,517.

<sup>24</sup> *Ibid.* p. 518.

of premises where infected persons had resided, the removal of infected persons without proper lodging to hospital, and a penalty for any person knowingly infecting others.<sup>25</sup> Such provisions would become important when the debate turned to venereal diseases. The compulsion debate was by no means over. Tuberculosis was not included in the list of notifiable diseases and it was this disease that revived the compulsion debate.

*(iv) Compulsion and tuberculosis*

As the century was drawing to a close, South Australian public health policy was criticised by some members of the medical profession as "piecemeal". The criticism was largely based on the fact that the legislation of many health matters was "scattered up and down" in a variety of acts.<sup>26</sup> Provisions for the licensing of lying in homes, the preservation of infant life, the establishment and maintenance of sewers, vaccination and quarantine were contained in legislation other than that pertaining directly to public health.<sup>27</sup> The Public Health Bill of 1898, featuring proposals for sanitary administration on completely scientific lines, was expected to reflect South Australia's determination to remain at the forefront of public health policy. The Chief Secretary argued that the passing of the Bill would provide for policy that "embodied the best principles contained in the health legislation of the colonies and of Great Britain." Further, the Bill was one which "placed the health laws of South Australia in advance of anything they had yet in the British dominions."<sup>28</sup>

The Press came out in support of the Bill which among its administrative clauses provided for the notification of cases of tuberculosis by medical practitioners to the Local Board of Health. Dr

<sup>25</sup> The Public Health Acts Amendment Act, 1884, SAAP, no. 316.

<sup>26</sup> Summary of Dr. Campbell in "Public Health Bill", SAPD, 24 Aug. 1897, p. 179.

<sup>27</sup> *Ibid.*

<sup>28</sup> Chief Secretary Blyth (summarised) "Public Health Bill", SAPD, 2 Aug. 1898, p.69.



Allan Campbell, for whom the campaign for compulsion in the management of tuberculosis was a protracted battle, received sympathetic treatment from the Press. For the perfect scheme, Campbell advocated notification, disinfection, and bacteriological research but did not insist on isolation. *The Advertiser* reported that the Bill might require touching up in matters of detail, but that some opposition on the grounds that its provisions were too drastic should be expected. "Individualism," the paper declared, was "in its last ditch when it fights against measures for the protection of the public health." It added that while some of the clauses appeared harsh, a certain degree of sacrifice of private convenience was inevitable if the interests of public health were to be sufficiently safeguarded. Given parliament had already passed a law making certain diseases notifiable, as far as the Press was concerned, the exclusion of tuberculosis in health policy appeared "a little inconsistent."<sup>29</sup>

This rhetoric found its mark. With the passing of the Health Act, 1898 South Australia became the first place in the world to make tuberculosis a notifiable disease.<sup>30</sup> Despite the arguments put forward by compulsionists and non-compulsionist, when it came to policy decisions, regardless of public opinion, the responsibility for policy formation fell with the government. It was in the execution of this responsibility, that the social, legal and economic ramifications were considered. After much internal debate it was *this* that eventually determined policy. However, compulsory notification of cases of tuberculosis did not solve the problem. In 1912, William Ramsay Smith, Permanent Head of the Department of Health of South Australia, read a paper before the International Congress on Hygiene and Demography at Washington on twelve years' experience of compulsory notification of tuberculosis. Smith addressed the problems

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<sup>29</sup>"The Public Health Bill", *Advertiser*, 5 Aug., 1898, p. 4, col. F-G.  
<sup>30</sup>The Health Act, 1898, *SAAP*, no. 711.

of the local boards of health in administering the principles of the Health Act. Many of the boards, Smith declared, were apathetic, administratively impotent and labouring under serious disadvantages. These included the lack of information regarding the presence of sufferers who lived in districts without medical attendance, the lack of information regarding the movements of sufferers within a district, and the non-notification of, and consequent lack of information regarding deaths. Also the wandering proclivities of patients, the fact that many sufferers live in one district and worked in another, the lack of uniformity in the measures and extent of control, and, in general, the impossibility of any control that will be complete and uniform, hygienically effective and financially economical were thought to be significant disadvantages.<sup>31</sup>

It was clear that the problems with a system of notification as it was conceived at the time were fraught with difficulties in both the legal and social contexts. As far as non-compulsionists were concerned a law that could not be enforced was worse than no law at all. Practical considerations that were directly to affect the progress of venereal disease policy informed a broader debate on the role of the state and the power of authorities over private individuals. The power of a Central Board of Health, the invasion of privacy and interference with the rights of the individual, the creation of suspicion in the doctor patient relationship, and the possibility that patients of infectious and contagious diseases might be reluctant to come for treatment if compulsory notification was enforced, remained complicating factors in the policy process. It was such practical issues which galvanised non-compulsionists.

(v) *Conclusion*

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<sup>31</sup> William Ramsay Smith, *Twelve Years' Experience of Compulsory Notification of Pulmonary Tuberculosis in South Australia*, (Adelaide, 1913), pp. 5-6.

An important development in public health policy during the late nineteenth century was the movement away from purely sanitary reform to include provisions directly for the suppression of infectious and contagious diseases. Clearly in this period venereal diseases control policy was not a part of this movement. Focus began to fall on the individual sufferer as purveyors of disease. This focus by the end of the century had become more intense and the behaviour and movements of such persons subjects of increasing concern. Improved facilities for people suffering infectious disease such a tuberculosis were a result of this concern. However, the nature of the disease and the method of its communication were to become important factors in limiting policy change in particular instances in the future.

Although venereal disease was not the focus of health policy debate at this time, the controversy surrounding the compulsory notification, isolation and treatment of tuberculosis cases was a useful demonstration of the reluctance to apply coercive measures in some instances. The inclusion of tuberculosis in the list of notifiable disease in The Public Health Act 1898 demonstrated that legislators were prepared to set aside the individual rights of the patient for the sake of community health. However, the evidence reveals a reluctance to legislate on issues that involved the civil liberties of individuals at least without serious debate. Hence, when attention turned to venereal diseases in early twentieth-century health policy, non-compulsionist arguments had been well rehearsed. But at this time venereal diseases were an issue for criminal law not public health policy. The next chapter focuses on early attempts to control venereal diseases by statute outside of health policy.

# 2

## Prostitution and public policy in 'Darkest Adelaide' 1867-1910.

And the women, though they may wear lavender kid gloves with diamond rings outside, are most of them not unknown either at the Hospital or the Gaol....<sup>1</sup>

### (i) Introduction

The most infamous and consistently cited attempt to control prostitution and venereal disease was the British Contagious Diseases Acts that operated in parts of Britain and Australia between 1864 until their repeal in 1886. From 1867 the British Contagious Diseases Acts, or rather the controversy surrounding them, at some level or another informed the policy debate in South Australia. Indeed, the Contagious Diseases Acts hung like a black cloud over attempts to introduce venereal disease control policy in the late nineteenth and early twentieth century in South Australia. With a few amendments throughout their period of operation they provided for the prosecution of women perceived to be prostitutes and suspected of suffering from venereal disease. The Acts drew criticism in Britain almost from the outset from liberal reformers such as John Stuart Mill and Josephine Butler. They were thought to be unjust as they were directed only against women, immoral because they appeared to condone prostitution, useless because they failed to serve the purpose for which they were introduced, namely reducing the incidence of venereal disease among the armed forces, and unconstitutional because they violated the basic liberties of some English women.<sup>2</sup>

<sup>1</sup> "A Dark Side of Adelaide Life", *Register*, 20 Jan. 1879, p. 6, col. A & B

<sup>2</sup> Margaret, Hamilton, "Opposition to the Contagious Diseases Acts, 1864-1886", *Albion*, vol. 10, no.1 (Spring, 1978), pp. 15-19. See also: Susan Conner, "Politics, Prostitution, and the Pox in Revolutionary Paris, 1789-1799", *Journal of Social History*, vol. 22 (Summer, 1989), pp. 713-34; Linda Mahood, "The Magdalene's Friend: Prostitution and Social Control in Glasgow, 1869-1980", *Women's Studies International Forum*, vol. 13, nos 1/2, (1990), pp. 49-61; R. S. Morton, "Some aspects of the eEarly History of Syphilis in Scotland", *British Journal of Venereal Disease*, vol. 38 (1962), pp.175-180; Mary Murnane, and Kay Daniels, "'Prostitutes as Purveyors of Disease': Venereal Disease Legislation in Tasmania, 1868-1945," *Hecate*, vol. 5, no. 1 (1979), pp. 5-21; Kay Daniels.(ed.), *So Much Hard Work: Women and Prostitution in Australian History*, (Fontana Collins, Sydney, 1984); Linda Mahood, *The Magdalenes: Prostitution in the Nineteenth Century*, (Routledge, London, 1990); F. B. Smith, "Ethics and Disease in the Later Nineteenth Century: The Contagious Diseases Acts", *Historical Studies*, vol. 15 (1971), pp. 118-135; F. B. Smith, "The Contagious Diseases Acts Reconsidered", *Social History of Medicine*, Vol. 3, (1990), pp. 197-215.

The theme of prosecution has preoccupied historical analyses of social policy surrounding venereal diseases. It is prominent in the work of historians researching prostitution and policy in Australian history. For example, Kay Daniels' edited volume, *So Much Hard Work*, comprises case studies from historians examining the issues in Tasmania, South Australia, Queensland, Western Australia, the Northern Territory and New South Wales.<sup>3</sup> The implications of the gold rush, convictism and the issue of race are offered as particular social contexts within which the problem of prostitution or the 'social evil' was articulated in the various colonies or states. In an earlier work on Tasmania Daniels, with Mary Murnane, examined the venereal control policy imposed on some parts of Australia where British ships were landed. Contagious diseases acts similar to those operating in parts of Britain were imposed in Tasmania in response to the demands of the British Navy. Daniels interprets the policy as the result of a desire by lawmakers in Tasmania to supervise and regulate the lives of working-class women and, by sexual repression, to protect male dominance.<sup>4</sup>

This emphasis on prosecution is useful but limited. It fails in particular to capture the importance of the acts to disease control. This chapter argues that the implications of other themes such as protection and prevention that also flowed through the disease control debate were also significant in planning control strategies. Primarily this work extends the analysis of Jim Jose, who argues that the South Australian Criminal Law Amendment Act, 1885, was "the culmination of a campaign aimed at securing legislative support for the enforcement of morals." Jose's article offers an "outline, rather than a detailed explanation", of the process of translating the principles of Adelaide's Social Purity Society into a

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<sup>3</sup> Kay Daniels, *So Much Hard Work*, Fontan, (Collins, Sydney, 1984); There appears to be no such study concentrated on Melbourne. See also Mary Murnane, and Kay Daniels, "Prostitutes as Purveyors of Disease": Venereal Disease Legislation in Tasmania, 1868-1945," *Hecate*, vol. 5, no. 1 (1979), pp. 5-21.

<sup>4</sup> Mary Murnane, and Kay Daniels, "Prostitutes as Purveyors of Disease", p. 5.

"legislative framework."<sup>5</sup> A primary motivation for statutory change in regard to the protection of young women was more explicitly part of a strategy to control venereal disease than has been suggested thus far. What gave more impetus to this demand for legislative change was a growing concern for the problem of prostitution in Adelaide.

(ii) *Prostitution in Adelaide*

The appearance of destitute persons and prostitutes did not figure in Edward Gibbon Wakefield's vision of South Australia as a utopian society.<sup>6</sup> Poverty and prostitution in Adelaide drew public concern almost from proclamation in 1836. The apparently public nature of Adelaide's prostitution problem was the issue for many. Articles and letters to the editor of the major daily news papers throughout the 1850, 1860s and 1870s publicised the problem of prostitution as a topic for general discussion.<sup>7</sup> Generally, citizens of Adelaide expressed horror at the hypocrisy of the city of churches for continually tolerating the social evil. One resident complained that in the "immediate proximity to the dwellings of the virtuous and peaceable" there existed rows of houses where "vice was rampant, profligacy unblushing, obscenity the rule."<sup>8</sup>

The freedom with which prostitution was practised in the city also drew complaints. Correspondents reported "drunken women, nearly nude - blaspheming, fighting, and using gestures which defy description" and young men being accosted by women in nightdresses in open daylight.<sup>9</sup>

<sup>5</sup> Jim Jose, "Legislating for Social Purity, 1883-1885: The Reverend Joseph Coles Kirby and the Social Purity Society", *Journal of the Historical Association of South Australia*, no. 18, (1990), p. 119.

<sup>6</sup> Christopher Nance, "Women, Public Morality and Prostitution in Early South Australia", *The Push From the Bush*, no. 3 (May, 1978), pp. 33-42; Christopher Nance, "The Destitute in Early Colonial South Australia", *Journal of the Historical Society of South Australia*, n. 7, (1980), pp. 46-61. Susan Horan, "More sinned against than sinning?", in Kay Daniels, (ed.), *So Much Hard Work: Women and Prostitution in Australian History*, Fontana/Collins, (Sydney, 1984), pp. 87-126. For an example of the nature of the concerns see memorial written by Dr. Richard Penney, a resident physician in South Australia, to George Grey, August 2, 1842. Reproduced in S. Horan, "Prostitution in South Australia: A Proposal for Reform, 1842", *Push From the Bush*, no. 3, (September, 1979), pp. 33-38;

<sup>7</sup> Evidence of Mr. Anthony Etheridge before the Select Committee on the Police Force, *SAPP*, no. 91, (1866-67), vo. 3. Also reprinted in *SAPP*, 19 July, 1867, p. 142; "The Government Brothel at the Native Location", *Register*, 21 Jan, 1850. p. 3. "Irish Orphans and Their Protectors(?)", *Adelaide Observer*, 9Feb. 1850, p. 2, col. C.

<sup>8</sup> "Suppressing Houses of Ill-fame", *Register*, 13 May 1872, p. 4-5, cols. D & E?

<sup>9</sup> Letter to the Editor, "Scenes in the Streets", *Observer*, 4 Jan. 1873, p. 7, col. C; "Suppressing Houses of Ill-fame", *Register*, 13 May, 1872, p. 4-5, cols. D & E?

Another complained that landladies openly proclaimed the nature of their establishments.<sup>10</sup> Others warned of the corruption of the young, alluded to the hypocrisy of members of Adelaide's respectable citizenry seen availing themselves of the services of prostitutes, and accused the Government of indifference and the police corruption.<sup>11</sup>

Solutions to these concerns were advanced by government officials, conservatives and radicals throughout the remainder of the century. When parliamentarian, H. R. T. Strangways, introduced the topic for debate in the South Australian Parliament in 1867, he declared his motive was no "moral dodge". Believing that prostitution could not be abolished, he suggested that initiatives be put in place to "ascertain whether something could be done to prevent the public parade of vice that was seen every day in the streets." It was, Strangways declared, the open parade of prostitutes in Adelaide that "tended to lead young girls astray." Strangway's asserted further that "the most important part of the question" was the suppression of disease. Although Parliament, he argued, "had never had any scruples in interfering by necessary legislation to require vaccination to suppress one form of disease" there was hesitation in interfering to prevent the spread of diseases associated with prostitution.<sup>12</sup>

The questions of prostitution control and disease eradication were vexed. The regulation of prostitution was regarded as immoral in itself as it implicitly condoned vice and potentially lessened the fear of contracting venereal disease. Regulation, some believed, would only encourage a further decline in moral standards. Strangways believed that as a consequence popular suggestions such as a licensing system similar to that operating in Paris, and authorising police detectives to post a list of men seen entering brothels, were likely to arouse immediate outcry and the

10 "Adelaide Street Scenes", *Register*, 27 March, 1872, p. 5, col. A.

11 Letter to the Editor, "Disorderly Houses in the City", *Register*, 26 March 1872, p. 5, col. F; Letter to the Editor, "Scenes in the Streets", *Observer*, 4 Jan. 1873, p. 7, col. C; Evidence of Mr. Anthony Etheridge before the Select Committee on the Police Force, *SAPP*, no. 91, (1866-67), vol. 3, p. Also reprinted in *SAPD*, 19 July 1867, p. 142; "A Dark Side of Adelaide", *Register*, 20 Jan, 1879, p. 6, col. A & B; Benjamin Judkins, *The Social Evil*, (Adelaide, 1879), pp. 3-4.

12 "Reports on Prostitution", *SAPD*, 19 July 1867, p. 143.

"virtuous indignation" of saintly men. Strangways urged the Government to call for the expert opinion of selected city officials "as to the best means of lessening the evils of prostitution" in the local context.<sup>13</sup>

The result was a series of reports from the Colonial Surgeon, Police Magistrate, the Police Commissioner, Chief Inspector of the Metropolitan Police, Inspector of Foot Police, and the Chairman of the Destitute Board. Many of the suggestions contained in these reports were based on a shift from moral indignation to social pragmatism. The premise that venereal disease was a deterrent for illicit intercourse was looking dubious. The Colonial Surgeon, R. W. Moore, wrote that men were not "deterred from fornication through fear of syphilis."<sup>14</sup> Indeed, venereal disease was "no more preventive of second exposure than pains of labor are against a second or third pregnancy."<sup>15</sup> Such revelations were not confined to medical opinion. The Police Magistrate, Samuel Beddome, declared that the eradication of venereal disease would not encourage men to "frequent the society of loose women" who were previously deterred from so doing.<sup>16</sup>

Police respondents advocated the extension of the power of prosecution to the visitors of brothels. Public naming of visitors was rejected on the grounds that common and false names could be misleading. Such a practice could prevent the visits of philanthropists who endeavoured to induce the inmates to adopt a better way of life. The licensing of brothels and the designation of specific areas of the city where prostitution might be carried out were rejected on the grounds that segregation would "destroy any spark of modesty left, and all hope of future amendment." Public segregation, the Commissioner of Police believed, would create "a class of persons whose return to virtue would be utterly cut off."<sup>17</sup> The possibility of redemption was clearly of significance to Thomas S. Reed, Chairman of the Destitute Board, who believed that legislation

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<sup>13</sup> *Ibid.*

<sup>14</sup> Reports on Lessening the Evils of Prostitution, *SAPP*, no. 86, vol. 2, 1867, p. 2.

<sup>15</sup> *Ibid.*

<sup>16</sup> *Ibid.* p. 3.

<sup>17</sup> *Ibid.* pp. 3-4.



represented only "remedial helps" and called for "the direct influence of Christianity to bear upon the evil."<sup>18</sup>

Drawing on the reports of military medical officials that the Imperial legislation had been successful in reducing the numbers of personnel afflicted with venereal disease, R. W. Moore, the Colonial Surgeon, recommended the appointment of a sanitary officer in all towns where prostitution was prevalent and the weekly examination of "public women."<sup>19</sup> Indeed, examination and treatment of infected women was advocated by all respondents. Although this suggestion was ignored, recommendations for increased powers for local councils and the police soon translated into policy. The Police Act of 1869, a result of the Select Committee on the Police Force of 1867, incorporated clauses that authorised police officers to enter places of public entertainment and remove nuisances such as thieves and prostitutes.<sup>20</sup>

While suggestions that the state should provide "suitable places for harlotry" drew angry responses from conservatives, moral pragmatists and social radicals advocated the licensing of brothels and the confinement of immoral practices within certain limits. For example, a deputation to the Chief Secretary by the Evangelical Alliance expressed indignation at the unsatisfactory state of the law and urged that "undisguised immorality" be confined to narrower limits and stricter supervision of the "dwellings of the abandoned" be exercised.<sup>21</sup> The radical reformer, Benjamin Judkins, in his 1879 pamphlet, *The Social Evil*, advocated a licensing system that would "under restrictions and measures wisely control and not irritate and periodically force it into public notice."<sup>22</sup>

Drawing a sympathetic portrait of the prostitute as the victim of selective persecution by police, Judkins wrote of "poor creatures" who were "hunted from pillar to post, dogged about in a manner afflicting in the

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<sup>18</sup> *Ibid.* p. 7.

<sup>19</sup> *Ibid.* p. 2.

<sup>20</sup> *Police Act*, South Australian Act of Parliament, no. 15, 1869-70, Part 5, clause 44.

<sup>21</sup> "Public Immorality", *Register*, 30 Aug. 1873, p. 6, col. E & G.

<sup>22</sup> Benjamin Judkins, *The Social Evil*, (Adelaide, 1879), p. 4.

extreme" Likening the power and influence of the police to that of a military garrison, it was, he argued, "to the shame ... of a civilized form of government, who, if they had any feeling for their suffering fellow creatures, would have introduced the licensing system long ago." If licensing had been adopted the "rampant evil" would have been confined to "its proper limits", thus preventing the spread of disease among the youth of both sexes.<sup>23</sup> What was needed was a revolution in the whole social system, "the strict enforcement of sanitary laws" in the neighbourhood of houses of ill-fame, and the visitation to the occupants of these houses at least twice a week.<sup>24</sup>

*(iii) Rescue work in Adelaide*

Despite early recognition of the problems, to the people of Adelaide prostitution appeared rife. Notwithstanding the increased powers of the Police Force the problem of prostitution and venereal disease continued to feature in the press, with many contributors still complaining of public displays of immorality. Philanthropic solutions were based on an agenda of reform and reclamation. By 1842 there were demands for the establishment of a Magdalene Asylum, an institution where fallen women might be rehabilitated and restored to a moral life.<sup>25</sup> While financial difficulties in the colony prevented the establishment of a Government institution, the Anglican Church established the South Australian Female Refuge at suburban Norwood in 1857 and a Catholic refuge opened in 1868.

In 1861, the Colonial Government of South Australia delegated responsibility for prostitution and venereal disease control to the Corporation of the City of Adelaide. The Municipal Corporations Act of 1861 authorised the Adelaide City Council to make by-laws "for the good rule and government of the city, and for the prevention and suppression of

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<sup>23</sup> *Ibid.*

<sup>24</sup> *Ibid.* pp. 4, 5, 6.

<sup>25</sup> Dr. Richard Penney, a resident physician in South Australia, to George Grey, 2 Aug., 1842. Reproduced in S. Horan, "Prostitution in South Australia: A Proposal for Reform, 1842", *Push From the Bush*, no. 3, (Sept., 1979), pp. 33-8.

nuisances." The reform included "the suppression and restraint of brothels and houses of ill-fame and repute" and for the prevention of "interruption, and indecent and offensive language and behaviour."<sup>26</sup> Correspondents to the Press pointed to the lack of sexual equality in proposals suggested by some speculators of legislative change. Rather than indulgence, education and surgical treatment for those incapable of restraint was called for.<sup>27</sup>

However, if the cure and accommodation of infected prostitutes remained outside the responsibility of the law, it was also beyond the constitutional and institutional capacity of the rescue movement. This may be illustrated by reference to the circumstances surrounding the issue of detention and treatment of a group of prostitutes in the early 1880s. In the first instance, two young women, Maud May and Elizabeth Richard, were brought to the South Australian Refuge at Norwood by the nurse of the Magdalene Ward of the Adelaide Hospital. The superintendent of the refuge, Mrs. Agnes Harvey, was advised that Maud and Elizabeth had been dismissed by the doctor from the hospital for quarrelling. As both girls were still suffering from the disease that necessitated their admission, the doctor said that they could be outdoor patients.<sup>28</sup>

But Maud declared that she had nowhere to go and pleaded with Mrs. Harvey to take her in or she would have to go back to the streets. Mrs. Harvey brought the problem before the higher authority of Mr. Andrews who advised Mrs. Harvey to appeal to the doctor to take Maud back until she was well. However, Mrs. Harvey believed Elizabeth was "not very right in her mind" and almost blind. Mr. Andrews thought that she ought to be sent to the Destitute Asylum and within a few days Elizabeth left the refuge at that institution. Mrs. Harvey went to the hospital and asked the Doctor to re-admit Maud but he refused. Mrs. Harvey had no choice but to admit

<sup>26</sup> "The Municipal Corporations Act, 1861", *SAAP*, no. 16, 1861. clause 145 & Schedule K.

<sup>27</sup> Letter to the Editor, "Social Pestilence", *Register*, 4 Nov. , 1913, p. 8, col. F. There is no indication whether the correspondent was male or female but a resolution made by the Women's Non-Party Association in their minutes of 1913 suggests that this was an issue with which women were concerned at this time. Minutes of the Executive Committee Meetings, Oct. 30 1913, ML SRG 116/2.

<sup>28</sup> South Australian Female Refuge, Diary [Probably of Superintendent, Mrs. Agnes Harvey] of the South Australian Female Refuge Norwood, 1881-84 , entries for 23 May , 1883 & 7 June , 1883. ML D6398 (L) D. reg. 5155

Maud to the refuge. However, before long Maud's health deteriorated and Mrs. Harvey was forced to accompany her to the Destitute Asylum. Mr. Lindsay, in charge of admissions, refused to admit her as it was against the rules because there were no means of keeping venereal inmates separate from the others. Mrs. Harvey again approached the Doctor of the Magdalene Ward but he again refused to re-admit Maud because she had been dismissed for subordination. Maud was finally re-admitted by order of another doctor.<sup>29</sup> Demanding to be institutionalised and being refused would have appeared a bizarre concept to authorities where coercive legislation was in place.

There was also the difficult case of Kate Connell that illustrates the lack of formal guidelines regarding prostitutes with venereal disease. In January 1885, Mrs. Georgina Aslee, a "married woman", advised the destitute Board that Kate Connell, "a known prostitute", was suffering from syphilis. Aslee demanded that Kate be removed to the Hospital. The Board suggested that Aslee report the matter to the police with a view to bringing Kate's condition under the notice of the Local Board of Health. A constable, Inspector Sullivan, was sent to investigate but could not encourage Kate to go to the Hospital. Unable to resolve the situation, Sullivan referred the case to the Commissioner of Police who referred it back to the Destitute Board. Thereafter, the case came before the President of the Central Board of Health, H. T. Whittle. Whittle confirmed that like the Destitute Board the Central Board of Health had "no authority to compel a patient suffering from syphilis to go into hospital." Eventually the case was returned to the Commissioner of Police. From here the case of Kate Connell became a matter for the Colonial Government. The Chief Secretary sought the advice of the Attorney General. The Attorney General wrote in his reply: "If as I understand this woman is not interfering with any one and her condition is

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<sup>29</sup> *Ibid.*

not such as to expose the public to any risk from contagion, I fail to see that any right exists for any authority to interfere with her."<sup>30</sup>

Indeed, by the 1860s in Adelaide, the work of philanthropic institutions was seen by some as "ineffectual".<sup>31</sup> Although correspondents to the press applauded the work of female refuges, the lack of power to detain was acknowledged as an inherent weakness in the constitution of such organisations.<sup>32</sup> While, theoretically, the problem of prostitution and venereal disease were intertwined, constitutionally the problem of what to do with the prostitute suffering from venereal disease represented a dilemma for government, civic authorities, and philanthropists alike. As a result, many suggestions for legislative change were presented as statutory support for philanthropic programmes of rescue, rehabilitation and reclamation. Correspondents in the press urged fellow Christians to demand the establishment of a suitable building where helpless, homeless fellow beings might be cared for and rescued from sin and Satan. Others urged the Government to provide an establishment under state supervision conducted on principles similar to those applying to the Reformatory School. In such a place, women could be detained for no less than three months and with "kind treatment and judicious training" they could "be brought to know and feel the blessings arising from a life of virtuous industry."<sup>33</sup>

The legal position of women before the law was a major theme for social reformers in Australia as it had been in Britain. But unlike Judkins, who was an exponent of legal pragmatism, other reformers attacked the social conventions that endorsed the promiscuity of one gender to the detriment of the other. For example, when the female President of the Tasmanian Free-thinkers Society, Ada Campbell, delivered her lecture "Evil in the Light of Science: its cause and cure" in Adelaide in 1884, she excited

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30 Police Correspondence, Kate Connell, SRSA GRG5/2/1885/68.

31 Reports on Lessening the Evils of Prostitution, *SAPP*, no. 86, vol. 2, 1867, p. 1.

32 Letter to the Editor, "Female Reformatory", *Register*, 13, Sept. 1873, p. 6, col. F.

33 Letter to the Editor, "A Plea for the Fallen", *Register*, 25 Sept. 1873, p. 7, col. F.

the sensibilities of some and the applause of others with her views concerning prostitution, alcoholism and contraception. Campbell condemned the tacit sanctioning of male promiscuity while women were being punished both socially and legally. She questioned the long term benefits of attempts to reform and reclaim. Those, she argued, "who tried to reclaim the unfortunates only reclaimed a few from the ranks of the social evil that just so many more victims might be drawn from the paths of respectability to supply their place." What was needed was a more fundamental approach. For Campbell, trying to reform the unfortunates was like "pruning a tree with a paper knife." Rather, they must have the "tree out by the roots."<sup>34</sup>

Despite the apparent indifference and actual impotence of government, the 1880s represented a period of significant social and moral introspection that issued legislative reform designed to address the problem of prostitution and of venereal disease at the source. Whether one wanted one's hells concentrated in a particular location or spread throughout the city was an issue that had been considered in 1867. The debate on venereal disease control through the strict regulation of prostitution based on pre-existing models had come full circle. Although Judkins' influence was questionable, however limited the circulation, his emotional pamphlet does help to illustrate the variety of opinion existing at the time. From this period, pragmatic approaches to the control of venereal disease as an inevitable consequence of prostitution were articulated in a less controversial discourse as the problem of the "social evil" was transformed into a movement for "social purity". Subsequently, serious legislative attempts to control venereal disease derived from the righteous sympathy that characterised middle-class philanthropy rather than from the postulations of anti-government radicals like Benjamin Judkins.

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<sup>34</sup> "Lecture on the Social Evil", *The Advertiser*, 18 Aug. 1884, p. 7, col. See also Letters to the Editor for contributions for and against Miss Campbell's views: *Advertiser*, 19 Aug. 1884, p. 7, col. C; *Register*, 19 Aug. 1884, p. 7, col. B; *The Advertiser*, 26 Aug. 1884, p. 7, col. B & C.

*(iv) Social Purity Act 1885*

The galvaniser of public opinion and social reformer, the Congregationalist clergyman Reverend Joseph Coles Kirby, was recognised by his contemporaries as founder of the social purity movement in Adelaide.<sup>35</sup> In 1882, Kirby delivered a series of three lectures concerning the control of prostitution and venereal disease. In the third of the lectures, *The Social Evil: Remedies*, Kirby blamed South Australian Colonial Parliaments for the levels of male and female prostitution, seduction, illegitimacy, and venereal disease. Kirby used this forum to articulate his own legislative proposals. While Kirby declared "a great horror of the venereal disease", he strongly denounced the introduction of contagious diseases legislation based on the British model. Condemning the legislation as "cruel, degrading, unequal, pettifogging laws", Kirby asserted that what was "sauce for the goose" was "sauce for the gander".

Under the heading "Legal Suggestions", Kirby's proposed that both the prostitute and her "caller" should be subject to coercive measures such as compulsory examination, detention and treatment. It appears that Kirby did not oppose repressive legislation such as that contained in the by now infamous Contagious Diseases Acts, only the discriminatory manner in which they were applied. Kirby's principal concern was the protection of the vulnerable as a means of cutting off the source of prostitution at the root. "Cut off the supply of fresh female prostitutes," Kirby urged, "and so gradually make it more and more difficult for male prostitutes to find means of gratifying their propensities."<sup>36</sup> Kirby proposed that the laws should be amended so as to shield more effectively the purity of young females. This would ensure a decrease of female prostitution as well as preserve the purity and health of the male and, eventually, of society as a whole.<sup>37</sup>

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<sup>35</sup> The Hon. John Colton, "Young women's Protection Bill", *SAPD*, 28 July, 1885, pp. 371-2.

<sup>36</sup> By "male prostitutes" Kirby meant customers.

<sup>37</sup> Joseph Coles Kirby, *The Social Evil: Remedies*, (E.H. Derrington, Port Adelaide, 1882), pp. 4-5.

Kirby's "Legal Suggestions" formed the basis of what was popularly termed the Social Purity Bill of 1884. The Bill dated from 1883, when "monster petitions" on the subject - one of them containing 900 signatures - were presented to both Houses of Parliament. The petitions demanded amendment to the laws relating to morality in the direction of giving greater protection to young women. Although the Bill was considered to be Kirby's own, significant rewriting and numerous name changes altered the nature and much of the content. Such changes serve to illustrate the amendment in focus and intent with which the Bill was characterised. Initially titled "A measure for the suppression of vice", the clause that provided for the suppression of brothels was omitted on the grounds that "it had been clearly recognised that it was absolutely impossible to abolish brothels and to put a stop to the vice of prostitution."<sup>38</sup> While maintaining the prostitute as the purveyor of disease, the focus shifted to the problem of the predatory male and was renamed "A measure for the protection of young females". The inclusion of measures to ensure the protection of young boys from the solicitation of prostitutes produced an act for the better protection of young persons.

Finally, the Criminal Law Consolidation Amendment Act was passed in 1885. This law raised the age of consent from 13 to 16 years. The procuring of females for the purposes of prostitution became a misdemeanour, as did the detention of an unmarried girl under 18 years against the will of her parents for the purposes of carnally knowing a male. There were also penalties for the owners of premises to which females under the age of 17 years resorted for the purpose of being carnally known by a male. Males under seventeen years were banned from brothels. Although much of what Kirby proposed, including the establishment of a lock hospital and the raising of the age of consent for girls to 21 years, was rejected, legislators believed the act to be a legitimate descendant of the original bill.

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<sup>38</sup> Minister for Education, Dr. Cockburn, "Young Persons Protection Bill", *SAPD*, 23 July 1885, p. 346.



For some parliamentarians, the legislation was still repressive, despite the amendments to the Bill. More importantly, however, debate surrounding the Bill had led to the acknowledgement by some members of parliament that prostitution was "the poisoned flower of a growth" with its root deeply embedded in social customs. Indeed, due to the public agitation of the Social Purity Society, prostitution had become recognised as an "effect and not a cause."<sup>39</sup>

More importantly, for some grateful legislators the Social Purity Society had been the means of stopping agitation for the introduction of the Contagious Diseases Acts into South Australia. For some parliamentarians the Bill represented "somewhat of a compromise."<sup>40</sup> The issue of a Contagious Diseases Act including a licensing system remained a favoured system by some sections of the press and the public. While it was acknowledged that social purists like Kirby meant well, "natural forces", argued some sections of the press, could not be dammed up by legislation.<sup>41</sup>

Along with this compromise came an increased focus on protection through prevention in the role of middle-class philanthropy at the end of the century. For example, rescue societies increasingly focused on creating a distance between the vulnerable and the wicked, and on the underlying causes of prostitution and venereal disease. When the Magdalene Ward at the Adelaide Hospital closed in 1891 because of lack of use, it ceased to be a ready reservoir of potential rescuees.<sup>42</sup> The Magdalene Ward was not the institution of moral rehabilitation that it was in Europe but a female lock ward. Its closure created a problem for some rescue workers who feared that the mixing together of venereal and non-venereal patients in general wards would lead to the corruption of the younger and less experienced by the "old and broken down women of the town".<sup>43</sup>

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<sup>39</sup> *Ibid.* p. 345.

<sup>40</sup> Hon. G. W. Cotton, "Protection of Young Females Bill", *SAPD*, 30 Sept. 1884, p. 1122.

<sup>41</sup> "Letters to Public Men - The Rev. J.C. Kirby, Congregational Minister", *Quiz and the Lantern*, 27 Oct 1898, p. 8.

<sup>42</sup> However, this does not necessarily represent a decline in cases but perhaps better use of the out-patient facilities.

<sup>43</sup> Adelaide Hospital Commission, *SAPP*, no. 21, vol. 2, part 2, Evidence of Dr. W. T. Clindening, Medical Officer of the Destitute Asylum, 24 May, 1895, p.22.

From this time, 'rescue work' for at least one Adelaide society was directed towards those who had stumbled rather than those who had fallen. For example, since its establishment in 1885 the Adelaide Rescue Society, an organisation composed of Adelaide ladies belonging to various religious bodies had been engaged in "night work". This meant the receiving into the rescue home of women from the streets. By the end of the century this function was left to the Salvation Army and the Society instead turned to "preventative" work.<sup>44</sup> This involved taking into the home young women and girls with babies who were not yet prostitutes to prevent them going on the streets.<sup>45</sup>

The segregation of women and girls from the threat of ruin was characteristic of a number of legislative changes in the late nineteenth century. For example, the connection between alcohol and venereal diseases drew temperance societies such as the South Australian Temperance Alliance and the Woman's Christian Temperance Union into the debate. In 1896, the banning of barmaids was a strategy designed to remove women from a situation where corruption was likely. At this time the proposal failed, mainly due to the campaign by some hoteliers and a group of members of parliament. Opponents of the legislation argued that any measures to restrict the employment opportunities of women were an infringement of the civil rights. It was clear, however, that hoteliers also took into account the attraction of barmaids and saw their removal as interference with business practices. Despite the objections of hoteliers and legislators, the Licensing Act of 1908 banned barmaids in South Australia unless they were the wives or daughters of the license holder.<sup>46</sup>

The Suppression of Brothels Act, 1907, put restrictions on the type of premises in which prostitution could be practised and provided for the

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44 Adelaide Hospital Commission, *SAPP*, no. 21, vol. 2, part 2, Evidence of Mrs. E. Goode, 24 May 1895, p. 25.

45 In later years, rescue work came to characterise the support for unmarried mothers. For an indication of the interests of this organisation particularly in the early twentieth century see: "Social Problems", *Register*, 11 Nov. 1911, p. 6, col. D;

46 Licensing Act 1908, *SAAP*, no. 970, 1908, clause 149.

prosecution of anyone found to be in control of a house of ill fame. The emphasis here appeared to be punishment of those who made a profit from the prostitutes rather than a persecution of the prostitutes themselves. Despite several Police reports in 1912 that the Suppression of Brothels Act had relieved Adelaide of most if not all of its prostitutes, it was apparent that prostitution remained at a similar level as it had in the past. Letters of complaint from concerned Adelaideans to the Police Commissioners Office testified that many brothels still existed.

*(vi Conclusion*

In sum, venereal disease control in public policy in nineteenth century South Australia remained bound up with the effects of prostitution. However, after the abortive effort in 1867, from the 1880s the problem of venereal diseases as a by product of prostitution moved into the remit of law in Adelaide. Repressive legislation specifically relating to venereal disease based on European or Imperial models was rejected continually throughout the nineteenth century. While the consensus implied that something ought to be done, without a workable precedent as a model, locally developed strategies were difficult to articulate. The controversies surrounding the British Contagious Diseases Acts before their eventual repeal were to resonate for many years and well beyond the geographical territory in which they operated.

Preventative strategies rather than persecution, more consistent with the period of increased democratic reform in South Australia, characterised the policy debate on venereal disease control in relation to prostitution during the 1880s. This period coincides with the growth of the women's movement and the demand for equal rights before the law as well as at the ballot box. Protection of the innocent became the public theme within which the venereal disease control debate was articulated, a theme that was to resonate throughout the century and well into the next. Indeed, it

appeared that those who advocated the protection of the innocent stood on higher moral ground than those who sought to push through repressive legislation.

This chapter has shown how discourses on the 'social evil' were incorporated into a sympathetic if repressive discourse on 'social purity'. Between 1910 and the outbreak of the First World War the eugenics movement captured the public imagination and the problem of venereal disease took on a new urgency. The promiscuous female imbecile began to emerge as a problem separate from but related to the issue of prostitution. While many prostitutes were assumed to be feeble-minded, the imbecile girl who could not be reached by education and whose mental deficiency precluded appeals to a sense of morality, became a significant public health concern in the early twentieth-century. The 'preventative' work of the Adelaide Rescue Society turned specifically towards the control of venereal disease. While the society was not prepared to receive such girls into the rescue home, they attempted to lobby the Government into providing cottage homes and statutory power to detain feeble-minded girls for prolonged periods. The feeble-minded girl, whether a "known prostitute" or not, became the socially constructed agent of racial deterioration.

The following chapter traces the emergence of the eugenics movement, and the concept of "social hygiene" and the implications of its principles for venereal disease control strategies in the period leading up to the First World War.

# 3

## Locating Adelaide Eugenics : Venereal Diseases and the British Science Guild South Australian Branch 1910-1914

In any practical scheme ensuing from the study of eugenics the problems of the eradication of venereal disease stands in the forefront. For it is probably of the first importance for race evolution, and its solution should not be beyond the powers of the twentieth century.<sup>1</sup>

### (i) *Introduction*

Eugenics was a one of a number of "scientific discourses" at the end of the nineteenth century that justified the intervention by the state in order to correct social problems. It joined a group of social reform philosophies including social imperialism, state socialism, feminism, and new liberalism in its expectation that these social problems were soluble by some combination of dispassionate analysis and legislative action.<sup>2</sup> However, eugenicists were divided over whether the social problems were exclusively hereditary or some mix of heredity and environment. They were divided as well over whether the solution should be voluntary or compelled. Moreover, to know the eugenicists' position on one issue was not necessarily to know it on the other: hereditarians were in turn divided over the desirability of voluntary and compulsory solutions. Eugenicists did not provide a clear line of analysis and action on social issues, and as a result were not significant voices in the formulation of the social policy on venereal diseases.

In Adelaide then, eugenicists were divided on fundamental issues of the sources of social disorder and the capacity of the state to act on them. Their divisions had serious implications for venereal disease control strategies. They were significant for two reasons. Firstly, they were partly responsible for the rejection by the South Australian Government of

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<sup>1</sup> British Science Guild, Report of Sub-committee on Venereal Diseases, (Adelaide) June 1914, p. 4.

<sup>2</sup> Stephen Garton, "Sir Charles MacKellar: Psychiatry, Eugenics and Child Welfare in New South Wales, 1900-1914", *Historical Studies*, vol. 22, no. 86, (April 1986), p. 24.

compulsory notification and treatment for venereal diseases in Adelaide. Secondly, and of wider significance, the divisions call into question the received wisdom on the relation between eugenics and compulsion. This chapter examines the divisions and their influence of eugenics and eugenicists in Adelaide.

Since historians took up the problem of venereal diseases in the historical context, eugenics has often been cited as the dominant ideology influencing social thought surrounding disease and racial purity in the years immediately before the First World War and into the interwar period. Whether eugenic principles were incorporated within social policy development is another issue. This chapter argues that despite the popularity among a small but important reform elite, the study of eugenics did not lead to compulsion in venereal diseases policy in South Australia. Compulsion was introduced for other reasons in 1947, long after eugenicists had disappeared from view. First, however, the reasons why the eugenic case was weak in Adelaide may be better understood if some examination is made of the dispute that existed within the eugenic movement in Britain. Indeed, this dispute is key to the understanding of intricacies of the compulsion debate.

*(ii) Eugenics, its origins and definition*

In the early twentieth century real or imagined social evils such as prostitution, venereal disease, feeble-mindedness and alcoholism inspired debate on the evolutionary process and called for new scientific methods to stem racial degeneration. Nineteenth-century philanthropic environmentalism had failed to solve social problems such as crime, poverty and illness.<sup>3</sup> Eugenics, the science and practice of improving hereditary characteristics in man, addressed the problem of racial

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<sup>3</sup> Frank Mort, *Dangerous Sexualities: Medical-moral politics in England since 1830*, (outledge & Keegan Paul, London, 1987), p. 17".

degeneration at its source.<sup>4</sup> Several Royal Commissions in Britain concerning the Poor Laws, physical deterioration and the care and control of the feeble-minded reflected eugenic discourses at this time.

The modern eugenics movement was conceived by Francis Galton in 1883. In 1904, Galton established a research fellowship in eugenics at the University of London. The Francis Galton Laboratory of National Eugenics published memoirs, a lecture series and the research journal, *Annals of Eugenics*. In 1908, the Eugenics Education Society was founded and published *The Eugenics Review*. The Society was active in examining proposed legislation that dealt with issues relating to racial improvement. The aims of the Society were to advocate the importance of eugenics in order to modify public opinion and to create a sense of responsibility in order that matters of human reproduction be brought under the domination of eugenic ideals.<sup>5</sup>

In the early years of the Society a dispute arose over the methods of research for determining the significance of hereditarian theory and over which brand of eugenics was the most likely to achieve success. In 1911, Archibald Reid, an English eugenicist who became involved in the venereal disease control debate in Britain, contributed to *The Eugenics Review* an article concerning methods for researching the importance of heredity in racial improvement. In the article, Reid warned of the dangers of too eagerly accepting the causal analysis of some in the science field.<sup>6</sup> Dispute arose over "positive eugenics", the strand advocated by Galton himself, which involved schemes that encouraged the propagation of superior individuals. Schemes associated with this strand were based primarily around education. But positive eugenicists also advocated the practical encouragement of the procreation of desirable individuals with a

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4 H. S. Jennings, "Eugenics", in Edwin R. A. Selwyn & Alvin Johnson (eds.), *Encyclopaedia of Social Sciences*, (Macmillan, New York, 1931), vol. V, p. 617.)

5 *Ibid.* p. 618"

6 Archibald Reid, "Methods of Research", *The Eugenics Review*, vol. II, April, 1910-Jan., 1911), pp. 241-64.

programme of financial assistance, tax incentives and scholarships for the middle-classes.<sup>7</sup>

However, such "positive" policies were dismissed early in the movement on the grounds that Galton's concept of "civic worth" upon which the criteria of selection should be based, was too difficult to define. It was much easier to distinguish what was "unworth". Furthermore, negative eugenicists argued that "positive eugenics" or "race culture" relied too much on environmental factors and accorded too much responsibility to the individual. On the other hand, under a "negative eugenic" scheme for racial improvement undesirable "parentage strains" could be excluded and only the best parental stock permitted to re-produce.<sup>8</sup>

Some eugenicists saw environmentalism as dangerous to racial purity. In an article reprinted in the *South Australian Register* in November 1911 with the somewhat derisive title "Science from an Easy Chair", the author acknowledged that with the provision of wholesome food, fresh air, a disease-free environment and "the best physical and mental education" every individual could grow up "strong, wise, and useful." In such circumstances, infant mortality would decline and children would be "more or less disciplined" and educated in line with their individual capabilities and adults would be "placid, well-fed, and prosperous." <sup>9</sup>

However, there was the unavoidable consequence that bad stock as well as good would be "fed up".<sup>10</sup> Feeding the poor would not eradicate hereditary diseases and was no guarantee that feeding and training 'bad human stock' for several generations would result in a favourable conversion. Nor was it certain that education and good living conditions would prevail over the "unhealthy, undesirable innate tendencies of the

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7 G. R. Searle, *Eugenics and Politics in Britain*, Noordhoff International Publishing, (Leyden, 1976), pp. 88-90.

8 *Ibid.*

9 "Science From an Easy Chair: Eugenics", *Register*, 28 Nov. 1911, p. 10, col. A, B & C. (-Vice-presidents included :Sir James Crichton-Browne & Sir Bryan Donkin.)

10 *Ibid.*



bad stock." Thus 'Negative Eugenics', the practice of increasing the proportion of individuals of desirable types by decreasing the propagation of undesirable types, approached the problem at its source.<sup>11</sup>

There were also some who acknowledged that the origins of eugenic philosophy demanded recognition of the role of environment. While Darwin's theory of evolution had given practical and human significance to the knowledge and understanding of the mechanism of heredity, it had also conferred equal importance on the extent to which the environment altered the qualities of living creatures and their offspring.<sup>12</sup> This left some eugenicists in doubt as to the validity of such a firm demarcation between nature and nurture. For example, Dr S. Herbert argued that adopting one method to the total exclusion of the other was a curious approach to the problem of racial improvement. In his article for *The Eugenics Review*, "Eugenics and Socialism", Herbert suggested in 1901 that it was strange that eugenicists and socialists were opposing each other. Herbert argued that modern Marxists had extended the declaration that the "method of material production conditions the social, political and intellectual process of life", to assert that the environmental factor was "all-important" in determining man's morals, character, and even his progeny.

While Herbert acknowledged the value of an economic re-organisation of society, he insisted that, in itself, it did not go to the root of the race question. Rather Herbert wanted an alliance between the negative eugenicist and the arch environmentalist. He argued that

What we have to do, is to consider both proposals, to examine them in their mutual relationship, so as to be able to come to a right conclusion as to their respective merits.... [T]he grand ideal of the Eugenicists ... is to create a moral atmosphere, a new ethical atmosphere, such as would prevent the undesirables from finding mates and leaving progeny. In this task Socialism is its most natural and powerful ally. For Socialism, by changing the economic conditions of life, would abolish the present-day capitalistic valuation, which measures success in terms of money, crushing out the studious and the mortal man, who does not know how "to get on". It would, by removing the material handicap of the masses and by giving equal opportunities to all, create such social conditions as would lead to the automatic and natural survival of the types most desired...[T]o preach a high ideal without at the time establishing the means of

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<sup>11</sup> *Ibid.*

<sup>12</sup> *Ibid.*

attaining it, is futile effort. Whatever Eugenics may achieve in the future, it can achieve only with the help of Socialism....<sup>13</sup>

Despite the fact that eugenics and environmentalism were inextricably linked, they have often been understood as contrasting rather than complementary ideologies.<sup>14</sup> Herbert himself rejected the suggestion that the term "eugenics" was conterminous with "race-culture" and accused noted eugenicists like Dr. Caleb Saleeby of "overstepping the confines of true eugenics" by including all modes of race improvement under the same term.<sup>15</sup> Rather, eugenics meant selective breeding, and the inclusion of other social schemes for the betterment of the people could only lead to confusion.<sup>16</sup>

It is evident that within the eugenics movement, at the seat of its formation and from its beginnings, there was dispute over fundamental issues of method and policy. Scientific advance in the new century compelled reconsideration of old methods. Environmentalists criticised eugenicists for overestimating the role of genes in human diversity and ignoring the importance of physical, biological, psychological and cultural factors in influencing the structure or behaviour of animals, including man.<sup>17</sup> The nature/nurture debate evolved as a result of this difference of opinion.

### (iii) *Historiography*

A difference of opinion has also arisen in the historiography of eugenics. In Australia the nature and extent to which eugenic principles informed social policy has been a theme in the work of historians, particularly in the areas of education and health.<sup>18</sup> Some historians have

13 S. Herbert, "Eugenics and Socialism", *Eugenics Review*, vol. II, April, 1910-Jan. 1911), pp. 117, 122,123; This volume is a useful source for identifying dissent among eugenicists in the early period of the Eugenics Society.

14 "Science From an Easy Chair: Eugenics", *Register*, 28 Nov. 1911, p. 10, col. A,B & C.

15 S. Herbert, "Eugenics and Socialism", *Eugenics Review*, vol. II, April, 1910-Jan., 1911), p. 117.

16 *Ibid.*, pp. 116-123.

17 Wilson D. Wallace, "Environmentalism", in Edwin R.A. Selwyn & Alvin Johnson (eds.), *Encyclopaedia of Social Sciences*, (Macmillan, New York, 1931), vol. V, p. 561.

18 C.L. Bacchi, "The Nature-Nurture Debate in Australia, 1900-1914", *Historical Studies*, vol. 19, no. 75 (Oct. 1980), pp. 199-212; Stephen Garton, "Sound Minds and Healthy Bodies: Re-considering Eugenics in Australia, 1914-1940", *Australian Historical Studies*, vol. 26, no. 103, (Oct. 1994), pp. 164-5, 181; Stephen Garton, "Sir Charles MacKellar: Psychiatry, Eugenics and Child Welfare in New South Wales, 1900-

focused on the nature of the eugenics movement generally in Australia and the implications for social policy at particular times. For example, Carol Bacchi's 1980 article, "The Nature-Nurture Debate in Australia, 1900-1914", argues that in Australia debates on the mechanism behind evolution retained a role for environmentalism. At this time, Bacchi argues, Australian eugenicists were scarce and it was only in the immediate pre-war years that a new hereditarian determinism became evident.<sup>19</sup> According to Bacchi the First World War intensified a concern about racial quality that continued throughout the interwar period. Faith in environmentalism as a mechanism of social reform, Bacchi argues, was undermined by an increasingly insecure, depression weary middle class.<sup>20</sup>

Mary Cawte has questioned Bacchi's assessment that eugenics in Australia contained leanings that were environmental rather than hereditarian. Bacchi's concentration on the period 1900-1914, Cawte argues, excludes consideration of hereditarian influences in the conflict between British invaders and Aboriginal inhabitants and the campaign for the segregation and sterilisation of the unfit after World War I.<sup>21</sup>

Stephen Garton, in his work on child welfare in New South Wales between 1900 and 1914 and the mental hygiene movement in inter-war Australia, also challenges Bacchi's thesis but on opposite grounds. Firstly, Garton argues, eugenics *was* influential among a small but important reform elite in Australia before 1914. Secondly, rather than a loss of faith, inter-war reform movements retained their strong strand of environmentalism.<sup>22</sup> Thirdly, Garton rejects the implication that single dominant themes, such as optimism and pessimism, shaped ideologies and

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1914", *Historical Studies*, vol. 22, no. 86, (April 1986), pp. 21-34; David McCallum, *The Social Production of Merit; Education, Psychology and Politics in Australia 1900-1950*, London 1990; David Walker, "Mind and Body", in Bill Gammage and Peter Spearritt (eds.), *Australian 1938*, Sydney 1987, pp. 223-34; Alison Turtle, "Education, Social Science and the Commonwealth", in R. Macleod (ed.), *The Commonwealth of Science*, (Melbourne 1988), pp. 222-46; Ann Curthoys, "Eugenics, Feminism, and Birth control: The Case of Marion Piddington", *Hecate*, vol. 1, (1989), pp. 73-89.

19 Bacchi, "The Nature-Nurture Debate in Australia," pp. 199-200  
20 *Ibid.* pp. 200, 209-11.

21 Mary Cawte, "Cranometry and eugenics in Australia: R.J.A. Berry and the Quest for Social Efficiency", *Historical Studies*, vol. 22, no. 86, (April 1986), p. 35.

22 Stephen Garton, "Sound Minds and Healthy Bodies: Re-considering Eugenics in Australia, 1914-190", *Australia Historical Studies*, vol. 26, no. 103, (Oct. 1994), pp. 164-5,181; see also Garotn's article "Sir Charles MacKellar: Psychiatry, Eugenics and Child Welfare in New South Wales, 1900-1914," *Historical Studies*, vol. 22, no. 86, (April 1986), pp. 21-34.

responses in a particular period. Such perspectives ignore the "complex and contradictory" nature of cultures and the fact that ideas for social reforms and science could be "contested terrains."<sup>23</sup> Forthly, the position that eugenics was as vulnerable to social attitudes as other disciplines, argues Garton, is contestable and misleading. The assumption that social philosophies such as liberalism and conservatism shaped and manipulated scientific theory has lead to the artificial polarisation of liberal environmentalists and conservative eugenicists.

Rather, Garton argues, the ideas of liberal environmentalists and conservative eugenicists were not polemical but shared a common framework of analysis about the causes of degeneracy and the construction of "deficiency".<sup>24</sup> Further, Garton argues, many involved in the movement found themselves on a continuum upon which, depending on context and contingency, they could occupy more than one position. Acknowledgement of the ambiguity of some reformers is useful for explaining how liberal reformers came to develop authoritarian forms of social intervention in the twentieth century.<sup>25</sup>

Although these articles are in conflict as far as the influence of eugenics in Australia is concerned, its popularity among some groups and rejection by others is a central theme of the historiography on the subject. In Australia, declining and differential birth rates, the physical fitness of soldiers defending the empire, and the spread of contagious disease, drove populist responses. However, it was two sets of recommendations presented at the Australasian Medical Congress in Sydney in 1911 concerning the care and control of mental defectives and venereal disease in Australia that gave national resonance to international concerns. When we turn to Adelaide and the compulsion debate there we find that many of Garton's arguments are borne out.

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<sup>23</sup> Garton, "Sound Minds and Healthy Bodies," p. 165.

<sup>24</sup> *Ibid.*

<sup>25</sup> *Ibid.* pp. 166,181.

*(iv) Adelaide eugenics*

Although schemes involving the sterilisation of the unfit and the extermination of the mentally ill and habitual criminals were popular in some American states, they were not seriously entertained in Britain.<sup>26</sup> In Adelaide such schemes were advocated by some prominent figures within the social hygiene movement. For example, Reverend Joseph Coles Kirby, social reformer, advocate of women's right and crusader against the Contagious Diseases Acts, advocated the compulsory sterilisation of the mentally unfit in a letter to *The Advertiser* in June, 1911. According to Kirby, the underlying question was:

Shall we slow that dreadful multiplication or allow our race to "perish as drivelling idiots in the course of a few generations"... I am forced to conclude that under proper restriction compulsory sterilisation under strict regulations ought to be put in force for the preservation of our nation and to prevent the birth of unfortunate beings, who if born, can only have a miserable life forced upon them.<sup>27</sup>

The Australasian Medical Congress held in Sydney in 1911 offered other options where the control of mental defectives was concerned. A committee was appointed by the psychological medicine and neurology sections consisting of representatives of each state of the Commonwealth and New Zealand. The Local Committee, including Dr. Robert Henry Pulleine representing the eugenics committee, initiated a scheme to ascertain the number, distribution, and degree of disability of feeble-minded persons in the state. With the aim of making the lives of feeble-minded children happy and safeguarding the community, the Committee hoped to gain public acceptance for the "enlightened methods" employed in Europe and America such as "special classes", "after-care committees", and "permanent care colonies".<sup>28</sup>

Such recommendations drew public support from some sections of the community. Articles and letters to the editor of the major daily

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<sup>26</sup> G. R. Searle, *Eugenics and Politics in Britain*, (Noordhoff International Publishing, Leyden, 1976), p.92.

<sup>27</sup> "Multiplication of the Unfit", *The Advertiser*, June 12, 1911, p. 6, col. I. .

<sup>28</sup> "Helping the Feeble-"inded, *The Advertiser*, 2 Sept. 1912, p. 10, col. G.

newspapers revealed the belief that sterilisation was unnecessary, unchristian and unattainable.<sup>29</sup> In 1912 Parliament debated a bill providing for the care and education of mental defectives.<sup>30</sup> While members of parliament recognised the need to prevent the propagation of the mentally unfit, they believed that the Bill was not an appropriate manner in which to deal with it. The controversial nature of such a measure was likely to cause dissent and interfere with the object and passage of the bill.<sup>31</sup> The Mental Defectives Act 1913, although drawn from the New Zealand Act, did not include a classification for the feeble-minded in the definition of mental defective. Nor did it include epilepsy in the definition of mental deficiency.<sup>32</sup> When the policy reached the statute books it reflected little in the way of eugenic principles.

This did not mean that the interest in eugenics was diminishing. In his 1915 correspondence with *The Register*, the Reverend Joseph Coles Kirby argued that the regulation of vice was not the answer and anyone advocating it "should be shot." Not deterred by the rejection of eugenic principles, Kirby argued for the education of the young on the subject of racial purity as a foremost means of checking the venereal diseases. What was needed in place of compulsion, or in Kirby's terms, "the regulation of vice," was a generation of instructed fathers and mothers who could instruct their children at the proper time.<sup>33</sup> If there was a real desire to diminish syphilis, Kirby argued, then steps should be taken to deal with the feeble-minded. Incapable of self-control and "great suppliers of disease", their segregation or sterilisation, or both, would be most efficacious.<sup>34</sup>

The majority of loose women, argued Kirby, were feeble minded and it was a crime to allow them to become mothers. Furthermore, males

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29 "The Feeble-Minded", *Advertiser*, 8 June. 1911, p. 12, col. A; "Multiplication of the Unfit", *Advertiser*, 9 June 1911, p. 6, col. D; "The Feeble-Minded", *Advertiser*, 13 June 1911, p. 6, col. C; Letter to the Editor, "Multiplication of the Unfit," *Advertiser*, 17 June 1911, p. 7, col. B; "The Unfit," *Advertiser*, 25 Nov. 1911, p.18, col.E; "Rescue Society," *Register*, 29 Nov. 1911, p. 5, col. B; Letter to the Editor, "The Feeble-Minded", *Advertiser*, 3 Sept. 1912, p. 15, col. E.

30 "Helping the Feeble-Minded," *Advertiser*, 2 Sept. 1912, p. 10, col. G.

31 "Mental Defectives Bill," *SAPD*, 5 Nov. 1912, p. 317.

32 Mental Defectives Act 1913, *SAAP*, no. 1122, 1913.

33 Letter to the Editor from J. C. Kirby, "Education on the Racial Nature", *Register*, 2 Aug. 1915, p. 9, col. F

34 *Ibid*; Letter to the Editor from Rev. J. C. Kirby, "Venereal Disease," *Register*, 11 Sept. 1920, p. 12, col. E.

should be segregated as they were the "abundant propagators of enthetic diseases" and would take no notice of the law "without you shut them up and sterilize." Kirby called for the permanent segregation and sterilisation of feeble-minded men who had a "mania for exposure and meddling with little girls." Furthermore, a man who married knowing himself to be infected should be liable to imprisonment. Conviction of either party should nullify the marriage, while conserving the rights of children.<sup>35</sup>

Many in Adelaide intellectual and medical elite believed in eugenic principles. As Carol Bacchi has pointed out, W. Jethro Brown's book *The Underlying Principles of Modern Legislation* (1912) provides a comprehensive treatise on the philosophy supporting the eugenic case.<sup>36</sup> A Professor of Law at the University of Adelaide, Brown also recommended, in the view of what he regarded as prevailing misguided philanthropy and *laissez faire*, a consideration of the true meaning of liberty and the requirements and responsibilities of individuals towards the society in which they live. Liberty, Brown argued, seeks freedom "not for *some* men... but for *all* men." The concept of liberty that legislation should promote, for Brown, was "less the power to do as one likes than the power to do as one ought." In a truly progressive society, Brown declares, "law and liberty grow together."<sup>37</sup>

However, in his preface, Brown acknowledged the difficulties that attend the translation of theory into practice. He wrote that in stating the principles that underlie the course of legislation, his purpose had been "scientific," not "political"- and did not attempt to "solve the problems with which statesmen have to deal."<sup>38</sup> These problems were fundamental, however, to the development of social policy and recommended the controversial status that some reforms "enjoyed". In any study of the socio-political history of venereal disease control, the question of civil liberties,

35 Letter to Chief Secretary Bice from Rev. J. C. Kirby, Semaphore 1920, SRSA GRG 24/6/1920.

36 Bacchi, "The Nature-Nurture Debate in Australia," pp. 199-212; W. Jethro Brown, *The Underlying Principles of Modern Legislation* (Edinburgh Press, London, 1912).

37 Brown, *The underlying Principles*, pp. 64-9.

38 *Ibid.* p. vii.

social responsibility and state regulation remain the central themes that define responses and augur controversy.

*(v) Adelaide Eugenic and venereal diseases control*

Between 1911 and 1914, Adelaide eugenicists endorsed a number of proposals put forward at national and international forums with the intention of influencing legislation at the local level.<sup>39</sup> The most public articulation of eugenic principles in Adelaide was delivered under the auspices of the South Australian Branch of the British Science Guild. The concerns of the British Science Guild ranged from the national to the domestic. At the inauguration of the Guild, the elite of Adelaide society were represented. Vice Presidents included political and ceremonial figures such as the Governor, the Premier, the Minister for Education and the Chief Secretary. Representatives from cultural institutions and organisations included the Presidents of the Board of Governors of the Public Library, of the School of Mines, of the South Australian Branch of the Royal Geographical Society, of the Zoological and Acclimatization Society, the Director of Education and the Chancellor of the University of Adelaide among others. The General Committee comprised a number of Adelaide notables and several members of the medical profession.<sup>40</sup>

At the inaugural meeting of the South Australian Branch of the British Science Guild on the July 18, 1910, the President, Edward Charles Stirling, declared that success in every human pursuit depended chiefly on science and scientific methods. Inspired by the rise of formidable rivals such as the United States, Germany and Japan, Stirling saw science as the

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<sup>39</sup> In 1911 *The Aborigines Act* was passed in order to provide for the better protection and control of Aboriginal and half-caste inhabitants in South Australia. Clauses included provisions by proclamation by the Governor, for the establishment of lock-hospitals and the compulsory examination and detention of Aborigines and half-castes suspected of suffering a contagious disease including venereal disease. However, in the period covered by this chapter such hospitals were not established. *The Final Report of the Royal Commission on The Aborigines* recommended that another Bill be drafted to provide for the compulsory notification to police of cases of venereal diseases among Aborigines. The report also recommended the treatment of Aborigines in existing hospitals and declared that they were not in a position to recommend the establishment of a lock hospital. Despite the direct references to venereal disease and allusions to maintaining the purity of the aboriginal race in parliamentary debates associated with this legislation, close examination of this issue at this point is beyond the confines of this thesis. *The Aborigines Act, 1911, SAAP, no. 1048.; SAPP, no. 21, 1916., pp. v-vi.*

<sup>40</sup> "British Science Guild: Successful Inauguration", *The Register*, 19 July, 1910, p. 9, col. C.



solution to maintaining the undisputed industrial supremacy enjoyed by the British 'race'. South Australia, Stirling argued, may also benefit from a better knowledge and understanding of scientific principles. The primary object of the Guild was to "bring before the Government the Scientific aspects of all matters affecting the national welfare." In this role the Guild represented a movement to educate the public, Governments and political parties to the value of science in the development of the British Empire.<sup>41</sup>

Although the Guild did not initially articulate explicit eugenic sympathies, it was not long before such principles became the primary concern of some members. In 1911 five members of the medical profession representing a cross section of expertise and qualifications became the signatories to a report by a sub-committee, appointed by the Guild, inquiring into "How far the Science of Eugenics should be Applied to Social Conditions" in South Australia. Doctors Reissmann, Physician in Charge of the Consumptive Department of the Adelaide Hospital, Dr. E. Angus Johnson, Medical Officer of Health, Pulleine, Newland (later, Sir Henry Simpson Newland) and Marten were supported by politicians T. H. Smeaton and W. A. Magarey.<sup>42</sup>

After eleven weeks of evidence and deliberation, the Sub-Committee presented its report. Their recommendations, the Committee asserted, were not new "save in scope and detail" and represented merely an extension of existing laws. For example, the Committee urged criminalisation of illicit intercourse by or with persons defined as eugenically unfit, the permanent institutionalisation of habitual criminals and sex perverts, and punishment for those attempting to evade detection by giving false evidence. In the view of the Committee, more "drastic" measures were called for but the present state of public opinion, the Committee argued, demanded moderation.

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<sup>41</sup> Minutes of The British Science Guild South Australian Branch Objects and Constitution (pamphlet). ML SRG 28/1 1910-1924.

<sup>42</sup> Except for Young where there is no entry, see *The Medical Directory of Australia, New Zealand, etc., 1915*, (Butterworth & Co., Sydney, 1915) as well as *Knox's The Medical Directory for Australia, 1935*, Errol G. Knox (Sydney, 1935)

The restraint of propagation by individuals afflicted by serious physical or mental infirmities formed the basis of the recommendations. A separate register of "Eugenic Diseases" was recommended and the existing system of notification of infectious diseases applied to them. This new category of disease included tuberculosis, epilepsy, insanity, syphilis and gonorrhoea, confirmed criminal tendency and confirmed alcoholism.<sup>43</sup> Any person applying for a marriage licence would be first checked against a "Eugenic Register". The licence would be withheld from the applicant until a certificate of cure was provided by two medical practitioners. In the case where a couple were determined to marry despite the eugenic unfitness of one or both, a certificate of "inability to propagate" would be issued after the unfit applicant had voluntarily submitted to an operation of "partial sterilisation". The Committee appealed to the citizen's sense of racial responsibility by arguing that restraint of persons afflicted with a "Eugenic Disease" was "the highest form of patriotism."<sup>44</sup>

Whether the report was accepted or rejected depended on the influence of a number of key individuals like Stirling and the ubiquitous William Ramsay Smith. Stirling's career credits included, Fellow of the Royal College of Surgeons, Honorary Fellow of the Anthropological Institute, Professor of and Lecturer in Physiology, Consulting Surgeon at the Adelaide Hospital and Director of the South Australian Museum. In 1905 he served as President of the Australasian Medical Congress, held in Adelaide.<sup>45</sup> In his inaugural speech before the Congress Stirling alluded to the value of natural selection and expressed sympathy with the principles of negative eugenics. Stirling believed that while the physical deterioration of the race was the result of many inter-related factors, the progress of medical science had been partially responsible for racial degeneracy. Saving and prolonging the lives of those who were "physically or mentally

<sup>43</sup> *Race Building: S.A. Branch of British Science Guild: Work of the Local Branch*, Reprinted from *The Mail*, Adelaide, 1916. pp. 19-21.

<sup>44</sup> *Ibid*; "Eugenics and Social Conditions," *The Advertiser*, 11 Nov 1911, p. 7, col. H & I; "Eugenics Debated," *Register*, 7 Nov. 1911, p. 7, col. E.

<sup>45</sup> *The Medical Directory of Australia, New Zealand, etc., 1915*, (Butterworth & Co., Sydney, 1915), p.347.

unsuited to be parents of a healthy race", Stirling believed, exposed the "eternal disharmony" between the work of the social, political, and technical systems, of hospitals and asylums, and the efforts of "unaided nature". Thus the elimination of the unfit for the purpose of racial improvement and the survival and perpetuation of its best had been thwarted by the ability of medical advancement to interfere with the process of natural selection.<sup>46</sup>

William Ramsay Smith was educated in Edinburgh, and served as Assistant Professor of Natural History and Senior Demonstrator of Zoology, Demonstrator of Anatomy at the Edinburgh School of Medicine and Examiner at the Royal College of Physicians in Edinburgh. Having arrived in Adelaide in the midst of a medical scandal, he served as an Honorary Physician at the Adelaide Hospital between 1896-1903, City Coroner, Chairman of the Central Board of Health and Permanent Head of the Health Department from 1899-1929. In 1905 and 1906 Smith was appointed by the Commonwealth to inquire into and report on diseases in the South Sea Islands and East India. He represented the Commonwealth at the Fifteenth International Congress of Hygiene in 1912. Smith published *A Manual for Coroners* in 1912 and other pamphlets on Aborigines and infectious diseases, most notably *The Compulsory Notification of Pulmonary Tuberculosis* in 1913. He also served in the Boer and First World Wars and was an Honorary member of the Association of Military Surgeons, U.S.A.<sup>47</sup>

Smith's own views on racial improvement were long-standing and more consistent with environmentalism than positive eugenics.<sup>48</sup> In 1898, before the Adelaide Criminological Society, Smith presented a lecture with

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46 President's Inaugural Address (E.C. Stirling) "Medical Science and Social Problems", Australasian Medical Congress Seventh Session, Adelaide, 1905, p. xxxvii.

47 Knox's *The Medical Directory for Australia, 1935*, (Errol G. Knox, Sydney, 1935), p.307. The details of the scandal surrounding Smith's arrival have been recorded elsewhere. For example, J. Estcourt Hughes, *A History of the Royal Adelaide Hospital*, (Board of Management of the Royal Adelaide Hospital, Adelaide, 1982), Chapter 8.

48 "Eugenics and Social Conditions," *Advertiser*, 11 Nov, 1911, p. 7, col. H & I

the title "The Practical Aspects of Heredity and Environment".<sup>49</sup> In this lecture, Smith argued that environment and not heredity produced the criminals. In 1912, Smith produced a pamphlet, "On Race Culture", in which he urged continuing research into "all that is best in the life and well being" of the citizens of the state. To this effect he offered a number of recommendations including a proposal for an anthropometric survey of school children. He suggested that in the case of such a survey the opportunity should be taken to collect data bearing on child labour both at home and in the wider labour market, the effects of female employment on motherhood, child-bearing and rearing, and the number and physical and social conditions of criminals and of the "physically and mentally weak."<sup>50</sup> Smith argued that proposals for the sterilisation or prohibition of marriage of those defined as eugenically unfit were grounded on the assumption that such people are bred from similarly affected or afflicted people. In his view, the legal restriction of marriages and the sterilisation of criminals address the problem from the wrong end. Policy based on such assumptions was pernicious as it would "draw our eyes and energies away from what is of paramount importance - the stopping of the sources of supply of our weak-minded and degenerate."<sup>51</sup>

Despite reassuring the Committee that he was "with them all the whole way with eugenics," it was not surprising that Smith, leading the General Committee and supported by Stirling, rejected the report of the Sub-Committee in 1911. Smith accused the Committee of employing too narrow a definition of eugenics by concentrating exclusively on "negative", with no consideration of "positive", eugenics. He argued that the significance of environmental and social factors such as factory and housing sanitation, the ramifications of the competition between women and men

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49 "Criminological Society," *Adelaide Observer*, 30 Oct. 1897, p. 45, col. C; "Criminological Society," *Adelaide Observer*, 10 Sept. 1898, p. 16, col. C. This Society was separate from the Prisoner's Aid Society who were determined not to lose their identity after overtures for the Criminologists. See Minutes of the Prisoner's Aid Society, ML SRG 244/1, 14/10/1898.

50 William Ramsay Smith, "On Race-Culture and the Conditions That Influence South Australia," (*Adelaide*, 1912), p.24.

51 *Ibid.* p.22.

in the work place, and the merit in recommendations by the Australasian Medical Congress of that year regarding the medical inspection of school children had also been ignored. Furthermore, before the Committee could urge legislation, Smith cautioned, it ought to have its facts and arguments backed up by science. In any case, in his view there was little hope, he argued, of forcing drastic legislation without a movement for the general study of eugenics.<sup>52</sup>

The Committee believed it had made a proper beginning in forming the basis of immediate practical legislation.<sup>53</sup> Smith's remarks, the committee complained, were "a little beside the point". It explained that it had approached the question literally and therefore the recommendations had to be considered within the context of present-day scientific development. Resolving not to enter into the matter of positive eugenics, the sub-committee argued that the science of racial improvement had not developed beyond the branch known as negative eugenics and should not be confused with hygiene.<sup>54</sup> If social policy based on eugenic principles had only been concerned with silkworms and not human beings, many objections could be avoided. Indeed, "for the practical purpose of eugenics, man had to be considered as an animal."<sup>55</sup>

Despite this rebuke, the British Science Guild found some support from organisations that saw themselves at the coal face in issues relating to the health and welfare of women. The Adelaide Rescue Society, an organisation comprised of women from various religious bodies, turned their attention to the care and control of the feeble-minded and the "crusade" against venereal disease. Neglect and *laissez faire*, the Society claimed, were destined to end in race deterioration and there was no better time to deal effectively with certain social questions. Indeed, courageous action was called for in a "crusade of hope" against the spread of venereal

<sup>52</sup> "Eugenics and Social Conditions," *The Advertiser*, 11 Nov. 1911, p. 7, col. H & I; "Eugenics Debated," *Register*, 7 Nov. 1911, p. 7, col. E.

<sup>53</sup> *Ibid.*

<sup>54</sup> Minutes of The British Science Guild South Australian Branch, letter to the Secretaries from the Sub-committee 13/11/1911, ML SRG 28.

<sup>55</sup> "British Science Guild: Eugenics Discussed," *The Advertiser*, 24 Nov. 1911, p. 10, col. F.

disease. Venereal disease, declared Mrs. Walter Wragge, wife of a prominent clergyman, must be seen as "the enemy of God and of our nation." At the beginning of its history, Australia had a great opportunity. Preventative work should begin immediately if this "new country" is to be spared repetition of the "mistakes and sorrows of the old world."<sup>56</sup>

Wragge declared that wilful ignorance on matters of such vital importance was not purity, but rather "vulgarity of mind." If venereal disease could be brought into the open, it would be shown to be curable but preventable.<sup>57</sup> Furthermore, Wragge argued, the idea that the individual possesses an inalienable right to be ill if he chooses should no longer be tolerated. Proposals should avoid exaggeration and be informed by "the wisest heads" and "intelligent public opinion." Lock hospitals, special wards and contagious diseases acts had been tried and failed and no consideration could be given to legislation that applied to one sex alone.<sup>58</sup>

Accordingly, at the annual meeting the Society made a number of resolutions. The Committee resolved to urge the Government to make provision for the prolonged detention of feeble-minded girls in cottage homes and pass the necessary legislation to give power for their detention. The Government was also pressed to provide a hospital for the compulsory treatment of all persons suffering from contagious diseases. The Committee urged that these resolutions be discussed by "experienced persons" and in consultation with the Eugenics Committee of the British Science Guild.<sup>59</sup> The resolutions were supported by Lady Holder, President of the National Woman's Christian Temperance Movement.<sup>60</sup> It appeared that to some individuals at least the Eugenic Register was an alternative to a contagious act.

In the opinion of some groups, such demands could be met by adopting the recommendations made at the Medical Congress. These

<sup>56</sup> "Rescue Society", *Register*, 29 Nov. 1911, p. 5, col. B.

<sup>57</sup> Mrs. Walter Wragge, "Two Urgent Social Problems: An Address given at the Annual Meeting of the Adelaide Rescue Society", 28 Nov. 1911. (Adelaide, 1912).

<sup>58</sup> *Ibid.*

<sup>59</sup> "Social Reform", *Register*, 7 Nov. 1911, p. 6, col. F.

<sup>60</sup> "Rescue Society", *Register*, 29 Nov. 1911, p. 5, col. B.

involved the confidential notification by number of every case of venereal disease to a central authority; compulsory treatment until no longer infectious; greater availability of accommodation in special wards, out-patient departments and in general hospitals, rather than in special hospitals; the legal proscription of treatment for venereal diseases by unqualified person; the criminalisation of those knowingly transmitting venereal diseases; the introduction of legislation similar to the Prisoners' Detention Act as in New South Wales; and the notification of still births.<sup>61</sup>

These recommendations were to feature in the agenda of a number of deputations to the Government over the next two years. One such deputation to the Premier, A. H. Peake, in September 1913 was presented by Mr. J. Delehanty, Secretary of the Social Reform Bureau, and Reverend Joseph Cole Kirby. The secretary of the Bureau presented a memorial that drew attention to the "great agitation" in Melbourne, a public memorial in London signed by eminent medical practitioners, and the "loud call" in the Adelaide Press that something should be done to eradicate venereal disease. The deputation recommended that instruction of a racial nature and the "ills to which it is liable" be given to the young. Kirby suggested a scheme of education that incorporated home visitation. Despite Kirby's reluctance to sanction compulsory notification, the deputation urged the Government to consider the resolutions passed at the Australasian Medical Congress.

The Premier was not convinced. In response, he accused the deputation of looking at the problem from a physical point of view and challenged the possibility that venereal disease could be eradicated. While it might be possible to "drive the disease back within certain limits", the Premier argued, complete eradication would be thwarted by persistence of the "same moral forces." As the suppression of brothels had not led to the suppression of immorality or the diminution of the spread of venereal disease, the Premier urged the deputation, if their help was to be effective,

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<sup>61</sup> Resolution of the Australasian Medical Congress Ninth Session, 1911.

to take the moral side. Alerting mothers to the physical and a moral side of the problem would "do more than all the doctors can do." These two causes of venereal disease would remain "until humanity is different to which it is to-day."<sup>62</sup>

Such an assessment of the nature of humanity at this time calls into question the usefulness of social control theory. Peake's pessimism was characteristic of the response of legislators and some influential members of the medical profession at this time. It was evident there was a belief that racial education could not be relied upon to influence behavioural change. This belief persisted among the protagonists in the venereal diseases control debate. But this did not mean that hard line eugenicists were prepared to give up the fight and they continued to suggest policy change in the months leading up to the out break of the First World War.

*(iv) The Second Sub-Committee*

Rather than this being the last word, a second Sub-Committee was appointed by the British Science Guild in 1914. This committee was appointed to enquire into the prevalence of venereal disease in South Australia. Four medical men, Frank Sandland Hone, Constantine Trent Champion de Crespigny, Harold Rischbieth and Henry Simpson Newland made up the Committee. Only Newland had participated in the earlier enquiry into eugenics and social conditions. The prevalence report was based on statistics supplied by a number of sources. These included the Annual Reports of the Registrar of Deaths, cases of venereal disease admitted to the Adelaide hospital, reports from post-mortem examination, the Departments of Dermatology and Gynaecology of the Adelaide Hospital, the Ophthalmic Out-Patient Department, the Parkside Lunatic Asylum, the Institution for the Blind, Deaf and Dumb at Brighton, several country hospitals and a number of Adelaide specialists. The interim report was

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<sup>62</sup>"Social Purity: Deputation to the Premier," *Advertiser*, 24 Sept. 1913, p. 5, col. A & B.



careful to point out that the figures gathered would, without qualification, overstate the problem in Adelaide. Indeed the report concluded that there was no way of determining accurately the frequency of venereal disease for the whole population. Even if there were, the report suggested, it would be of little value because much of the data was supplied by public hospitals showing an over-representation of certain sections of the community.

Regardless of these difficulties, the Committee published its final report in June 1914. Although there was no mention of the infamous Eugenic Register or of voluntary or compulsory sterilisation, the Committee reasserted their devotion to eugenics and the role it could play in the eradication of venereal disease. The report declared that "in any practical scheme ensuing from the study of eugenics, the problems of the eradication of venereal disease stands in the forefront. For it is probably of the first importance for race evolution, and its solution should not be beyond the powers of the twentieth century."<sup>63</sup> As far as the individual was concerned, the committee believed, this was "his own affair". However, the infectious individual should be controlled and prevented from infecting others. While public education was important, this would do little to eradicate the problem. Furthermore, social and moral questions should be set aside. The problem of the eradication of venereal diseases was "purely scientific" and therefore a problem for the medical man. The Committee concluded by endorsing the recommendations of the Medical Congress in 1911.<sup>64</sup>

However, it was the Congress that provided the loophole for legislators when it urged all Australian states to consider the introduction of the recommendations regarding venereal disease when the time was "ripe."<sup>65</sup> As well as Peake's dismissal of the Social Reform Bureau's deputation in 1913 on the grounds that humanity had not reached a stage where such measures were likely to be effective, arguments against

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<sup>63</sup> British Science Guild, Report of Sub-Committee on Venereal Diseases, (Adelaide) June 1914, p. 4.

<sup>64</sup> *Ibid.* pp. 4&5.

<sup>65</sup> Resolution of the Australasian Medical Congress Ninth Session, 1911.

legislation based on the recommendations came from several levels of authority throughout the period. William Ramsay Smith, as Head Chairman of the Central Board of Health and Permanent Head of the Health Department of South Australia, expressed in 1912 ethical and administrative concerns. Smith proposed to make his own enquiries and to report on what might be done to eradicate these diseases without legalised control and without any interference with the liberties of the citizens. Smith also reiterated his concern that no infectious or contagious disease should be compulsorily notifiable unless and until the sufferers were provided with ready and efficient treatment.<sup>66</sup>

In January 1914, W. G. Coombes, Chairman of the Board of Management of the Adelaide Hospital, declared himself opposed to any form of compulsion in regard to the control of venereal disease. Instead, he advocated ample facilities for free treatment of venereal diseases by the utilisation of existing hospital facilities. This he believed, for the sake of those innocently infected, would prevent patients being stigmatised. Believing that syphilis would lose much of its danger when it was possible to speak openly about the "evil", Coombes also urged increased provision for public education. When the public understood that syphilis was in many cases neither shameful nor a punishment, and when sufferers were aware of the evils they may propagate, they would better understand their duties towards others and towards themselves. Coombes believed that, in the end, agitation, education, kindness and sympathy would bring about a better state of affairs.<sup>67</sup> Similarly, Dr T. Borthwick, in his report to the health committee of the Adelaide City Council in February 1914, pointed to the poor precedent set by attempts in other places to apply compulsion in such circumstances. Referring to measures undertaken interstate as well as overseas, Borthwick pointed to the fact that, so far, compulsory notification of venereal disease had not been a success and doubted whether such a

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<sup>66</sup> Minute to the Chief Secretary from William Ramsay Smith 6/7/1912. SRSA GRG 8/1/346/1911

<sup>67</sup> W.G. Coombes, Chairman of the Board of Management of the Adelaide Hospital, quoted in "Venereal Disease", *Express*, 7 Jan. 1914, p. 4, col. D.

scheme could be enforced in the present state of public opinion. He also suggested an increase in facilities to deal with patients, and a confidential and voluntary system of notification supported by public education.<sup>68</sup>

In July 1914, the government response to the Sub-Committee on Venereal Disease was sympathetic but cautious. The Chief Secretary, Hon. J. G. Bice, acknowledged the value of compulsory and secret notification where it had been introduced in the prevention of other diseases. However, he recognised that the problem of secrecy was at the seat of the whole trouble. People, he said, "preferred almost any affliction rather than let it be known that they were victims."<sup>69</sup> Nevertheless, sympathetic to the plea for urgency, the Chief Secretary promised to recommend before Cabinet that the Sub-Committee of the Guild be requested to co-operate in drafting the necessary legislation.<sup>70</sup> Given these concerns at the local and state level, it seems unlikely that any draft legislation would include measures that would satisfy the Sub-Committee of the Guild.

In its support for the Sub-Committee's report, the Press suggested public apathy and ignorance were the fault of a "professional silence." Furthermore, not enough support was being given to the scientific approach and the problem was ignored by legislators because it was not a political issue. As a consequence, South Australia was beginning to "lag behind" the rest of the country.<sup>71</sup> There was praise for the medical men who in their "humane and patriotic task" urged the Government to combat venereal disease on "approved scientific lines".<sup>72</sup> Thus the call for progress through science, and the call for patriotism through social responsibility, were combining to articulate a particular response. Within a month of the report being published, World War I had begun. For a brief period, while Australians were distracted by greater events, this is where the matter rested.

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68 "Venereal Diseases: Report of Medical Officer," *Express*, 9 Feb. 1914, p. 1, col. H.

69 "Hidden Scourge", *Advertiser*, 18 July 1914, p. 18, col. A.

70 "Social Diseases", *Register*, 18 July 1914, p. 14, col. C

71 *Ibid.*

72 *Ibid.*

*(vii) Conclusion*

Carol Bacchi has argued that the nature/nurture dispute in Australia reveals that eugenics was a populist science characterised by an environmental strand. However, in Adelaide, consistent with the protestations of British eugenicists, the sub-committees of the British Science Guild rejected schemes for racial improvement that were based on anything other than hereditarian theory. In Adelaide, the philosophical distance between eugenicists and environmentalists was based on the grounds of practicality as much as ideology. Positive eugenicists like William Ramsay Smith, who defined their commitment to racial improvement as 'race-culture', rejected the tenets of negative eugenicists on the grounds that it was unworkable.

While eugenics was popular among a section of Adelaide society, in the early twentieth century, whether this group constitutes a reform elite depended upon their level of influence. Despite including eminent advocates from the medical profession and the clergy, eugenicists failed to establish a new era in public health policy based on eugenic solutions. It is arguable, however, given the practical concerns of authorities, that the reluctance to support a system of compulsory notification in the context in which it was presented to the Government at this time translates into a vote for environmentalism. There were more options than that of eugenicist or environmentalist. Thus, the demarcation between conservative eugenicists and conservative environmentalists is less clear than suggested by Bacchi. Furthermore, while it is possible that public opinion directed the modification of eugenic principles and remained sympathetic to the movement, it is not likely that it influenced actual policy. Schemes for the sterilisation of the eugenically unfit, whether voluntary or compulsory, were a divisive issue for the eugenics movement.

On the eve of the First World War the Eugenics Committee of the South Australian Branch of the British Science Guild looked to the future with a sense of controlled optimism. The eradication of venereal disease had become the flagship of the Adelaide eugenics cause and the Guild called on all levels of society to take up the challenge. With new points of reference for old problems the call for a patriotic response to racial degeneration took on greater resonance. The next chapter looks to the First World War as an instrument of legislative change in venereal diseases control.

# 4

## 'Outweighing the public weal' 1915-1920

Since the war broke out Australian citizens who may have volunteered for service abroad and returned invalided with venereal disease are notified by name, not number, and are kept in hospital until cured ... But what is the secret solvent in active service abroad that magically disperses the objections to notification that in the case of the ordinary citizen outweigh the public weal?<sup>1</sup>

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### (i) Introduction

In early 1919 the *Medical Journal of Australia* accused South Australia of alone resisting "what the majority regard as the most promising and most rational means for limiting the ravages of these widespread and extremely serious diseases."<sup>2</sup> Solutions such as the eugenic register, sterilisation and permanent detention of the unfit plunged the issue of venereal diseases control into more controversy than was useful in the development of practical and socially acceptable policy in Adelaide. This chapter argues that issues of practice rather than principle was decisive in preventing the enforcement of compulsion at this time. A primary factor was the divergence of opinion on the issue of venereal diseases legislation during and immediately after the First World War. By the end of 1920, the South Australian Venereal Diseases Act had been passed with surprisingly little debate, but the real issue became proclamation.

Judith Smart argues, in the debate over greater control of venereal diseases sufferers, that the victors were the "proponents of medical hegemony" and that the proclamation and enforcement of the Victorian Venereal Diseases Act 1916 represented a "rout" of feminist hopes for modifying the patriarchal state.<sup>3</sup> The extent and influence of the medical

1 Frank S. Hone, "The Present Position of Notification of Disease in South Australia", *Medical Journal of Australia*, 29 May, 1915 p. 507.

2 "The Prophylaxis of Venereal Disease", *Medical Journal of Australia*, 22 March 1919, p. 240.

3 *Ibid*, pp. 34, 36.

profession in the development of health policy for the control of venereal diseases in the Adelaide experience reveals a different situation. The debate in Adelaide was divided between compulsionists and non-compulsionists. Both sides of the debate included doctors, parliamentarians, women's organisations, eugenicists and members of the clergy. In contrast to Victoria, where Smart has argued that the war "encouraged coercive and authoritarian solutions", South Australia in the early years of the war offered little chance of new legislation providing for the compulsory notification of venereal diseases. In fact, circumstances associated with the war thwarted efforts to establish a scheme comparable with other states, and solutions reverted to the control of prostitution rather than direct attacks on the diseases themselves.

*(ii) Venereal Disease and the Great War in Adelaide*

During 1915 the Government made an effort to determine the prevalence of venereal diseases among the civil population. Adelaide and suburban general practitioners were requested to supply the number of venereal cases they had treated. According to a rough estimate, within a radius of 10 miles from the Adelaide G.P.O. There were 454 male and 190 female cases of gonorrhoea. The number of cases of syphilis were 256 and 94 respectively. Beyond the limits of the city there were 207 male and 26 female cases of gonorrhoea and 56 male and 15 female cases of syphilis. The total number of cases, 1,305, was considered a very conservative estimate, as not all the practitioners contacted had responded and the numbers treated by unqualified practitioners and others remained undetermined.<sup>4</sup>

However, it was rumours in early 1915 that ten per cent of the whole Australian First Expeditionary Force had contracted venereal disease and were being invalided back to Australia that drew swift responses. The possibility that Adelaide medical services could be overrun with venereal

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<sup>4</sup> "Venereal Diseases in South Australia", *Register*, 18 July, 1916, p. 4, col. D. An attempt by the South Australian Branch of the British Science Guild to discover similar statistic for the entire State was not mentioned.

cases compelled the Chief Secretary to make inquiries regarding the supply of Salvarsan in the state. Apart from two tubes among the stock of a King William Street Chemist, the Adelaide Hospital's supply of a mere two dozen tubes of Salvarsan and one dozen tubes of Neo-Salvarsan amounted to the entire state supply, with no known likelihood of replenishment for some considerable time.<sup>5</sup> Dr. A. W. Hill, Acting Chairman of the Central Board of Health for South Australia and Commanding Sanitary Officer of the 4th Military District, made public assurances in the press that in military camps in South Australia weekly venereal inspections were made in the interests of early detection and treatment. Soldiers were not discharged from the force if there was a possibility of cure in a reasonable time, and if they were discharged, they were not allowed to mix with other people until they were considered non-infectious.<sup>6</sup> The Department of External Affairs dismissed the suggestion that returning soldiers suffering venereal disease might be detained under the Immigration Act. Rather the problem was one for the Department of Defence.<sup>7</sup>

While a member of the Army Medical Service declared the news was "not much of an advertisement for Young Australia's morals", Minister for Defence, Rt. Hon. George Foster Pearce tried to play down the situation. Speaking in Adelaide, Pearce said it was natural that large assemblies of men who met temptation at every turn and without the restraints provided by a wholesome home life, should furnish a considerable part of the problem.<sup>8</sup> Furthermore, Pearce argued, no information existed within the Department of Defence to show that the promiscuous behaviour of the First Expeditionary Force in Cairo was anything "more than occurs in big garrison towns everywhere", and the people of Australia should not gain a notion that our troops were "more than ordinarily bad in that respect". Only a small proportion of men, Pearce assured, were being sent back as a

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5 Note from the Chief Secretary, February 11, 1915. SRSA GRG78/1/1915/77

6 "Plain Speaking: The Social Evil attacked," *Register*, 16 Feb. 1915, p. 6, col. C.

7 Letter from Mahon (Minister for External Affairs, Melbourne) to The Hon. P. McMahon Glynn, M.P. Adelaide, 4 Feb. 1915. SRSA GRG 8/1/1915/7

8 "Plain Speaking: The Social Evil attacked," *Register*, 16 Feb. 1915, p. 6, col. C.



consequence of bad behaviour and the majority were being invalided home through sickness or accident. The number of those suffering venereal disease was a very small percentage of those returning, and in any case, the Department was "taking steps" to see that infected soldiers did not mingle with the general community until they were cured.<sup>9</sup>

Despite such public assurances, the Chairman of the Central Board of Health in Adelaide sought a definite statement that no members of the Australian Imperial Forces returning from abroad suffering from Venereal Diseases would be landed in the state.<sup>10</sup> However, given that detection of all venereal cases could not be achieved at this time without examination of blood by an "elaborate and delicate process", still of questionable reliability, such assurances were viewed as not "practicable". The Department *could* confirm that no man would be returned from abroad to South Australia known to be suffering from Venereal Disease unless his case was one that would not yield to treatment. The Department of Defence pleaded that it could not be reasonably expected to do more.<sup>11</sup> Therefore, South Australia was forced to depend on the vigilance of health officials in the Victoria and New South Wales.

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9 Minister of Defence (Rt. Hon. George Foster Pearce) speaking in Adelaide and quoted in "War's Serious Aspect," *Advertiser*, 5 March 1915, p. 7, col. H.

10 Letter from P. Bollen, Medical Officer of Health, Local Board of Health for the City of Port Adelaide to Dr. E.W. Morris, Port Adelaide 15/2/1915; Letter from Central Board of Health to The Commandant, 4th Military District, Military Headquarters, Keswick, 11 March 1915. SRSA GRG 8/1/1915/77

11 Letter from Acting secretary, Department of Defence, Melbourne, 27 March 1915, to Chairman, Central Board of Health, Adelaide. SRSA GRG 8/1/1915/77

(iii) *Venereal diseases, the War and prostitution*

Despite these fears, in mid 1915 the South Australian Government remained reluctant to commit to legislation that dealt exclusively with venereal diseases. However, there was a pragmatic dialogue developing around the issue of prostitution. Up until this time the state had relied on the suppression of brothels as the vanguard against venereal diseases. Reports by disgusted Adelaide citizens of prostitution being carried on openly in the streets continued to appear in the press. Anonymous accusations that even the most vigilant efforts of the police were thwarted by the apparent indifference of superior officers also persisted.<sup>12</sup> The *Register*, in somewhat gloating fashion, argued that legislation to suppress brothels as a measure to control vice was indeed the failure it had predicted. Furthermore, while applauding the worthiness of his motives, an editorial accredited Tom Price's "moral crusade" in passing the legislation as responsible for an increase in the evil that it was intended to suppress. Every prediction, the editorial argued, had been more than verified. Rather than the statute suppressing the practice of prostitution, the Suppression of Brothels Act had only succeeded in driving the evil "from quarters in the towns where precautions against disease could be and were adopted, into the park lands and on the sea beaches, where nothing could be done to prevent its beginning or its spread."<sup>13</sup>

Criticism also came from Dr. Hill, Acting Chairman of the Central Board of Health and Commanding Sanitary Officer of the 4th Military District. Hill argued that rather than a cause of venereal diseases, brothels were necessary in the fight to control it. Some men, argued Hill, were "beasts" and frequented brothels "with their eyes open." Since places of assignation had been suppressed, solicitation had become more common. Consequently, men did not even have that "protection." Restriction and inspection, the principal provisions of a Contagious Diseases Act, were also

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<sup>12</sup> Letter to the Editor from "Prevention", "Social Evil," *The Register*, 17 Feb 1915, p. 9, col. C; "Little Hells," *Advertiser*, 21 Aug., 1915, p. 15, col. A.

<sup>13</sup> "Certain Social Evils," *Register*, 15 Feb. 1915, p. 6, col. B.

of limited value. Instead, Hill advocated active propaganda work, the dissemination of knowledge of venereal diseases, facilities for treatment at general, not special hospitals, and night clinics.<sup>14</sup> Given the demonstrable failure such legislation had proved to be in other countries, Dr. Hill believed it would be better to revoke the law or regard it as a dead letter.<sup>15</sup>

However, the legislation was thought to have more insidious ramifications. As well as adding to the dangers incurred by respectable girls, argued an editorial in the *Register*, the emergence of a new category of prostitute, the "privateer", would result in a wider diffusion of venereal diseases"<sup>16</sup> This opinion drew support from some readers. Letters signed "Humane" and "Progress" argued that the suppression of brothels was responsible for an increase in "infantile immorality", as "all grades of the masculine gender" turned their attention, in the absence of the professional prostitute, to young women and girls, who were "only too willing to become substitutes." More easily identified, the professional prostitute, in the view of some, had become the "friend and undoubtedly the saviour of society."<sup>17</sup> Legislation was concerned only with suppression, one correspondent argued, but might as well "try and shift this world in a wheelbarrow" for all the good it would do. Rather, with temperance and a system of legalised prostitution where "registered houses" operated under medical and police supervision, the "world at large" would "benefit wonderfully."<sup>18</sup> For the good of the community and the safety of the innocent and stupid, the Government was advised to licence brothels and to introduce a Contagious Disease Act as well as a system of compulsory notification for venereal disease.<sup>19</sup> The *Register* urged a calm, considered, progressive approach. In calling for a Royal Commission to establish the dimensions of the trouble in South Australia, the newspaper warned against the influence of extremists. Discussion devoid of bigotry, prudery

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14 "Plain Speaking: The Social Evil attacked," *Register*, 16 Feb. 1915, p. 6, col. C.

15 *Ibid*; Letter to the Editor from "Prevention", "Social Evil", *Register*, 17 Feb. 1915, p. 9, col. C.

16 *Ibid*.

17 Letter to the Editor, "Little Hells," *Advertiser*, 23 Aug. 1915, p. 9, col. I.

18 *Ibid*

19 *Ibid*

and not "subject to moral hysteria" was urged between the virile, broadminded, tolerant and healthy men and women of Adelaide. Now was the time for the "cloak of false modesty" to be thrown off, the moral aspect of the problem set aside and "science allied with prudence" permitted to deal with the "Red Plague" as it had done previously to arrest the diffusion of consumption.<sup>20</sup>

*(iv) The compulsion debate of 1915*

In the midst of this, given Regulation 40D in Britain, the war provided not only justification but also some precedent for the introduction of compulsory notification and treatment.<sup>21</sup> In this period, the most vociferous advocate for compulsory notification from within the medical profession was Dr. Frank Sandland Hone. In the *Medical Journal of Australia* Hone encapsulated the issues at the heart of the debate. Compulsory notification and treatment for venereal disease as a practical measure at that time remained bound up with "tangled social questions" such as family relationships and "the most intimate personal relations of private individual lives." The connection between fear of publicity and reluctance to seek treatment in the early stages of the disease was reiterated as the most compelling argument for voluntarism. On the other hand, the "victims of secrecy", the children with gonococcal vaginitis, the infants with ophthalmia neonatorum, the woman with miscarriages and the children with congenital syphilis, "must be set over against the sufferers from publicity. The loss, Hone argued, "to the state in lives, in incapacitated individuals, and expenditure on treatment must be set above all."<sup>22</sup>

Hone argued that any advances in the control of venereal diseases would be thwarted because of the legal anomaly that existed between the

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<sup>20</sup> "Plain Speaking: The Social Evil attacked," *Register*, 16 Feb. 1915, p. 6, col. C; "Certain Social Evils," *Register*, 15 Feb. 1915, p. 6, col. B.

<sup>21</sup> Regulation 40 D provided for the punishment of prostitutes who solicited members of the armed forces.

<sup>22</sup> Frank S. Hone, "The Present Position of Notification of Disease in South Australia," *Medical Journal of Australia*, 29 May (1915), p.507.

military and the civilian population. It was possible that two men infected on the same night, one a soldier, the other a civilian, would be dealt with differently with illogical and dire consequences. While one might depart to the front in a day or two, develop a venereal disease on the voyage, be invalided home where he would be notified by name, detained for treatment until cured, the other would stay at home and "spread disease as he likes". Hone asked rhetorically, what was "the secret solvent in active service abroad that magically disperses the objections to notification that in the case of the ordinary citizen outweigh the public weal?"<sup>23</sup>

In June 1915, Hone and a number of other members of the British Science Guild continued to point out in a deputation to the Premier, Crawford Vaughan, and the Chief Secretary, A. W. Styles, the inconsistencies and anomalies associated with not introducing compulsory notification for venereal diseases. At this meeting, Hone pointed out that the inclusion of venereal diseases on the list of quarantine diseases and the demand for controls on invalided troops represented an "interesting sidelight." Hone expressed surprise at the "unanimity with which all classes faced the fact that steps should be taken to prevent any infection." Indeed, the public was quite prepared to submit to anything that would prevent this menace arising. Hone suggested the Government go "boldly forward" with policy reform to exploit the support that existed earlier in the year.<sup>24</sup>

In his reply it was clear that the issue was a vexed question for the Premier, Crawford Vaughan. While Vaughan acknowledged that he could only look to the medical profession for guidance, he reminded those present that they were not there to express individual opinions. Vaughan argued that while he could point to a consensus as far as the need to provide increased facilities, expert opinion appeared to be divided on the issue of notification. At this stage, and without a firm consensus from the medical profession, Vaughan was not about to be diverted from his own moral

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<sup>23</sup> *Ibid*

<sup>24</sup> "The Social Evil", *The Register*, 23, June 1915, p. 6, col. F; see also "The Red Plague", *Advertiser*, 23 July, 1915, p. 13, col. A, B, C.

crusade. With several "little hells in Adelaide" that needed to be stamped out, he supported the police who were actively engaged "in ridding the streets of women of the unfortunate class."<sup>25</sup>

While the Premier in 1915, Crawford Vaughan, rejected the more controversial demands, at least one innovation satisfied the demands of both sides of the debate. The establishment of a women police force was welcomed as an indication of a greater recognition of the needs and rights of women. While this did not approach the problem of venereal disease head on, the establishment of a women police force would fulfil a specific role. Their special duties involved keeping young children from the streets, especially at night, the preventing of truancy, serving as informers against those endeavouring to decoy young girls into prostitution, patrolling railway stations and wharves and advising women, girls and children who were newcomers to the city and had no friends waiting for them. In addition, they were expected to patrol slum neighbourhoods, look after drunken women and obtain assistance for any neglected children, prevent the entrapment of young girls by observing houses of ill-fame, wine shops and hotels, and protect women and girls in public parks and when leaving work in the evening.<sup>26</sup> Thus, the activities of the new police force drew on the traditional role of women to effect the official one in venereal diseases control.

At this stage, local boards of health were not urging compulsion but rather the provision of public facilities for the treatment of venereal patients who were unable to pay for private treatment.<sup>27</sup> However, in a circular from Prime Minister, Andrew Fisher, to the state Premiers, the Commonwealth Government attempted to influence state responses to their respective venereal diseases problems. The circular warned that although every possible precaution was being taken to prevent infection,

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<sup>25</sup> "Little Hells", *Advertiser*, 18 Aug. 1915, p. 8, col. H.

<sup>26</sup> "The Women Patrols", *Advertiser*, 16 Oct. 1915, p. 14, Co. F.

<sup>27</sup> Letter from the Secretary E. Badwell of the Local Board of Health for Port Adelaide to the Chief Secretary 16Aug. 1915. SRSA GRG 24/6/1914/739.

the concentration in large cities of sources of contagion remained a menace to the health of the troops. Suggesting that a concerted approach to disease control was the only sure strategy for tackling the problem, the Prime Minister requested that the parliaments of the states consider the introduction of compulsory notification for venereal disease.<sup>28</sup> Whether such a request from the Commonwealth fell on deaf ears or was a factor in the decisions of other state legislatures is not indicated in the literature. However, flexing state authority in health policy, the Premier of South Australia, Crawford Vaughan, in reply to Fisher's successor, William Morris Hughes, declared that he did not propose to introduce legislation on the matter at present, but intended to establish night clinics.<sup>29</sup>

To this end, the Government deployed W. G. Coombes, Chairman of the Adelaide Hospital Board, and Dr A. W. Hill to enquire into the scheme at the Royal Prince Alfred Hospital in Sydney for the control of venereal diseases. Commenting on their report the Chief Secretary, Styles, questioned whether the number of such cases in Adelaide and its suburbs warranted the establishment of an elaborate system of the kind operating in Sydney. Relying on information identified only as a "Government Official", Styles argued that venereal disease was not prevalent among the destitute, inebriate patients, or the poor in Adelaide and its suburbs, and prevalence among other groups was mainly speculative due to a lack of records. Furthermore, comparisons between Adelaide and Sydney were "hardly fair" because the former was a populous city and a large seaport, and the clinics had not been established long enough for reliable conclusions to be drawn. It would, he proposed, seem a better course of action to obtain reliable data in Adelaide and its suburbs from the medical profession. Until

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<sup>28</sup> Circular to the Premier of South Australia of South Australia from the Prime Minister, 25 Sept. 1915. SRSA GRG 24/6/1915/1338.

<sup>29</sup> Reply to Prime Minister's circular from Crawford Vaughan, Premier of South Australia, 17 Nov. 1915. SRSA GRG 24/6/1915/1338.

such information was made available the Chief Secretary would go no further.<sup>30</sup>

By mid-1916 the Government was becoming anxious that South Australians should know that it had not shut its eyes to the serious problem of combating venereal disease. Despite the belief that local conditions might not warrant an elaborate scheme, Styles was prepared to concede that, if similar clinics could be established, much benefit would result and that, therefore, they were worthy of a trial. A service rendered to those "unfortunates suffering from complaints" would be preferable to their being brushed aside into channels where no proper assistance was forthcoming. Indeed, Styles believed it was a matter the Government might well take in hand with a view to bringing about better conditions.<sup>31</sup>

The establishment of night clinics at the Adelaide Hospital using the out-patient department was delayed due to a depletion of medical staff owing to the absence of doctors at the front. Despite repeated requests, the Government was put off by Coombes, Chairman of the Hospital Board, as "the present was not regarded as a favourable opportunity." Thus, while the war added impetus to action, official proposals had been defeated by circumstances. As a consequence the Government turned to the Commonwealth for assistance.<sup>32</sup>

In 1916 the recommendations of the Report on Venereal Disease of the Committee Concerning Causes of Death and Invalidity in the Commonwealth was published. The Federal Government agreed to share equally with the state authorities the cost of establishing clinics and of providing other facilities for the diagnosis and treatment of venereal disease on the condition that each state introduce compulsory notification and treatment. The *Register* generally supported the Committee's recommendations which were evidence of the Commonwealth's

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30 Annual Report of the Board of Management of the Adelaide Hospital printed in "Proposed Night Clinics", *The South Australian Government Gazette*, March 30, 1916, pp. 662-3; "The Red Plague: Suggested Night Clinics", *Register*, 25 Dec. 1915, p. 7, col. G.

31 *Ibid.*

32 "Venereal Diseases in South Australia", *Register*, 18 July 1916, p. 4, col. D.



acceptance of responsibility in the "scientific crusade" against venereal diseases. The need for combined, vigorous, and carefully directed efforts was warranted, according to the *Register*. The Commonwealth Government was responsible for invalid and old-age pensions, the protection of the public against diseases from overseas. It was accountable for the physical welfare of the expeditionary forces, and interested in preserving a high standard of health and industrial efficiency. The decision of the Federal Ministry was approved by common sense, and was demanded by the higher instincts of humanity. Although objections to the allocation of public funds for the campaign might emanate from the ranks of "ignorant prudery", the *Register* argued that expenditure would be money well invested and would result in "improved physical and moral conditions, and the avoidance of a larger compulsory outlay in mostly unprofitable ways."<sup>33</sup>

However, there was criticism of the Committee's inflexibility. Before insisting on compulsory notification, the *Register* argued, state authorities and their expert medical advisers should have been consulted. A reporter from the *Register* approached prominent medical men in Adelaide asking them to comment on the findings of the Committee in relation to South Australia. Respondents pointed out that the prevalence of venereal disease in South Australia was "at most not worse than elsewhere in the Commonwealth." While one respondent believed that there were still grounds for "earnest consideration" of the measure, another condemned talk of regulation as "farcical". In any case, warned another, the governments of Australia would need to "go very cautiously" in deciding upon their course of action. In his view, sex education concerning the symptoms, danger, and treatment of the diseases, and how they were contracted was the only really effective means of control. "Given this knowledge," argued the respondent, "the people will take care for their own good."<sup>34</sup> By this time, the British Royal Commission on Venereal Diseases

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<sup>33</sup> "Fighting the Plague", *Register*, 12 July 1916, p. 6, col. C.

<sup>34</sup> "Venereal Diseases: The Position in South Australia", *Register*, 15 June, 1916, p. 5, col. C.

had made its recommendations and, the paper reported, compulsory notification was not among them. In view of the rejection of such a drastic measure by eminent authorities in Britain, the *Register* maintained that "the Commonwealth Government may fairly be expected to advance strong reasons for its assumption that sufferers in Australia would meekly submit to a system of compulsion."<sup>35</sup>

*(v) Other strategies*

In response to the Federal Government's position, Adelaide doctors devised their own schemes that could operate within existing facilities without enormous expense. By August 1916, William Ramsay Smith had resumed his position as Chairman of the Central Board of Health. Smith was well versed in the issues relating to venereal diseases before the war and was primarily responsible for the rejection of the proposal for compulsion put forward by the Eugenics Committee of the South Australian Branch of the British Science Guild. As well as drawing on local knowledge, Smith based his recommendations on a range of evidence. This indicated a study of the history of "Enthetic Disease" and the impact of efforts to control prostitution in influencing the spread of venereal diseases, an extensive personal investigation of the administration of schemes for diseases control among armies, navies and the general population in the Commonwealth, China, Japan, New Caledonia, Europe and the United States. In addition discussions and reports of the Fifteenth International congress of Hygiene and Demography in Washington in 1912 where he attended as a delegate of the Commonwealth and the state governments played a role. Also having spent 1915 as surgeon in charge of the Australian General Hospital in Egypt made him eminently qualified.<sup>36</sup>

The leading feature of the scheme was that it provided for early diagnosis and treatment of all cases, free of charge for those who were

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<sup>35</sup> *Ibid.*

<sup>36</sup> Minute from William Ramsay Smith to the Chief Secretary regarding "Leading Features Of The Scheme", 1 Aug. 1916. SRSA GRG 8/1/346/1911.

unable to pay, without the need for new legislation, new Departments, extra officials, new buildings, rooms or appliances.<sup>37</sup> Smith estimated that the only expense to be borne by the Government would be for the cost of treating patients who could not pay and the cost of diagnostic tests which were to be provided by the Government Bacteriological Laboratory free of charge. These expenses, Smith recommended, seemed "a reasonable contribution to the well-being of the community." Five hundred pounds, according to Smith's calculations, "would meet all immediate necessities and possibly prove sufficient for all expenses of the scheme for twelve months."<sup>38</sup> As well as the savings in infrastructure, the scheme, in Smith's view, was innovative as it avoided need for controversial legislation and was socially just and more humane than coercive schemes suggested elsewhere. As it required payment either wholly or in part, from those who could afford to pay, the "pauperising" of individuals would also be avoided and there would be no more publicity than already existed in the case of private patients who consulted practitioners for ordinary diseases. The scheme was also flexible. It could be modified without the need for legislation "according to experience" or "in order to suit present or future circumstances."<sup>39</sup> The Government regarded Smith's recommendations as a "second scheme" which, in conjunction with Night Clinics, would provide a good start and bring South Australia into line with the other states.<sup>40</sup> The scheme devised by Smith was not implemented but remained in reserve.

#### *(vi) Night Clinics*

Final arrangements were made in late September 1916 and a portion of the out-patients' department was set apart for Night Clinics. Under the charge of medical attendant, Dr. Harold Rischbeith, the Clinics were opened

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<sup>37</sup> Leading Features Of The Scheme, Minute to the Chief Secretary 8Aug. 1916. SRSA GRG 8/1/346/1911.  
<sup>38</sup> Minute from William Ramsay Smith to the Chief Secretary regarding "Leading Features Of The Scheme", 1Aug. 1916. SRSA GRG 8/1/346/1911.

<sup>39</sup> Leading Features Of The Scheme, Minute to the Chief Secretary 8Aug. 1916. SRSA GRG 8/1/346/1911.  
<sup>40</sup> "Venereal Diseases", *SAPD*, 28, Sept. 1916, p. 1553.

for the examination and treatment of male patients on Monday and Thursday evenings and for females on Wednesday evenings.<sup>41</sup> Rischbeith and fifth-year medical students worked in an honorary capacity. The paid staff consisted of a dispenser, clerk, one sister, one nurse and two porters.<sup>42</sup> A new Out-Patients Department was planned with a consulting room, room for minor operations, recovery room and irrigation room.<sup>43</sup> The Chief Secretary assured potential attenders that every possible consideration would be paid to the delicacy of their position, and any undue publicity would be avoided.<sup>44</sup>

The establishment of clinics in the evening was believed to be more convenient to the sufferers themselves as treatment would not interfere with their daily occupations and prevent them from losing time and wages. The clinics were open to all those who were not in a position to pay for outside medical care. All patients were to be given treatment and supervision as far as medical science could provide. An explanatory pamphlet was issued and confidentiality assured. After the first three months of operation, the Board of Management declared the Night Clinics an undoubted success. The attendances in this period amounted to 934, out of which 164 were new cases.<sup>45</sup>

Early returns endorsed the sentiment that patients would voluntarily take advantage of services if they were made available. However, for the doctor at the coal face there were problems with the voluntary scheme. In late 1917, Rischbeith replied to a request from William Ramsay Smith regarding the types of cases that in his opinion were not dealt with satisfactorily under the existing arrangements. For Rischbeith, female patients represented the greatest threat. The comparatively low attendance of women, a ratio of almost 10 to 1 in the first twelve months, whether for

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41 "Venereal Night Clinics", *Register*, 30 Sept. 1916, p. 8, col. E.

42 Annual Report of the Board of Management of the Adelaide Hospital printed in "Night Clinics", *South Australian Government Gazette*, 4 April 1918, p. 683.

43 Correspondence - Inspector General of Hospitals' Office. SRSA GRG 78/1/1916/429

44 "Venereal Night Clinics", *Register*, 30 Sept. 1916, p. 8, col. E.

45 Annual Report of the Board of Management of the Adelaide Hospital printed in "Night Clinics", *South Australian Government Gazette*, 12 April 1917, p. 608.

reasons of timidity, ignorance or general slackness, Rischbeith argued, was demonstrative of women's neglect of early treatment and confirmed by the relatively high prevalence of tertiary syphilis in women. But the low attendance of a particular type of women concerned Rischbeith even more. Working on the assumption that the absence of a category of attenders equalled neglect, Rischbeith contended that the low number of patients he judged to be of the "professional harlot class" was evidence that many more infected women whose financial circumstances are such that they ought to attend the night clinic, were receiving no treatment for syphilis. Worse still, legislation operating in the bordering states of Western Australia and Victoria that called for the compulsory notification and treatment and penalised individuals for communicating venereal diseases would lead to an influx of women escaping to South Australia where a voluntarist system existed. The two syphilitic cases from Victoria who attended the clinics in the period, Rischbieth asserted, were, of this kind.

However, there was another category of attender that potentially undermined the whole concept of voluntarism. As if to illustrate the necessity for compulsion, Rischbeith systematically detailed his encounters with recalcitrant patients. In "Group A" there was the "harlot" who, complaining that the needle prick hurt too much, ceased to attend after the first injection. Admonition by letter proved to be of no avail. In "Group B" there was the domestic servant who complained of "intense agony" after each injection and ceased attending after the second. This patient was, according to Rischbeith, neurotic and almost "untreatable" under voluntary conditions. "Group C" included individuals who lived outside of the city and were prevented from completing treatment owing to the cost of travel and the inability to obtain employment in town. "Mental defectives", the unemployable, and those incapable of understanding the nature or seriousness of their disease, lacking in self control and devoid of any sense

of right or wrong, made up Rischbieth's "Group D."<sup>46</sup> However, Rischbieth conceded that most of the women attending the Clinic were either innocent victims or at least "comparatively harmless." Indeed, the majority of female patients, Rischbieth wrote, were "only too glad to attend regularly in order to get rid of their maladies."

Recalcitrant male patients were categorised in a similarly systematic fashion. While some men were deterred by the painful and invasive treatment, male defaulting was primarily put down to difficulties associated with their employment and the lack of clinics in outlying areas where many men were forced to find work. Sailors and fishermen were especially susceptible to involuntary defaulting, Rischbieth thought. When the ship sails the treatment ends. While some were reported as having attended in a state of alcoholic intoxication "as a rule", this appeared not to have a significant impact on the results of treatment, although it may have contributed towards the spread of the disease in the meantime. While most as a rule were thwarted by circumstances, "general recklessness of future consequences to themselves and to others" was also assumed by Rischbieth to play a part.<sup>47</sup> As with the women, the majority of men also, according to Rischbieth, attended regularly and were likewise "obviously anxious to be rid of their disease."<sup>48</sup>

Defaulting was comparatively rare, confined to a predictable cohort with the nature and duration of the treatment as well as economic circumstances a factor. Attendances were unavoidably affected in the early months of 1919 when the Night Clinic was closed for several weeks due to the influenza epidemic.<sup>49</sup> Despite this temporary setback, the clinics and the voluntary scheme continued to constitute a success. In his report to the Hospital Board in 1919, Rischbieth noted a considerable improvement in early-attendance rates in for both syphilis and gonorrhoea. A very much

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<sup>46</sup> Letter from Harold Rischbeith to William Ramsay Smith, Chairman of the Central Board of Health Adelaide. 5 Dec. 1917. SRSA GRG 8/1/42/1919

<sup>47</sup> *Ibid.*

<sup>48</sup> *Ibid.*

<sup>49</sup> Annual Report of the Board of Management of the Adelaide Hospital 1919, p. 10.

larger proportion of cases were coming for treatment in the early stages of the diseases than was the case in the first year. Rischbieth suggested that this was probably due to the spread of knowledge among the general public and that if continued, results of treatment were likely to improve further.<sup>50</sup>

Despite the good results, it was the few who came to characterise the problem in Adelaide as it did elsewhere. After nearly two and half years, Rischbieth concluded that, in addition to free and efficient treatment, something more was required. In a letter to the Chief Secretary, Rischbieth generalised rather than drawing on his own experience of the local situation. He asserted that anyone with experience of the treatment of syphilitic cases knew that a "considerable proportion" of syphilitics ceased attendance and gave up being treated long before they were cured, despite persistent warnings. According to Rischbieth, as it was now a fact that all the infectious stages of syphilis could be cured in a fairly short time, "given the proper measures" the disease could be wiped out in the state. Such measures would include compulsory treatment and attendance until cured and penalties for anyone knowingly infecting another person. "My object," declared Rischbieth, "in undertaking the work of the night clinics at the Adelaide Hospital was to assist in wiping out syphilis in this State." Believing that this could be done by means of efficient free treatment on the one hand and by law on the other," Rischbieth concluded that "no bird can fly with only one wing."<sup>51</sup>

*(vii) The new campaign*

Public opinion had been organised well before the war and support for radical social reform in the area of venereal diseases control was well established. In July 1915, inspired by the Governor's speech indicating that parliament would be discussing venereal diseases, the Social Reform

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<sup>50</sup> *Ibid.*

<sup>51</sup> Letter to A.H. Peake, Chief Secretary, from Harold Rischbieth, honorary surgeon in charge of the Night Clinic at the Adelaide Hospital, c November 1919. SRSA GRG24/6/1915/1338. Reproduced in "Venereal Diseases Bill", *SAPD*, 7 Sept. 1920, pp. 576-7.

Bureau presented a memorial to Vaughan.<sup>52</sup> The deputation from the Bureau was composed primarily of church leaders, from a variety of denominations, most notably Congregationalist Minister, Reverend Joseph Coles Kirby. Believing that "prevention was better than cure", members asked the Government to consider a number of recommendations involving propaganda, prevention and protection. Elementary instruction "concerning the racial nature", the supply of medical instructors for pupils in state schools and the provision of medical persons to lecture on the same issues to adults characterised the Bureau's propaganda platform. Suggestions for prevention included severe repression of anyone living off the proceeds of prostitution, particularly of young girls, the strengthening of laws dealing with indecent literature, and control of feeble-minded men and women. Other recommendations related to the protection, by statutory control, of children. Protection was recommended for the child from the syphilitic wet-nurse and for the wet-nurse from the syphilitic child. On the subject of compulsory notification and treatment the Bureau had not come to a definite conclusion and urged the government to await the outcome of the Royal Commission on Venereal Diseases currently sitting in Great Britain before taking any legislative action in South Australia.<sup>53</sup>

Since the Bureau still had an open mind on the subject of notification, Vaughan was more candid than he had been when responding to the deputation led by Hone. Evidently Vaughan had not rejected the principle of notification, but like some members of the medical profession, saw no need for the names of sufferers to be supplied. Vaughan viewed suggestions in the press that a Royal Commission on venereal diseases be appointed in South Australia was "utterly ridiculous in such a small State." Rather, in accord with the Bureau, Vaughan advocated waiting for the conclusion of the British Royal Commission on Venereal Diseases. On the

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<sup>52</sup> This organisation was sometimes called the Social Reform League, Moral Reform Bureau or Social Service Reform Bureau.

<sup>53</sup> Memorial of the Social Reform Bureau to the Hon. Crawford Vaughan, Premier of South Australia re Ethetic Diseases, presented 20 July 1915. SRSA GRG 24/6/1914/739; also reprinted as "Social Reform: Deputation to Premier", *The Register*, 21 July, 1915, p. 13, col. B.



prosecution of the feeble-minded Vaughan insisted that the Government would go no further than assisting institutions such as Minda Home. The South Australian Premier urged that because every effort must be put forward to defeat the enemy, the Government would not be able to do as much as might be expected in peace time. When peace came, Vaughan hoped the Government "would be able to stamp out the evils that were within as well as the evils that were without."<sup>54</sup>

The state government began gathering opinions as to the efficacy of compulsion in the treatment of venereal diseases. Dr C. V. Wells, general practitioner and Medical Officer of Health for the District of West Torrens, was pursuing his own research when he was granted an Honorary Commission to inquire into and report on the prevention and treatment of Venereal Diseases in Great Britain and the United States. In his report Wells directed his criticism at the American system, not for the principle of notification operating in the schemes of some states, but for the lack of a national policy. For state management, to be effective all the Australian states would have to work, Wells wrote, in the same manner, and with equal energy. It was likely that, with no constitutional authority to legislate upon venereal disease except in relation to overseas and interstate immigration, legislation, which was the case in Australia, a federal system would become a "dead letter." "The further I look," wrote Wells, "the more I am convinced, that the procedure of England is the most beneficial, and it has paved the way for public sentiment which will make legislation completely successful."<sup>55</sup> For Wells, a voluntary scheme could provide preparation for the eventual introduction of compulsion at some time in the future.

In the meantime, the drift towards compulsion was beginning to gather force. From early 1917, resolutions urging the introduction of

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<sup>54</sup> "Social Reform: Deputaion to the Premier: Women Street Patrols", *Advertiser*, 21 July ,1915, p. 12, col. H; "The Social Evil", *Advertiser*, 21 July , 1915, p. 8, col. D; Judith Smart, "Feminists, Labor Women and Venereal Disease in Early Twentieth Century Melbourne", *Australian Feminist Studies*, vol. 15, (Autumn, 1992), p. 34.

<sup>55</sup> Report of Dr. C.V. Wells, General Practitioner and Medical Officer of Health for the District of West Torrens, c. 1919. SRSA GRG24/6/1919/297.

compulsory notification from Local Board of Health began to flow in.<sup>56</sup> Groups concerned with protecting their own interests, should there be a change in policy, were registering their support with the Government. Mr. A. B. Cowling, Honorary Secretary of the Retail Chemists' Defence Association, wrote, placing the services of the Association at the disposal of the Government in drawing up a bill for the control of venereal diseases. The Association hoped that, as occurred in Victoria, the Government would in liaison with the Doctors and Pharmaceutical Chemists introduce an arrangement that was satisfactory to all. The Government was pleased to accept the offer by the Association should it be thought advisable to introduce legislation.<sup>57</sup> In June 1919 South Australian Attorney General, H. Newman Barwell, wrote to his interstate counterparts indicating that the state was considering the subject of venereal diseases control. Barwell requested confidential advice as to how the Act in each state had worked in practice, and whether it had been successful. The principal question concerning Barwell was the value of compulsory notification in reducing the prevalence of venereal diseases.<sup>58</sup> At this stage, such information was still in the process of compilation. Despite the lack of conclusive knowledge about the efficacy of compulsory notification in the Australian context, Parliamentary Draftsman, A. J. Hannan, set about drafting the South Australian Venereal Diseases Bill.

At the same time, a number of factors were combining to undermine the resolve of non-compulsionist stalwarts including Smith. Optimistic before the war that progress could be made without the need for legislation, he was now ready to accept that coercion under certain circumstances might be a useful weapon in the disease control armoury.<sup>59</sup> The Western Australian legislation of the previous year that heavily penalised those who

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<sup>56</sup> Resolution from the Local Board of Health of City of Port Adelaide, 12 March 1917. SRSA GRG 24/6/1915/1338.

<sup>57</sup> Letter to Mr. A. B. Cowling, Hon. Sec, Retail Chemists' Defence Assn. from the Chief Secretary, 18 May 1917. SRSA GRG24/6/1917/307

<sup>58</sup> Letter to Attorney Generals of all States from (Sgt.) H. Newman Barwell, Attorney General, 21 June 1919, SRSA GRG24/6/1915/1338.

<sup>59</sup> Leading Features of the Scheme, Minute to the Chief Secretary 8 Aug. 1916. SRSA GRG 8/1/346/1911.

defaulted on their treatment was suggested by Smith as a model. Furthermore, news of heavy casualties, 28,000 in seven weeks, among Australian Infantry Divisions at the First Battle of the Somme was disturbing in itself. Pre-war paranoia about race degeneration found new urgency.

With the debate still active, compulsionists exploited public forums to bring the horror of venereal diseases to the general population. For example, at the opening of the Child Welfare Exhibition at the Jubilee Exhibition Building in Adelaide in November 1916, Lady Galway, wife of the Governor, delivered an address that alluded to the present "artificial way of living" due to "modern conditions" and suggested that the war was only a temporary blight. "Overwhelming, as grim as the harvest of the battlefield may be," Lady Galway said, the ravages caused by the war are limited to the length and extension of hostilities." Besides the wastage of war there was "the wastage of everyday life to which there were no fixed limits that sapped all vigour and vitality." A much deeper wound, "from which, drop by drop, the lifeblood of a nation may flow," was a "thoughtless, selfish, or ignorant disregard of the future." Therefore, "the question was not one of conserving infant life at all costs, but of safeguarding it in such a way that there should be the least possible amount of physical and mental disease."<sup>60</sup> Accordingly, Lady Galway praised the organisers of the exhibition "as having had no other object in view than the public service."<sup>61</sup>

Buildings were arranged to show the result of years of scientific research and practical experience. Sections dealt with the care of newborns, breast and artificial feeding, bathing, weighing, and baby clothing. The *Register* predicted the exhibition would "open the eyes of all those who attend it to the full significance of the simple little term - Child Welfare."<sup>62</sup>

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<sup>60</sup> "Child Welfare Exhibition", *Register*, 2 Nov. 1916, p. 4, col. D; "Child Welfare: A Remarkable Exhibiton", *Advertiser*, 2 Nov. 1916, p. 17, col. E.

<sup>61</sup> *Ibid*

<sup>62</sup> *Ibid*

The exhibit organised by Doctors Hone and Rischbeith as well as others from the British Science Guild was devoted to the causes of infant mortality. Using eugenics as its central theme, the exhibit covered conditions of motherhood, nutrition, feeble-mindedness, alcoholism, tuberculosis, deafness, over-crowding and venereal diseases. The effects of syphilis were illustrated, reported the *Register*, by a series of "terrible photographs" showing the effect of the disease on children.<sup>63</sup>

A lecture by Dr Rischbeith was said to have "rudely shattered" the doctrine of the democracy of birth - that all babies are born physically equal. Rischbieth demonstrated for interested patrons how the birth-rate was affected by the prevalence of "vice and disease", and how these factors produced distressing results in infant and child life. Notification, Rischbieth asserted, was essential in the endeavour to cope with venereal infections <sup>64</sup> The *Medical Journal of Australia* urged South Australians to take to heart Rischbieth's recommendation and they should rest assured that he would exert his influence as far as is possible to limit the effect of syphilis on the coming generation. However, the *Journal* warned, that without adequate departmental support, the task was a "Herculean one".<sup>65</sup> In its report on the Exhibition, the *Register* again called for a concerted effort from federal and state authorities. This time, the medical profession, along with religious, educational, and philanthropic agencies, were urged to unite in order to energetically "combat the death-dealing foe."<sup>66</sup>

It is conceivable that, like Smith, the apparent consensus of medical opinion and the passing of legislation during the year in other states could have loosened the *Register's* resolve against compulsion. Now that compulsory systems were operating in the Australian context, the *Register* argued that the public would soon be able to judge whether the system was yielding the expected results. If the law was found to be efficacious,

63 "Child Welfare: A Remarkable Exhibiton", *Advertiser*, 2 Nov. 1916, p. 4, col. D.

64 "The Social Scourge", *Register*, 4 Nov. 1916, p. 8, col. C.

65 "Child Welfare Exhibition", *Medical Journal of Australia* 25 Nov. (1916), p. 457.

66 "The Social Scourge", *Register*, 4 Nov., 1916, p. 8, col. C.

suggested one leader, South Australia should lose no time substituting a compulsory system for its voluntary one.<sup>67</sup> Although throughout this period the Government was adamant that if it was found necessary to pass legislation, it would not be afraid to do so, at the end of 1916 voluntarism remained the preferred strategy for the time being.<sup>68</sup> Now, however, with a local scheme in place, compulsionists and non-compulsionists had a useful point of reference for determining the success or failure of venereal diseases control.

*(ix) The South Australian Venereal Diseases Bill, 1919*

In January, 1920 the *British Medical Journal*, reported that the South Australian Government was "coquetting with a very dubious attempt to control and treat venereal diseases which would impose harassing restrictions upon the victims."<sup>69</sup> The South Australian Venereal Diseases Bill, 1919, to regulate the treatment and prevent the spread of venereal diseases, was introduced by the Minister of Education on 11 November 1919.<sup>70</sup> Power to execute the principles of the Bill was to fall on the Minister of Health who would be responsible for the establishment of facilities for the free examination and treatment of venereal cases, for arrangements for the supply of drugs, medicines and appliances for the treatment, alleviation, and cure of venereal disease for those unable to pay, and for the preparation, provision and distribution of information relating to venereal disease. The Bill also included a series of obligations and penalties for medical practitioners, patients and the parents of children suffering from a venereal disease. Medics were obliged to report all cases to the Inspector General of Hospitals within three days. Names and addresses were to be supplied only in cases where patients 'defaulted' on their treatment.

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<sup>67</sup> *Ibid*

<sup>68</sup> "Venereal Diseases", *SAPD*, 28 Sept. 1916, p. 1553.

<sup>69</sup> "Medico-Political", *British Medical Journal*, 3 Jan. 1920, p. 27.

<sup>70</sup> "Venereal Diseases Bill", *SAPD*, 11 Nov. 1919, p. 1707.

Persons suffering from venereal disease who did not present themselves for treatment within three days, who discontinued treatment before a cure was effected, and who married or knowingly infected others, were liable to either a heavy fine and or a prison sentence. Further, a warrant authorising the use of force might be issued against sufferers who refused examination and treatment. Persons found to be suffering from venereal disease after compulsory examination were to be detained. Subsequent examinations could be enforced periodically to determine whether an order of detention should be extended. Sufferers who knowingly persisted in an occupation where they were handling food for human consumption were also liable to penalty. The use of a certificate of cure or freedom from venereal disease for purposes of prostitution would also be an offence. The further control of venereal cases already institutionalised was provided for despite assurances from the surgeon at the Adelaide Gaol that venereal diseases were not prevalent and "rarely dealt with" in 1917.<sup>71</sup> A special provision, similar to the New South Wales Prisoners Detention Act, extended terms for prisoners found to be suffering from venereal disease. Subsequent clauses in the Bill saw this provision extended to children detained in institutions such as reformatory schools. Parents and guardians of children suffering from venereal disease who failed to submit the child for examination and treatment would be liable to a penalty of ten pounds.

The Bill also included protective measures for the practitioner and for the patient. Some protection against publicity was provided for with penalties for divulging the names or addresses of those suffering from venereal disease. The publication in newspapers of legal proceedings was banned and all legal proceedings were to be heard in chambers and in private. Anyone making false allegations as to persons suffering from venereal disease would be guilty of "maliciously publishing a defamatory

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<sup>71</sup> Report from the Gaol Surgeon to the Keeper of H.M. Gaol Adelaide, 28 Feb. 1917 . SRSA GRC24/6/1917/233.

libel." However, special protection for the practitioner was provided for in that notices given in good faith that a person was suffering from a venereal disease could not be made grounds for legal action. Further, in an effort to eradicate quackery and reaffirm the professional status of the physician, the promotion and sale of preparations for the alleviation of venereal diseases and treatment by anyone other than medical practitioners was to be outlawed.<sup>72</sup> Which authority would be responsible for the administration of the Act if it were passed remained undecided.<sup>73</sup>

### *Public opinion*

Public acceptance of any scheme was vital to its success. As early as 1915, a programme began to educate public opinion, directed towards organisations interested in social reform as well as the public at large. Hone extended an invitation to all women's associations to attend an "evening" on the notification of venereal diseases.<sup>74</sup> Dr. Hill, on the other hand, planned to give modified versions of his successful talks to the troops to authoritative figures such as Members of Parliament, ministers of religion, school teachers (day and Sunday), to philanthropic organisations such as the Young Men's Christian Association, Young Women's Christian Association, and the Woman's Christian Temperance Union, to institutions such as schools and colleges, friendly societies, health workers such as nurses, and to interested men and women at sex-segregated public lectures.<sup>75</sup>

As a concerted voice in denouncing the regulation of vice, women's organisations were uncharacteristically silent. During the early years of the war, the well publicised government reluctance to introduce such drastic

72 "The South Australian Venereal Diseases Bill, 1919, An Act to Regulate the Treatment of Venereal Diseases and to Prevent the Spread of such Diseases, and for purposes incidental thereto or consequent thereon," SRSA GRG24/6/1915/1338.

73 Minute returned to the Attorney-General from A. J. Hannan, Parliamentary Draftsman, SRSA GRG24/6/1915/1338.

74 Women's Non-Party Association/ League of Women Voters. Minutes of Executive Committee Meetings. Minutes of meeting 15 July 1915. SRG 116/2.

75 Circular from Acting Chairman, Central Board of Health to the Chief Secretary, 26 July 1915. SRSA GRG8/1/1915/409

measures perhaps suggested to Adelaide feminists that there was no cause to fight at this time. Although some individuals came out in support, resistance from women's organisations at this time was negligible. However, a pair of prominent women articulated the responses on both sides of the debate. Although President of the Women's Non-Party Association, Mrs. Walter Wragge appeared to be expressing a personal opinion when she offered a "woman's point of view" to the *Register*. Wragge argued that a proposal for the introduction of compulsory notification for venereal diseases in South Australia was consistent with the state's reputation as a pioneer in legislation for the benefit of women and children. Furthermore, and consistent with the traditional grievance put forward by women and their supporters, the proposals addressed the most complicating of all injustices. Compulsory notification for venereal diseases appealed to Wragge because it was at least literally equal. If such legislation were passed, "for the first time in history," Wragge declared, there would be

one single standard of purity and morality for man and woman, instead of the old dual standard, which expected men to be less pure than women. It treats both as sufferers, rather than as sinners; but for that very reason I believe it would help to do away with sin. It blames nobody. It accepts fact without comment. Thousands who suffer from these diseases are entirely innocent and for their sakes we must give up the old attitude of horror and suspicion ... I call upon all freeborn women to help to put upon our South Australian statute book this legislation, which will do more than we can imagine for the uplifting of womanhood and indeed of humanity.<sup>76</sup>

This belief that the double moral standard could be swept away with the stroke of a pen was contrary to the experience of social reformers within the women's movement who objected to the proposal on sentimental as well as practical grounds. For example, the case against notification from the woman's point of view was put to a representative of the *Register* by Mrs. Ruffy Hill, a visitor to Adelaide and transient campaigner against the "social evil" in the South Pacific and Australia. Anxious to enlist the sympathies of South Australian women, Hill suggested the formation of a league with the aim of preaching against compulsory notification. Like Wragge, Hill

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<sup>76</sup> "Venereal Disease: A Woman's Point of View", *Register*, 24 July 1915, p. 13, col. A & B.



considered notification by number useless and rejected the principle outright on the practical grounds that doctors would refuse to notify their patients.<sup>77</sup> But Hill's objections went further. At a meeting of the Girl's Social and Political Union, Mrs. Hill gave an address on the subject of womanhood, venereal diseases, and the danger to women which would result from a contagious diseases legislation.<sup>78</sup> There are no records to suggest that the league against the compulsory notification of venereal disease alluded to by Hill was ever formed. Nor do the minutes of other women's organisations in Adelaide record her approaching them.

In 1919, with a bill upon which to focus their protest, women's organisations came out in vehement opposition to compulsory notification and treatment of venereal diseases. Despite the fact that the Bill was non-discriminatory in the literal sense, its application, given the double standard of morality, would inevitably, in the view of some reform organisations, have a greater impact on women than on men. In September 1919, Mrs. Elizabeth Nicholls, President of the Woman's Christian Temperance Union, wrote to the Premier (A. H. Peake) informing him that similar Acts in other countries had "done cruel injustice to innocent women" and that repetition should be avoided. As the question of venereal disease control was one gravely affecting the women of the state, Mrs. Nicholls requested to know what the provisions of the Bill were before it was too late to make any alteration.<sup>79</sup> Similarly, Miss Blanche Stephens, Honorary Secretary of the Women's Non-Party Association of South Australia wrote requesting a copy of the Bill. Having as one of its objects "the protection of the interests of women, children and the home," the Association felt that the Bill might concern them and were determined to give the matter "serious attention."<sup>80</sup>

<sup>77</sup> "The Red Plague", *The Register*, 30 June 1915, p. 10, col. A.

<sup>78</sup> Minute book of the Girl's Social and Political Union (non-party), meeting 15 July 1915. ML SRG 513/1. The Union was "formed by South Australian girls for their own education as to the state of social and political matters in South Australia, Australia, The British Empire, the World, with the end in view of learning how, and how best to use their votes." Inaugural meeting 30 July 1914.

<sup>79</sup> Letter to Premier of South Australia from Elizabeth Nicholls, President WCTU. 22 Sept. 1919. SRSA GRG24/6/1919/1307

<sup>80</sup> Letter from Miss Blanche Stephens, Hon. Sec. Women's Non-Party Association of South Australia to the Premier of South Australia, A.H. Peake, 24 Sept. 1919. SRSA GRG24/6/1919/1307.

The South Australian branch of the organisation ostensibly representing women's organisation in Australia gave cautious approval. When the National Council of Women met to discuss the Venereal Diseases Bill, the President, Lady Hackett, acknowledged that there was much to be said on both sides. Lady Hackett believed that there had not been enough study of the subject and both sides should be heard before the Bill went through. Other members spoke of posterity and what was best for humanity. The good of women and children must come before the inconvenience of a few. The Council moved that the Bill should be provisional and renewable at the end of 12 months.<sup>81</sup>

In August of the following year, and with the Bill before Parliament, the Woman's Christian Temperance Union opened its campaign of opposition by reaffirming its protest against any effort to introduce the notification of diseases caused through vice into the Health Act.<sup>82</sup> In September, at the concluding session of its convention, the Woman's Christian Temperance Union moved that it was "wholly opposed" to the measure on the grounds that it was calculated to make afflicted persons afraid to seek treatment either in free clinics or from private practitioners, and endangered the liberty, especially of poor women, who might be unjustly detained on suspicion.<sup>83</sup>

Mrs Nicholls followed up the resolution with another letter to Peake asking for "careful consideration" of their views regarding the Bill. Mrs Nicholls expressed the Union's approval of the clauses that dealt with the protection of "foolish and ignorant persons" from quack remedies, the prohibition of quack advertisements, and the prosecution of those keeping or owning disorderly houses. However, they strongly objected to the clauses providing for compulsory notification, treatment, detention and examination on suspicion of having a venereal disease. Convinced that the power of compulsory notification would be a dangerous weapon in the

<sup>81</sup> "National Council of Women", *Register*, 11 Sept. 1920, p. 12, col. A.

<sup>82</sup> "W.C.T.U.", *Register*, 25 Aug. 1920, p. 10, col. G.

<sup>83</sup> "Notification of Venereal Disease", *Register*, 11 Sept. 1920, p. 8, col. F.

hands of all concerned, Nicholls reiterated the traditional arguments against compulsion and asked that people be encouraged to attend by the multiplication of free clinics and the knowledge that treatment by private practitioners would be confidential. Moreover, compulsory detention, Nicholls argued, would assume that these diseases were a crime, and that the patients were criminals. Compulsory detention and the power to detain on suspicion would also, it was claimed repeat the injustices committed by the Contagious Diseases Acts in Britain. Compulsory examination would be so degrading that it would tend to "swell the ranks of those who live by the vice of others."<sup>84</sup>

The resolution reflected the conviction that legislators were not considering the real causes of venereal diseases. In response, the Union urged a crusade involving more activity in their morals education work through meetings, literature, conferences, and personal influence. The Union also strongly condemned any effort to "make sin safe."<sup>85</sup> The way to check the spread of venereal diseases was to set a higher moral standard in home and school by giving divine sanction for high moral training, by placing the Bible in the day school, and by making "scientific temperance" a compulsory subject in the training of teachers. "Let the Scriptures be read in the schools; prohibit the liquor traffic; teach the children why it is prohibited; deal severely and promptly with all who make a trade of vice; inform and protect the young," and there will be no need, wrote Nicholls, "to make unjust and useless laws for the compulsory control of diseases caused by immoral practices."<sup>86</sup>

Women's organisations were not alone in their cause. As well as taking the opportunity to espouse his eugenic beliefs, Kirby alluded to a number of practical difficulties that would undermine a compulsory scheme. In a letter to Chief Secretary Bice in September 1920, as Secretary of

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84 Letter from Mrs. Elizabeth Nicholls, State President of the Woman's Christian Temperance Union of South Australia, to Premier Peake, 20 Sept. 1920. SRSA GRG24/6/1920/1279.

85 "Notification of Venereal Disease", *Register*, 11 Sept., 1920, p. 8, col. F.

86 Letter from Mrs. Elizabeth Nicholls, State President of the Woman's Christian Temperance Union of South Australia, to Premier Peake, 20 Sept. 1920. SRSA GRG24/6/1920/1279.

the Social Purity Society, Kirby wrote that although the control of venereal diseases had been "grossly neglected", the pendulum had swung the other way and there was now a movement to use legal compulsion to extremes. The movement towards compulsion, Kirby argued, was taking place "without adequate information and without considering the nature of the cure." Kirby accused the Government of relying upon reports that were at best inconclusive and at worst irrelevant to Australia and especially South Australia. Surely, Kirby pleaded, there must be some evidence before going against the British Royal Commission on Venereal Diseases in favour of reports from Paris, Denmark and from the other states.<sup>87</sup> There was no evidence to suggest that the diseases were more prevalent in South Australia than in the other States where compulsion had been operating for a number of years. Ready access to means of cure, Kirby asserted, was more efficient than compulsion as shown in Glasgow during the time of the Contagious Diseases Act in Great Britain.

Parliament was in "a great hurry", wrote Kirby in a letter to the *Register* in 1920, to pass the Bill without any enquiry into the question. Kirby offered a number of questions for consideration. Parliament first needed to satisfy itself that such a measure was efficacious, necessary and, practicable. Would not compulsion serve no other purpose than to demonise the medical practitioner? If the doctor was to spy on his patients, many would avoid him and syphilis would be more concealed and more dangerous. Would not the comparatively long recovery time undermine the economic viability of the scheme? If there was to be a compulsory notification, was there to be compulsory isolation in chronic cases and at what cost and to whom? If persons who disobeyed the proposed law were detained by force as proposed, was the public going to build hospitals to give them a life-long maintenance? What object could the Government have in rushing the Bill through Parliament without due inquiry? Did they propose

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<sup>87</sup> Letter to Chief Secretary Bice from Rev. J. C. Kirby, Semaphore 1920, SRSA GRG 24/6/1920.

to force the law through without consultation with the women? Kirby pleaded for somebody in Parliament to "look before taking a leap."<sup>88</sup> It appeared that the success Kirby had achieved in preventing a contagious diseases act in the 1880s was about to be reversed.

*Passing and proclamation*

The position of the medical profession was important to the successful passing of the Bill. From a meeting with Frank Hone, Hannan became aware of the considerable body of opposition to compulsory notification of venereal diseases especially among the older members of the medical profession. It was obvious to Hannan that to carry any Venereal Diseases Bill through Parliament would be difficult given that the opinion of the leaders of the medical profession in the state was opposed to its most fundamental principle. Consequently, Hannan suggested that, with a view to determining the definite opinion of the medical profession beforehand, copies of the Bill should be furnished to Sir Joseph Verco, Dr. Hone, Dr. Rischbieth and the local branch of the British Medical Association.<sup>89</sup> Without willing co-operation on the part of the medical officers, a significant proportion of sufferers could remain outside of the knowledge of health authorities. This would have meant that, as a determinant of prevalence, notification figures would remain inconclusive. In a scheme that included the principle of compulsory notification, the obligation was on the medical officer not the patient. Thus, categorical support was the least requirement for passing the Bill.

Sir Joseph Verco, former President of the South Australian Branch of the British Medical Association, had not altered from his non-compulsionist position since delivering a paper on the subject some years before. However, Hannan "gathered" from recent communication that Verco would not necessarily be opposed to every kind of Bill providing for

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<sup>88</sup> Letter to the Editor from Rev. J. C. Kirby, "Venereal Disease", *The Register*, 11 Sept. 1920, p. 12, col. E.  
<sup>89</sup> Minute returned to the Hon. Attorney-General from Parliamentary Draftsman, A.J. Hannan, 1919, SRSA GRC24/6/1915/1338.

compulsory notification. The Association, having once passed a resolution in accord with Verco's paper, following consideration of the draft Bill, passed a subsequent resolution approving of its general principles. Their only qualification was that the provision of certificates of infection of freedom from venereal disease should not be given without confirmation by bacteriological or serological examination.<sup>90</sup>

Compulsionists like Hone saw the lack of a categorical denunciation of notification as support in principle. This was enough to convince some legislators, such as the Minister for Agriculture, T. Pascoe, that the medical side of the problem had been dealt with. In Parliament, members were urged to see the passing of the Bill as a duty. An appalling wastage in the future could be avoided by stemming the growth of a physically and intellectually degenerate race.<sup>91</sup> Such sentiments found their mark and little opposition was recorded in Parliament. Subsequently, the Bill was supported by both sides of government and in 1920 The South Australian Venereal Diseases Act was passed. In 1921 a sub-committee appointed by the Government drew up regulations under the Act.

The *Register*, by now in support of the Bill, celebrated the passing of its third reading. In September 1920, the *Register* reported that the Bill had passed its third reading with "significant celerity" during an "unusually rapid passage" through the Legislative Council. Enactment of the Bill, the paper reported, would bring South Australia into line with other states and should be welcomed as "signifying a noteworthy advance in hygienic knowledge and in the practice of humane ideals." Enlightened compassion, the paper declared, had prompted the determination to give a helping hand to men and women afflicted with "private diseases". Indeed the moral issue could no longer stand in the way of "practical pity." Self-righteousness was now an anachronism and the adjuration "Let him that is without sin cast

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90 Minute returned to the Attorney-General from A.J.Hannan, Parliamentary Draftsman, SRSA GRG 24/6/1915/1338.

91 Hon. T. Pascoe, Minister for Agriculture, "Venereal Diseases Bill", *SAPD*, 7 Sept. 1920, 578.

the first stone" would no longer do. Sufferers were urged to take advantage of provisions "designed in mercy to themselves."<sup>92</sup>

However, proclamation of the Act was another issue. It was impossible under existing conditions. A. J. Hannan, Parliamentary Draftsman, speaking at a meeting of the Health Association, suggested that any Minister who endeavoured to bring the Act into operation would encounter "a good deal of trouble."<sup>93</sup> Hannan did not elucidate but the Act had been delayed for what were described as financial and unspecified "other reasons".<sup>94</sup> One of these reasons was likely to have been that successive Governments had been unable to provide sufficient funds to establish the necessary hospital accommodation. Another was the ambiguous position of the medical profession. The issue for the medical profession was not notification but compulsion. It was possible to support the former and be opposed to the latter. Hannan, sceptical that Adelaide's medical elite was about to change its position and give unqualified support to compulsory notification, suggested consideration of the scheme prepared by William Ramsay Smith in 1916.<sup>95</sup>

#### *(xi) Conclusion*

Between 1914 and 1920 no health question was tackled so seriously as the subject of venereal diseases control. In Adelaide, the War incited a minor panic. In the early years of the war health authorities feared that existing facilities would not cope with the expected increase in cases. Governments remained determined to attack prostitution rather than countenance a new, radical and controversial health policy. As the War progressed, negative public opinion became an important factor in the reluctance of governments to follow the lead of the other states and

<sup>92</sup> "Venereal Disease", *The Register*, 9 Sept. 1920, p.6, col. F; "Anti-Venereal Bill Passed", *The Register*, 10 Sept. 1920, p. 6, col. G.

<sup>93</sup> "The Public Health: A Grave Menace", *Advertiser*, 8 Sept. 1922, p. 12, col. G.

<sup>94</sup> Minute from Inspector General of Hospitals, Bedlington Morris to Under Secretary, 4 February, 1929. SRSA GRG24/6/1925/407.

<sup>95</sup> Minute returned to the Hon. Attorney-General from Parliamentary Draftsman, A.J. Hannan, 16 June 1919, SRSA GRG24/6/1915/1338.

introduce compulsion for the control of venereal disease. Women's organisations that were at first non-committal on the issues finally came out in protest when the Bill had already been drafted. Despite the misgivings of Rischbieth regarding defaulting, the clinics appeared to be working well and the propaganda, such as it was, apparently making an impression.

By far the most significant factor in the failure to proclaim the Act was the power of Adelaide's medical elite. The support of medical officers at the coal face like Rischbieth who supported the Bill unreservedly, apparently carried little weight. The medical hegemony that Judith Smart interprets as responsible for the proclamation and enforcement of compulsion in Melbourne worked in the opposite direction in Adelaide. Differing interpretations of the position of Adelaide's medical elite was responsible for the passing of the Bill and for the failure to proclaim it. The passing of the Bill amounted to a misrepresentation of the medical elite's position. The failure to proclaim was recognition that political will was not enough to enforce compulsion when the administration of the policy was subject to the co-operation of a reluctant medical profession.

Thus, a combination of factors prevented the enforcement of compulsion at this time. As a consequence the South Australian Venereal Diseases Act 1920 remained on the statute books but unproclaimed. The opportunity to capitalise on the tacit public acceptance of Commonwealth measures to control the movement of soldiers as a mandate to push on with state legislation had gone begging. Despite the passing of the Act, it would appear in the campaign for compulsory measures, the ball remained in the compulsionist's court. The next chapter examines the aftermath of these events in the remainder of the interwar period.



# 5

## Controlling the 'Grave Menace' in Interwar Adelaide

'Hands off the liberty of the subject' is a cry not yet completely stifled, although it is fairly generally accepted in these days that when the community's health is concerned the individual must suffer restrictions, if circumstances require them...Individual liberty, expense, these can hardly stay the progress in public health!<sup>1</sup>

### (i) Introduction

In the interwar years the compulsion debate was overtaken by a series of side issues that pushed legislative change for the control of venereal diseases to the background. Compulsion lost its force for several reasons. As a direct result of the First World War, the debate surrounding public health at the national level was drawn towards the development of medical and population policy as the means for national renewal. The state of the population was a particular concern in Adelaide. In 1935, South Australia enjoyed the "doubtful distinction" of having the lowest birth-rate of all the states. In the previous year there were only 14.5 births per thousand of the population which was half the rate for 1914. The number of births in 1934 was 8,459 in a population of 584,000, making it the lowest number of births in the state since 1876, when the population was only 224,560. "To-day's need", according to *Public Health Notes* in 1935, was "more babies and better ones!"<sup>2</sup>

While the medical profession remained dominated by economic questions of markets, incomes and demarcation disputes between specialists and general practitioners, wartime experiments in medical control encouraged a "new public health lobby". The "new public health" that followed displaced the previous focus on "public hygiene" or "preventive sanitation". Proponents of the new public health among the medical

1 A. R. Southwood, "Public Health Legislation: Its Evolution in South Australia", *Medical Journal of Australia*, 23 April 1938, pp. 728-9.

2 "The Falling Birth-Rate", *Public Health Notes: Bulletin by the Department of Public Health of South Australia*, Adelaide, no. 15, (July, 1935), p. 2.

profession urged that the power of the state must be harnessed to the wider project of health education and preventive medicine.<sup>3</sup> Compulsion faltered because, while the efficiency of curative medicine for venereal diseases remained questionable, the lack of reliable prevalence statistics and the economic circumstances of the state were serious constraints on compulsion. Debate surrounding other methods of prevention during this period briefly took the focus away from compulsory notification. The movement towards preventive medicine in the case of venereal disease necessarily involved the general acceptance of measures that were as, if not more, controversial than coercive legislation. When J. H. L. Cumpston, federal Director of Quarantine and a member of the new public health lobby, urged that the knowledge and experience gained in the control of venereal disease under military conditions should be extended for the benefit of the civil community, a new debate opened up.

(ii) *Prevalence*

In the interwar period determining just how much venereal disease existed in Adelaide was an issue fraught with difficulty, mainly because there were no reliable figures to go by. Figures of attendance at the clinics were used as a guide but by no means accepted as an accurate indication of the extent of the problem. This was understood by all concerned. Sometimes there were hysterical predictions as to the level of the problem. At a meeting of the Public Health Committee of the Adelaide City Council in 1933, Lord Mayor Councillor Barrett (no relation to Sir James) referred to a report from the Medical Officer of Health. It appeared that the number of cases treated at the Venereal Clinic at the Adelaide Hospital for the year ending 31 December 1932 was smaller than might be expected. Drawing on data supplied in the *Commonwealth Year Book*, Barrett calculated that in a city the size of Adelaide, taking the life of a man at 28 years, in a city of 50,000,

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<sup>3</sup> James A. Gillespie, *The Price of Health: Australian Governments and Medical Politics 1910-1960*, (Cambridge University Press, Cambridge, 1991), p. 31.

2000 would become infected during a 10 year period with an infection ratio of 6 men to one woman. In 1932, only 600 new cases were reported at the Clinic at the Adelaide Hospital. This could only mean, in Barrett's estimation, that 1,400 persons were either receiving private advice or not being treated.<sup>4</sup>

Such postulations were met with derision from the Medical Officer of Health for Adelaide, Dr. E. A. Johnson, who seemed impatient with the emotional responses associated with the problem from officials and the general public. As far as Johnson was aware, no really reliable statistics existed on which to base an opinion. The prevalence of venereal diseases, Johnson admitted, was probably worse than the notification figures of other states suggested, but to what extent was unknown. Johnson chastised the "self-appointed authorities" who reported that "practically everyone is suffering, either consciously or unconsciously, from acquired or inherited venereal disease while others laugh at the idea."<sup>5</sup>

The Report of the Commonwealth and states of Australia Conference on Venereal Diseases in Melbourne in 1922 did not consider that venereal diseases legislation had been in force long enough to form an opinion based upon reliable statistical data that any reduction in the prevalence of venereal disease had occurred. However, it was possible to draw some conclusions. Firstly, while conditions during the war had drawn attention to the prevalence of venereal diseases in Australia, there was no definite evidence that there was any appreciable increase in venereal diseases in the general community as a result of the discharge of returned soldiers.<sup>6</sup> Secondly, judging from the infant mortality rates of children under one month of age, the Conference could cite no evidence to show that the passing of legislation had resulted in any reduction in the prevalence of congenital venereal infection. Thirdly, the Acts were thought to be unequal

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4 Minutes of the meeting of the Public Health Committee 24/4/1933. ACA TCD (15) TCSF (S4) File No: 194A - Venereal Diseases. \* Handwritten note suggests that this may be an error.

5 Memo from the Medical Officer of Health, Dr. E. A. Johnson, to the Town Clerk, Adelaide, 2 May 1933. ACA TCD (15) TCSF (S4) File No: 194A - Venereal Diseases.

6 *Report of the Commonwealth and States of Australia Conference on Venereal Diseases*, Melbourne 3 Feb. 1922, p. 9.

in their effectiveness across the community, bringing more men than women under treatment. Although the Acts were equally successful in securing both private and hospital patients more effective treatment, they were not equally successful as far as notification was concerned.

Nevertheless, there had been an "apparent diminution" in prevalence which the Conference saw as ample justification for the continuance of the Acts. Despite the reluctance to state categorically that the legislation had achieved the purpose for which it was enacted, the Conference determined that it had at least been a contributing factor in the production of a more complete appreciation by practising medical officers of the "national gravity" of venereal diseases, and contributed to a valuable co-operation between the general profession and the health authorities.<sup>7</sup> Furthermore, as a result of the passing of the Venereal Diseases Acts in other states, a greater proportion of persons infected with venereal diseases had received more effective treatment than before. But this was also partly due to the opening of clinics offering greater opportunities for free and efficient treatment. In spite of the consequential success of the various Venereal Diseases Acts, the Report of the Royal Commission on Health 1926 regarded the prevention and control of venereal disease generally as a complicated problem incorporating more than just medical or scientific concerns. Economic, political, social, moral, and even religious considerations, required that progress be slow and gradual. Hence too much should not be expected from legislation that was difficult, and in some respects impossible, to enforce.<sup>8</sup>

*(iii) Venereal diseases control in Adelaide*

By 1922, Adelaide legislators were beginning to ask questions about the delay in putting the South Australian Venereal Diseases Act into operation. The Attorney-General and Premier explained that the delay was

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<sup>7</sup> *Ibid.*

<sup>8</sup> Report of the Royal Commission on Health 1926, *Commonwealth of Australia Parliamentary Papers* General Vol. iv, 1926-27-28, p. 28.

due to the expense of effective administration, and that provision was being made on the Estimates for money required for necessary buildings.<sup>9</sup> In 1922-23, the Loan Estimates Committee voted £5000 for the erection of accommodation for venereal diseases cases at the Adelaide Hospital. Sketch plans of accommodation were drawn up by the Architect-in-chief and returned with suggestions by the Inspector-General of Hospitals.<sup>10</sup> Before recommending proclamation, Chief Secretary Bice pointed out the estimated expense involved in bringing the Act into force. Inspector-General of Hospitals Bedlington Morris estimated that the erection of a Venereal Diseases building at the Adelaide Hospital would cost approximately £6,000 with administration running to £4,500. Based on these figures, Bice recommended that proclamation be deferred until accommodation could be provided.<sup>11</sup> The Premier appeared to be dissatisfied with Morris' estimate, insisting that the only expenses in connection with the operation of the Act that were unavoidable were the fees payable to medical practitioners for notifications (2/6d for each notification), the cost of hospital treatment for patients suffering from a venereal disease, and the expense of printing and distributing forms required under the regulations.<sup>12</sup>

But the standard of facilities for diagnosis and treatment in the Adelaide Night Clinic and its ability to cope with increased numbers of patients had been a cause of considerable concern for doctors at the 'coal face' for sometime. Rischbieth had argued in 1919 that it was impossible under existing conditions to employ the most modern methods. Even to approach modern standards of care under existing conditions would require the clinic to be operating night and day. A much larger staff, as well as additional apparatus, would be required. It was, therefore, necessary to employ "older methods" and allow the patients to undertake some of their

<sup>9</sup> "Venereal Diseases Act", *SAPD*, 18 Oct. 1922, p. 993; "Venereal Diseases Act", *SAPD*, 7 Aug. 1923, p. 120.  
<sup>10</sup> Memo, November 13, 1933. SRSA GRG24/6/1933/1135.

<sup>11</sup> Minute from Chief Secretary Bice, 9 Sept. 1921. SRSA GRG24/6/1921/143

<sup>12</sup> Minute to the Chief Secretary from the Premier and Attorney General, 28 July 1922. SRSA GRG24/6/1921/143

treatment themselves.<sup>13</sup> Despite renovation by 1925 the situation was still unsatisfactory. In his evidence at the Federal Commission on Public Health, Dr Glen Howard Burnell, medical officer in the Night Clinic with Rischbieth, alluded to the conditions under which venereal diseases were treated. Under existing methods of treatment, Burnell was convinced that the clinic was not getting the best results, especially with female cases. The money spent on the treatment of females was being wasted. It was useless, in Burnell's view, to treat a woman suffering from gonorrhoea only once a week. In his experience, most women were not able to treat themselves effectively in their own homes. As far as the clinic was concerned, Burnell testified, "for all the good we are doing on the female side, we might as well shut down."<sup>14</sup> Burnell complained that he had to see up to 100 cases a night in one room. Although there was an irrigation room in which patients could "irrigate" themselves, Burnell declared that he had no "special" equipment.<sup>15</sup> As a result, the clinic was not used effectively by the public. "They do not want the secondary treatment," Burnell declared, "and I am sure if they were given first class treatment, every one would go."<sup>16</sup>

When asked his opinion on what improvements should be made, Burnell suggested that more money be spent on facilities, the clinic open every night in the week, more medical officers be appointed and none asked to treat more than 25 cases at one time.<sup>17</sup> Furthermore, Burnell complained that the profession did not know enough about the treatment of gonorrhoea, medical students were not adequately trained in dealing with venereal diseases and that given the conditions at the Night Clinic, he had no time to instruct students in the necessary procedures even if the appropriate equipment was available.<sup>18</sup> Finally, Burnell accused the Government of establishing the clinic "just to save its face." In his view the Government, having provided somewhere to treat venereal disease, could

<sup>13</sup> Annual Report of the Board of Management of the Adelaide Hospital 1919, p. 10.

<sup>14</sup> Dr. Glen Howard Burnell, Royal Commission on Health, Minutes of Evidence, (Melb. 1925), (15864)

<sup>15</sup> *Ibid.*, (15872-3)

<sup>16</sup> *Ibid.*, (15905)

<sup>17</sup> *Ibid.*, (15906)

<sup>18</sup> *Ibid.*, (15868-73)

have been seen to have done its job and served to placate public concern.<sup>19</sup>

Rischbeith's and Burnell's assessment of the Out-Patients' Department is confirmed by J Escourt Hughes. In his *A History of the Royal Adelaide Hospital* he described the building as consisting of "a small waiting hall and a warren of rooms which lacked almost every convenience."<sup>20</sup> In 1929 the Department moved to a new building but because of increasing demand, this too quickly proved inadequate. In 1932, in the grip of economic depression, work commenced on yet another new building to house the Out Patients' Department. In 1933 the situation was unchanged. In a report to the Inspector-General of Hospitals, the Medical Superintendent of the Adelaide Hospital outlined the state of affairs. While admitting that facilities for treatment at the Out-patient Department at the Hospital were meagre, the Superintendent argued that the building was designed to be purely a temporary Out-patient Department. In view of its subsequent function the cost of construction was limited to a sum insufficient to provide for all out patient requirements. "The present building," wrote the Superintendent,

is occupied every morning by medical, surgical and other clinics; on two afternoons in the week by medical and surgical clinics; on three afternoons by the massage and diathermy department; and on six nights in the week by the venereal diseases clinic; the Dispensary is small, and patients rather handicapped in securing access to its neighbourhood. When it is understood that frequently almost six hundred prescriptions per day are made up by two dispensers, it must be obvious that congestion is inevitable, and must prevail until the large new premises and greater dispensing staff are available.<sup>21</sup>

Thus, the Venereal Disease Night Clinic remained a poor relation as far as health services were concerned. Given the economic difficulties, this forced the consideration of alternative methods of prevention. As has been demonstrated in previous chapters, the medical profession, social reform organisations and the church were divided on the issue of venereal diseases

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<sup>19</sup> *Ibid.*, (15905).

<sup>20</sup> J Escourt Hughes, *A History of the Royal Adelaide Hospital*, (The Board of Management of the Royal Adelaide Hospital, Netley, 1982), p. 32.

<sup>21</sup> Report of the Medical Superintendent of the Adelaide Hospital to the Inspector-General of Hospitals, 20 Nov.1933. SRSA GRG78/1/1934/304.

control between the compulsionists and the non-compulsionists. However, a new debate developed that forged alliances between both camps. Indeed, despite their differences over the issue of compulsion, Rischbieth and Burnell found common ground over the issue of the poor facilities at the Night Clinic. However, their ideological differences about compulsion remained throughout their respective careers.

Such a strain on facilities also brought under review the principle of free treatment at the Night Clinics. The recommendation by the South Australian Branch of the British Medical Association that free bacteriological services should be extended to private patients who were unable to pay, did not commend itself to the judgement of the Chairman. Under the scheme, all hospital in-patients, out-outdoor and those attending night clinics received bacteriological testing services free of charge. The Chairman argued that the extension of the principle of free treatment to everybody would mean an enormous cost and a reorganisation of the laboratory staff. Publicity surrounding venereal disease including films, lectures, books, advertisements and plays had aroused active public interest. With nearly 200 doctors in the metropolitan area, the Chairman argued, increasing numbers of people who imagined or dreaded having the disease would "embrace the opportunity of a free bacteriological test." Furthermore, as so many medical complaints were supposed to be directly or indirectly caused through venereal diseases, the demand for such treatment would "develop to a very big item" if it were available to patients at no cost to themselves. Therefore, a patient in such a financial position that allowed him to be treated outside hospital and pay his doctor's fees as well as the cost of medicine should be responsible for his own laboratory fees. The Chairman was prepared to reduce the fees for laboratory work but indicated that it was likely that some work done in the laboratory would have to be left undone "and consequently many interests suffer accordingly."<sup>22</sup>

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<sup>22</sup> Chairman's report to the Board of Management on proposal from the S.A. Branch of the British Medical Association, 19 March 1917. SRSA GRG 24/6/1917/227.



While the defaulter was the problem for compulsionists like Rischbieth, the affluent attender also attracted criticism. Whether those who could pay were prepared to if there was an opportunity for free treatment was the heart of the matter as far as a section of the medical profession and some administrators were concerned. Within two and a half years of the Adelaide clinics opening, the Board of Management of the Adelaide Hospital began to suspect that attenders were abusing the system. The report of 1919 noted that the first year's contribution was only £50 9s for 5,055 attendances of 468 patients, and in the second year contributions amounted to £7 1 0s 6d for 5,560 attendances of 379 patients.<sup>23</sup> The Board deduced that those who were able were not contributing to the cost of their treatment.

Meanwhile, the Commonwealth Government subsidy offered to states where compulsory notification for venereal diseases was operating also became an issue. The Government argued that, while provision was made for the treatment of venereal diseases cases at the Adelaide Hospital, the provisions of the Venereal Diseases Act of 1920 could not be carried out in the absence of proper facilities. Until these facilities were provided and the Act proclaimed, no claim could be made by the South Australian Government for subsidy.<sup>24</sup> This was a conundrum for the Government. In an interview with the National Council of Women in 1928, the Chief Secretary, H. Tassie, expressed the view that, despite the lack of statutory control in the state, good work should be rewarded and the subsidy might be paid on these grounds. With £15,000 allocated to the various states for the administration of their respective venereal diseases control policies, if South Australia received only 10 per cent this may have covered almost the entire cost of the voluntary system which was estimated to be £1759 in 1932. The cost of a compulsory scheme was estimated at £5600.<sup>25</sup> Even with the subsidy, compulsion was an expensive alternative to voluntarism. With

<sup>23</sup> Annual Report of the Board of Management of the Adelaide Hospital printed in "Night Clinics", *The South Australian Government Gazette*, 15 May 1919, p. 886.

<sup>24</sup> "Venereal Diseases", *SAPD*, 4 Sept. 1924, p. 517.

<sup>25</sup> Memorandum, 13 Nov. 1933. SRSA GRG24/6/1933/1135.

such practical and economic considerations pre-occupying legislators, proclamation of the act of 1920 seemed impossible.

(iv) *Prophylaxis*

The state of curative medicine for venereal diseases meant that acceptable alternatives to compulsion must be found. In an article in the *Medical Journal of Australia* in 1922, based on a reply to an inquiry instituted by the *Office Internationale d'Hygiène Publique* in Paris, Rischbieth revealed that his earlier declaration that he could cure every case of syphilis that was presented to the Night Clinic was looking shaky. He wrote,

I have grave fault to find with neo-arseno-benzol and with the other drugs ... because their original therapeutic promise has not been fulfilled. They ... no longer give such permanent good results. In the specimens that we obtain here larger doses and more of them are required to produce the desired disappearance of the response to the Wassermann test than formerly. And the proportion in which the alteration of the serum is not permanent, is increasing. It is conceivable that we are dealing with a more virulent strain of *Spirochaeta pallida* than formerly or a type of patient with lesser powers of resistance ... The therapeutic value of specimens of the same drug varies from time to time and I can only conclude, as the result of my clinical observation, that it is becoming less and less.<sup>26</sup>

From this time some compulsionists, such as Rischbieth were beginning to acknowledge that other methods might be as effective, if not more so, than compulsion. Such methods would require a different way of thinking about diseases among the general public. In an article to the press during "Health Week," Rischbieth declared that "no good and much harm" would result from confusing the practical problem of medicine with others of a social, ethical, and moral nature, however important. The problem was not one of ethics or of morals, but of natural science. "Do not let us confuse the problem of its eradication with other problems," pleaded Rischbieth. "Do not let us speak of syphilis in sensational language, and call it 'the red plague'", but by its proper name. "Do not let us call it 'the social evil'- if by that term we mean syphilis - for it is in that sense a misnomer." Instead, "let

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<sup>26</sup> Harold Rischbieth, "The Therapeutic Value of the Arseno-Benzol Drugs", *Medical Journal of Australia*, 21Oct. 1922, pp. 472-474.

us think clearly." Rischbieth appealed to all those who were interested in the welfare of children for moral support in the world-wide movement "now getting under way for the eradication of syphilis."<sup>27</sup> This movement was for prophylaxis or post-coital self-disinfection.

In Australia, prophylaxis was the subject of a national debate. The Report of the Commonwealth and states of Australia Conference on Venereal Diseases, at Melbourne, in February 1922 advocated that immediate self-disinfection prophylactic depots for both males and females be established as widely in the community as practicable.<sup>28</sup> This innovation was largely due to the campaign by Sir James Barrett, President of the Australian Association for Fighting Venereal Diseases. The aims and objectives of the Association were to provide education "respecting the physiological laws of sex," by competent medical experts to young people of "suitable age"; to supply suitable lecturers to give instruction, "including reference to all the functions of the body", to adolescents of 17 years of age and upwards; to disseminate by medical practitioners and other qualified persons information on the nature, prevalence, principles of prevention, and treatment of Venereal Diseases; to arrange courses or lectures and issue suitable literature; and to promote legislation bearing on the notification, prevention, and treatment of Venereal Diseases, "but not such as could be interpreted as regulating or giving any countenance to vice."<sup>29</sup>

Although prophylaxis was seen by some in the medical profession, such as Sir James Barrett who had military experience, as progressive and scientific, others were more cautious. The separation of the medical and the moral, urged in Adelaide by the press and some medical practitioners, was not seen as necessary or appropriate by others. In 1922, similar appeals in the *Medical Journal of Australia*. One practitioner wrote

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27 "Venereal Diseases: The Problem of Syphilis By a Medical Practitioner ", *The Register*, 12 October 1922, p. 7, col. G. The practitioner was most likely Rischbieth. See for almost identical comments "The Public Health: a Grave Menace", *The Advertiser*, 8 Sept. 1922, p. 12, col. G in which he is mentioned by name.

28 *Report of the Commonwealth and States of Australia Conference on Venereal Diseases*, Melbourne, 3, Feb. 1922.

29 Pamphlet by Australian Association for Fighting Venereal Diseases. "The Venereal Diseases Problem - A Memorandum Issued For The Information Of All Responsible Citizens", c 1922. CA TCD (15) TCSF (53) Docket NO. 389/1931 - Venereal Diseases.

For the honour and prestige of the profession we all love and reverence, as well as for the great moral effect on the community of such an action, I would urge that we doctors take up, not only the therapeutic, but also the idealistic side of this campaign ... we are one of the greatest, perhaps the greatest, moral forces in the community, though an unconscious one. Being so, we have enormous opportunities for either good or evil influence and it is surely "up to us", if we are going to launch personal prevention with its potential moral dangers on our public, not only to minimise those danger by our method in it, but also to counterbalance them by very clearly showing where we stand in regard to the idealistic side of the whole sex problem.<sup>30</sup>

In response, Sir James attempted to defend himself and prophylaxis. He was sensitive to the belief among some sections of society that prophylaxis would induce immorality by rendering promiscuity safe and should, therefore, be concealed from the public in their moral interest. But he also believed that the suppression of facts and the denial of the right of individual judgement in matters of conscience was indefensible and that there was no justification for bishops or doctors to lay down the law in matters concerning the conduct of others.<sup>31</sup> The right policy, Sir James argued, was to "state the whole case broadly" to mixed audiences, leaving out medical detail, and ask citizens to think the matter out for themselves. Those who then required technical details could consult their medical practitioners.<sup>32</sup> He asserted that he had never ignored the moral problem but objected to mixing the moral with the medical. In view of the supposition that the majority of those infected acquired the disease innocently, he regarded the action of moralists "who try to block prophylaxis as nearly criminal." Furthermore, he suggested that most medical practitioners would not sympathise with a movement that suppressed the truth and denied the right of individual judgement.<sup>33</sup> The medical profession, Sir James insisted, was now "really moving" and was "prepared to publicly face the facts."<sup>34</sup>

Clearly the medical profession generally supported prophylaxis in principle, providing that it was proven to be effective and accompanied by

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30 Letter from Jack W. Bean to *The Medical Journal of Australia*, 4 Feb. 1922, pp. 137-8.

31 Letter from James W. Barrett to *The Medical Journal of Australia*, 1 April 1922, pp. 368-9.

32 *Ibid.*

33 *Ibid.*

34 Letter from James W. Barrett to *The Medical Journal of Australia*, 11 Feb. 1922, pp. 169-70.

education. An article in the *Medical Journal of Australia* of 1923 commented that, even though the prophylactic packets issued to soldiers during the war had been proved to be of dubious benefit, under military discipline, ablution centres had served an invaluable purpose. However, there was some doubt within the medical profession as to the value of prophylaxis in the civil community. As a primary weapon in the fight against venereal disease, prophylaxis had not shown itself to be decisive in Britain. The news that after two and a half years the two ablution centres provided by the Manchester Town Council had been closed was an issue that demanded attention from proponents of prophylaxis in Australia. The author logically suggested that the decision to close the centres indicated that in the view of Manchester health authorities the system had been given a fair trial in a civil community and had been found inefficient as a means of preventing infection on a large scale.<sup>35</sup>

The national prophylaxis campaign, led by Barrett himself, reached Adelaide in 1924. In August of that year, a Science Congress under the auspices of the Australasian Association for the Advancement of Science brought Barrett to Adelaide.<sup>36</sup> Alarming statistics quoted by Barrett for Melbourne compelled the cry from the *Register*, "Oh God that our own lovely city of Adelaide be not placed in the same category."<sup>37</sup> Nevertheless, his reputation preceded him and he drew an interested audience of officials. Barrett, as President of the Association for the Prevention of Venereal Disease, gave an illustrated lecture at the Adelaide Town Hall under the auspices of the Public Health Association "to a crowded audience" on the methods necessary for combating venereal diseases. Among many other subjects the Congress discussed syphilis as an important factor in early infantile mortality, insanity, mental deficiency and related conditions. Barrett outlined three ways of "fighting the disease". The first was early

<sup>35</sup> "The Prophylaxis of Venereal Disease", *The Medical Journal of Australia*, 27 October 1923, pp. 443-4.

<sup>36</sup> The aim of the Association was to give stimulus and "more systematic direction to scientific enquiry", obtain a greater degree of national attention to the objects of science, and remove the disadvantages that impede its progress. "Science Congress Opened in Adelaide", *The Advertiser*, 26 Aug. 1924, p. 11, col. A-D.

<sup>37</sup> "The Red Plague", *The Advertiser*, 28 Aug. 1924, p. 15, col. D; "Venereal Disease", *The Register*, 29 Aug. 1924, p. 8, col. C&D.

marriage, the second, proper treatment. But it was the third method that gave rise to controversy. Although Barrett believed legislation was important, "scientific investigation" could now demonstrate, so he believed, that anyone exposed to infection could by the adoption of "certain medical sanitary methods", escape infection.

The cry that such methods resulted in increased immorality was answered by the fact that if venereal diseases had been sent to make people moral then it had failed. From his experience in managing large bodies of men, Barrett argued that fear was no deterrent. On the other hand, he questioned how the medical profession could justify withholding knowledge that could prevent the infection of unborn children.<sup>38</sup> Practical suggestions to combat the problem included ante-natal supervision and the provision of clinics and expenditure from the public purse. But as well as these oft-cited solutions members of the Congress urged the necessity of courting public approval.<sup>39</sup>

Local doctors had in fact considered the prophylaxis issue even before Barrett arrived in Adelaide. While Rischbeith was compulsion's staunchest supporter, even before the 1920 act was passed he admitted that there were "other matters" of considerable importance in the suppression of syphilis. Prophylaxis by the use of calomel ointment should be brought to the notice of everyone likely to run the risk of venereal infection. Despite Rischbeith's resolve on the issue of compulsory notification and treatment, he conceded that prophylaxis by the above method "would probably do more than any other single measure to diminish the incidence of syphilis."<sup>40</sup>

For the dissemination of the sex hygiene message in Adelaide, the pamphlet proved to be an acceptable vehicle. The pamphlets issued during the interwar years went no further than to describe the symptoms, outline

38 "The Red Plague", *The Register*, 29 Aug. 1924, p. 11, col. G.

39 "Infant Mortality", *The Register*, 30 Aug. 1924, p. 10, col. B; "Increased Midwifery Facilities", *The Register*, 30 Aug. 1924, p. 10, col. B.

40 Letter from Harold Rischbeith to Hon. T. Pascoe, Minister for Agriculture, 18 Aug. 1920. SRSA GRG24/6/1915/1338. Reproduced in "Venereal Diseases Bill", *SAPD*, 7 Sept. 1920, p. 575.

complications and advise that treatment should be early and maintained.<sup>41</sup> In order to make the pamphlet widely available, the Local Board of Health for Adelaide offered to supply copies, without charge, for distribution by other local boards.<sup>42</sup> In 1934, there was a move afoot to include information specifically dealing with prophylaxis in a pamphlet for the general public. Although Rischbieth acknowledged that the original had "improved out of all knowledge" since his time. Indeed, Rischbieth wrote in a letter to Albert Southwood, Chairman of the Central Board of Health, that nothing better could be done for the purpose. His only complaint was that there was nothing about prevention. If venereal diseases is to be obliterated, argued Rischbieth, the main thing was prophylaxis and without some reference the pamphlet would lose much of its use and value. Although physicians seldom saw the ravages produce by untreated or inefficiently treated syphilis, Rischbieth asserted, there was a tendency "in the younger school" to "let up" on it. The "master key" was prevention, and Rischbieth suggested that the pamphlet go into detail as far as instruction was concerned.<sup>43</sup>

Southwood favoured the pamphlet that was issued by the Adelaide Hospital authorities to patients attending the venereal diseases clinics. When the time came for new supplies to be printed, upon the advice of Rischbieth, Burnell and the Inspector-General of Hospitals, Southwood suggested some amendments that included instruction on prophylaxis, which all agreed was necessary for the eradication of venereal diseases.<sup>44</sup> However, a week later on the way to Fremantle by train, Southwood had a change of heart. He had noticed that in a pamphlet issued by the Department of Public Health, Western Australia, no details were given for

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41 *Venereal Diseases*, pamphlet issued by the Local Board of Health for the City of Adelaide, Oct. 1933, passim. ML 616.951 A228.

42 Circular to the Local Boards of Health in South Australia from the Secretary of the Local Board of Health for the City of Adelaide, 13 Nov. 1933. ACA TCD (15) TCSF (S4) File No: 194A - Venereal Diseases.

43 Letter from Harold Rischbieth to A. Southwood, Chairman of the Central Board of Health, 28 March 1934. SRSA GRG8/1/1934/8.

44 Report the Chief Secretary from A. R. Southwood, Chairman of the Central Board of Health, 3 April 1934. SRSA GRG8/1/1934/8.

prevention, but instead, abstinence was recommended. Stating that he did not like those "nasty details of preventive treatment", Southwood recommended that all references to prevention should be left out. It was unlikely, Southwood remarked, that many laymen would be able or interested enough to carry them out properly.<sup>45</sup> Southwood declared his misgiving about prophylaxis and his concern that the moral dimension was being ignored became evident in 1939, shortly before the outbreak of World War II, when he wrote in an article for *Public Health Notes*:

To lead the people in the way of health by teaching them is a sounder plan than to try to give them by compulsory measures. The building up of a strong vigorous race - free from taint of venereal disease - can be assisted by the more general indulgence of adolescents in athletics and healthy recreations, by fostering and increased pride in personal fitness, and by the wider development of soundly - based home life. These are the best prophylactics to use.<sup>46</sup>

The Public Health Committee of the Local Board of Health for Adelaide suggested that a medical man be authorised to give lectures on behalf of the Adelaide Local Board of Health to young people in offices and gymnasias on the dangers and prevalence of venereal diseases and on the necessity of seeking medical advice immediately the symptoms become apparent.<sup>47</sup> Other proposals included the employment of female doctors to lecture to women, instruction for school boys from the age of 15 years, the establishment of ablution centres, and the inclusion of notices in public conveniences of advice on where interested persons might apply for information.<sup>48</sup>

It was thought that some of these proposals were bound to excite criticism. On the practical side, Medical Officer of Health Johnson believed that no medical man would lecture to people on the prevention of venereal diseases. Any attempt, Johnson warned, to explain sexual hygiene to the community would draw accusations of encouraging young people to

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<sup>45</sup> Letter from the Secretary of the Central Board of Health to the Chief Secretary, 18 April 1934. SRSA GRG8/1/1934/8.

<sup>46</sup> A. R. Southwood, "How to Control Venereal Disease", *Public Health Notes*, no. 30, (April, 1939), pp. 22-3.

<sup>47</sup> Minutes of the meeting of the Public Health Committee 24 April 1933. ACA TCD (15) TCSF (S4) File No: 194A - Venereal Diseases. Handwritten note suggests that this may be an error.

<sup>48</sup> Minutes of the meeting of the Sub-Committee re Venereal Diseases appointed by the Public Health Committee - 7 June 1933. ACA TCD (15) TCSF (S4) File No: 194A - Venereal Diseases.



immorality. Furthermore, the Depression did not appear to be the appropriate time to appoint doctors to salaried positions for the purpose of advising people who had contracted a venereal disease. In any case, Johnson believed that while, in Adelaide, there was no attempt to teach people the few simple precautions necessary to avoid infection, every warning and assistance to obtain medical advice in the cure of the diseases was already given.<sup>49</sup> Prophylaxis was really only entertained by a scientific minority and did not represent an alternative to compulsion. Thus, the prophylaxis debate failed to excite significant interest or support, and in Adelaide as elsewhere, treatment remained curative rather than preventative. Instead, the question of popular education drew suggestions for the inauguration of a national campaign against syphilis using propaganda, cinema films, and popular articles in the press.<sup>50</sup>

*(v) Propaganda*

At the Conference on Venereal Diseases in Melbourne in 1922, parents, along with educational, philanthropic and religious organisations were urged to press the necessity for a sustained and concerted campaign for more vigilant enforcement of legislation.<sup>51</sup> In the absence of legislation in Adelaide, with prophylaxis discounted, compulsionists and non-compulsionists urged a concerted campaign of education. Dr. Burnell declared that nothing was being done because it was no one's responsibility. In his opinion, some effort should be especially directed towards the control of venereal disease, as opposed to general health, before any good results could be obtained. Burnell recommended an educational campaign on the lines of that given by Sir James Barrett, including Commonwealth-

49 Memo from the Medical Officer of Health, Dr. E. A. Johnson, to the Town Clerk, Adelaide, 2 May, 1933. ACA TCD (15) TCSF (S4) File No: 194A - Venereal Diseases.

50 "Infant Mortality", *The Register*, 30 Aug. 1924, p. 10, col. B; "Increased Midwifery Facilities", *The Register*, 30 Aug. 1924, p. 10, col. B.

51 *Report of the Commonwealth and States of Australia Conference on Venereal Diseases*, Melbourne, 3 Feb. 1922.

sponsored lectures, special films, and the appointment of an expert in the field to visit the states.<sup>52</sup>

Dr Rischbieth's suggestion in 1922 that propaganda advertising the Venereal Clinics be displayed in Adelaide's "sanitary conveniences" alarmed both the Chairman of the Public Health Committee, E. Angus Johnson, and the Medical Officer of Health, T. Borthwick. In their view such a suggestion could not be entertained, as an isolated act, on the grounds that it would bring discredit on public utilities which had established a reputation for scrupulous cleanliness and freedom from the risk of conveying disease.<sup>53</sup> By 1924 the Local Board of Health of Adelaide had produced its own poster for display in public conveniences. The poster was modelled on one produced by the Australian Association for Fighting Venereal Diseases for use in Victoria where a system based on compulsory notification and treatment was operating. All references to legal obligation were replaced with words of encouragement to seek advice and early treatment at either the Adelaide Hospital or the Children's Hospital in North Adelaide.<sup>54</sup>

At a session of the Health Association of Australasia Barrett, Purdy, and Hone enthusiastically praised the use of films as means of health propaganda. The idea was also supported by the industry. A representative of *the Advertiser* approached the managers of the leading picture theatres in Adelaide and asked if they would be prepared to co-operate in a health campaign by screening health films. The *Advertiser* reported that the managers were unanimous in their sympathy with a scheme that had as its object the physical welfare of the community. However, great discretion

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52 Dr. Glen Howard Burnell, Royal Commission on Health, Minutes of Evidence, (Melb. 1925), (15907, 15909, 15737, 15939); In 1927 a Division of Tuberculosis and Venereal Disease was established in the Commonwealth Department of Health, with a medical officer as Director. This Division ceased to exist in April, 1932.

53 Letter from E. Angus Johnson, Chairman, Public Health Committee & T. Borthwick, MOH, to the Secretary Local board of Health, 19 Sept. 1922. ACA TCD (15) TCSF (S3) Docket No: 2876/1924 - Venereal Diseases.

54 Memo from E. Angus Johnson, MOH, to Secretary Local Board of Health Adelaide, 1 Sept. 1924. ACA TCD (15) TCSF (S3) Docket NO. 2876/1924 - Venereal Diseases.; Letter from Secretary, Adelaide Hospital Board to Secretary Local Board of Health Adelaide, 13 Sept. 1924. ACA TCD (15) TCSF (S3) Docket NO. 2876/1924 - Venereal Diseases; Letter from Secretary Local Board of Health Adelaide to Sir James Barrett, President, Australian Association for Fighting Venereal Diseases, 14 Jan. 1925. CA TCD (15) TCSF (S3) Docket NO. 2876/1924 - Venereal Diseases.

would have to be exercised in showing films dealing with venereal diseases. Mr. F. E. Chivers, manager of West's Olympia, was prepared to show films of an educational nature but was cautious about showing them to mixed audiences for fear of causing offence. Mr. W. Foster, manager of the Wondergraph Theatre, greeted the ideal with enthusiastic support as well as offering some advice. The films should, if possible, be in story form. Medical facts couched in technical language would be of no use, but stories of "human interest which drove home the essential points would be popular." He pointed out that the American film, "The End of the Road," which had already enjoyed a successful run three years previously in Australia, had treated the problem without being offensive and there had been no complaints of it being out of place on a picture programme. Mr. Claude E. Webb, manager of the York Theatre, declared that he would not show anything that was not suitable for women and children. For this reason, as far as Webb was concerned, the films dealing with venereal diseases should only be at special screenings, so the public would know beforehand what they were going to see.<sup>55</sup>

"Damaged Lives", an American production sponsored by the various Social Hygiene Association of the world, offered something different to devotees of the motion pictures. The *Advertiser* described the film as "a dramatic portrayal of a human drama, conveying at the same time a definite lesson to adults and adolescents of the danger lurking for the thoughtless in the so-called 'social-diseases.'" Presented in Australia under the auspices of the Racial Hygiene Association of New South Wales, it was followed by a "frank and illustrated lecture" which "dealt tactfully and delicately, with sex reproduction and physiological facts having to do with the ... effects and cure of certain diseases."<sup>56</sup> The film was so successful that it was held over for a second week. In a revealing act, the Adelaide City Council in late 1933

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<sup>55</sup> "Health Propaganda", *The Advertiser*, 26 Aug. 1924, p. 9, col. A; see also *The Advertiser*, 26 Aug. 1924, p. 8, col.F.

<sup>56</sup> "Damaged Lives' Showing in Adelaide Soon", *The Advertiser*, 30 May 1934, p.10, Col F.

attached its demand to the Government to proclaim the Venereal Diseases Act to the screening of "False Shame".<sup>57</sup>

This form of acknowledgement of the existence of the evil, the *Register* assured, was preparatory to the attempt to overcome it.<sup>58</sup> The campaign, as far as the press was concerned had almost demolished the social convention that forbade the mention of the words "syphilis" and "gonorrhoea". Other social conventions that automatically placed women in the frame as the purveyors of venereal diseases were still firmly intact. However, as had been the trend, at this time it was not the prostitute who attracted the most heat.

*(vi) Policy and problem women*

Prostitution appeared to be less of a problem than it had been for some time. Special attention given to known houses of ill fame by plain clothes police and policewomen had revealed that only a few existed. Indeed, solicitation by prostitutes in the streets of Adelaide was thought to be seldom detected because it was rarely indulged in.<sup>59</sup> Although this was perhaps an optimistic exaggeration the nature of prostitution had not changed. In 1936, this view was supported by the response of the Principal Women Police to a questionnaire from the Central Authority in Australia for the Suppression of White Slave Traffic.

There have been no marked changes in the character of prostitution observed in recent years. The professional brothel-keepers are all married women, most of whom support their husbands and children in comfortable homes not in the proximity of the brothel. Brothel-keeping is on the decline in Adelaide, partly due to the active measures taken by the police for the suppression of this form of vice. I think also, that owing to the increasing advertising and sale of contraceptives it is possible more people are indulging in promiscuous sexual intercourse than formerly, when there existed always the fear of grave social consequences, at least to the woman. This would naturally affect the brothel-keeper and street loiterer to a considerable extent.<sup>60</sup>

<sup>57</sup> Theatre advertisement for "False Shame", *The Advertiser*, October 25, 1933, p. 2.

<sup>58</sup> "Venereal Disease", *The Register*, 29 Aug. 1924, p. 8. col. C&D.

<sup>59</sup> Letter from the Under Secretary for the Chief Secretary to Mrs. L.E. Goodisson, Organising Secretary of the Racial Hygiene Centre of N.S.W. in reply, 8 Aug. 1928. SRSA GRG24/6/1928/731.

<sup>60</sup> Answers by the Principal Women Police supplied in response to questionnaire from H.E. Jones, Central Authority in Australia for the Suppression of White Slave Traffic, 18 Aug. 1936. SRSA GRG5/2/1936/1655.

Some members of the medical profession reported on the lessening significance of the prostitute in the control of venereal diseases. When asked at the Federal Commission on Public Health in 1925 what proportion of cases attending the Night Clinic had been due to the professional prostitute class, Dr. Burnell answered that he was certain no more than one patient in four under his care had been infected by a professional prostitute. The supposition that the professional prostitutes had become educated on the prevention of venereal disease and were thus more careful because their livelihood depended on it, was accepted by the Commission.<sup>61</sup> Subsequently, from the late 1920s until the outbreak of World War II the focus fell upon the control of homeless, infected young women.

Since their establishment during the war, the duties of the Women Police had varied little. Women Police assumed the role of welfare workers with their special duties being the care, protection and moral reclamation of women and young persons.<sup>62</sup> By 1929, there were eleven Women Police officers with six officers stationed in Adelaide and the rest dispersed individually among the larger country towns. The Women Police received complaints from and interviewed women, girls, and children, took statements from all female witnesses in indecent assault, carnal knowledge, rape, incest, abortion, child murder, concealment of birth, and bigamy, attended on minors in court, patrolled city streets, public reserves, and (in summer) beaches and parks, and if necessary spoke to young couples, returned young girls to their mothers should they see fit to do so. They advised "wayward girls", found them employment, and did anything possible to avoid having them committed to a reformatory. In addition they located runaway girls and missing women.<sup>63</sup>

Between 1933 and 1941 a number of girls who came under the notice of the Women Police featured in reports to the Commissioner of Police. The

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61 Dr. Glen Howard Burnell (Medical Office in charge of the Venereal Diseases Clinic at the Adelaide Hospital), Federal Commission on Public Health, 1925, [15923-4].

62 Letter from Minister for Police, Millington, to the General Sec. Women's Service Guilds of W.A. Inc., 3 Jan. 1929. SRSA GRG5/2/1928

63 "Brief Outline of the Work of the South Australian Women Police", 1929. SRSA GRG5/2/1928

Women Police arranged accommodation, sometimes in hospital or rescue homes, for women and girls suffering with venereal disease with nowhere to go. They assisted with rations and fares for clinic treatment, sometimes escorting out-patients back and forth to the Clinic.<sup>64</sup> Throughout the period, a strong belief grew among the force that it would be of "great service to the community" if the clinic patients, especially younger girls, could be kept under supervision by some authorised body, as some of the patients, by reason of poverty or lack of privacy, found it impossible to carry out the necessary home treatment.<sup>65</sup>

Such proposals were not confined to the constabulary. Some women's organisations attempted to influence arrangements for the detention and care of women suffering from venereal diseases. The President of the National Council of Women, Elizabeth Bowman, in a letter to the Chief Secretary, urged "concentrated attention" on the matter of homeless girls suffering venereal diseases. Associations affiliated with the Council, Bowman stated, felt that the city was in need of some accommodation in connection with the Adelaide Hospital where patients in the infectious stages of venereal diseases might receive the necessary indoor treatment. Public opinion, Bowman asserted, was "developing strongly in this direction" and the National Council of Women was being pressed to take further steps to circulate information concerning the seriousness of the situation in the state.<sup>66</sup> In 1928 a deputation, composed of representatives from the Council of Churches, Salvation Army, and the Women's Non-Party Association, met with the Commissioner of Police regarding moral conditions in the city. At the conclusion of the discussion the Commissioner suggested that the Government be asked to provide a special building for women and girls suffering from VD.<sup>67</sup> In 1929 the President of the Mother's Union, Mrs. Nutter Thomas, the Girls' Friendly Society, and

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<sup>64</sup> Reports to the Commissioner of Police, 1933-1941, SRSA GRG5/2/1940/1439

<sup>65</sup> *Ibid.*

<sup>66</sup> Letter to the Chief Secretary, H. Tassie, from Elizabeth Bowman, President, National Council of Women of South Australia, 12 July 1929. SRSA GRG24/6/1921/143

<sup>67</sup> Women's Non-Party Association/ League of Women Voters Minutes of Executive Committee Meetings, Meeting 14/8/29 SRG 116/2 Vol. 2. SRG 116/2

other social workers asked the National Council of Women to investigate the position of homeless or destitute female Night Clinic attenders.

In a report in 1938 to the Chief Secretary, the National Council of Women of South Australia revealed that no charitable institution would admit known sufferers, and no accommodation was provided at the Adelaide Hospital for venereal diseases patients, except in the occasional case where intensive treatment was required. However, in such cases the patient was discharged as soon as possible to continue treatment at home. Girls who were homeless and destitute, according to the Council's report, applied to the Women Police for assistance where they were supplied by the Public Relief Department rations and five shillings a week for rent or room. However, the class of room procurable for 5 shillings per week was usually "unsatisfactory if obtainable", "in the worst localities", and without the "convenience or privacy", hot water or necessary appliances for carrying out the prescribed treatment.

The real concern of the Council was that such girls were unsupervised during their treatment, and were a potential source of further infection. Although the Council admitted that the number of such cases was small, it suggested that the Director General of Medical Services organise that two or three beds be set aside as a ward in part of the existing suburban establishment, the Magill Home. The Council argued that there would be no more publicity than then existed for patients attending the Night Clinic. Entrance to the ward would be voluntary, with no difficulty anticipated as, the Council assured, such patients were usually anxious to be cured as soon as possible.<sup>68</sup>

The suggestion of the National Council of Women was dismissed as not practicable. As treatment facilities were not yet available at Magill, girls would need to be transported to and from the Venereal Clinic at the Adelaide Hospital. Moreover, Jeffries argued, the girls would be ambulatory

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<sup>68</sup> Letter from Miss Nance Grant-Allan, secretary National Council of Women of South Australia, to the Chief Secretary, Sir George Ritchie, 15 October 1938. SRSA GRG24/6/1938/1218

cases and the proximity of the proposed ward to the Magill Boy's Reformatory could result in public outcry. "If the Children's Welfare & Public Relief Board find objection to this class of case being accommodated in proximity to female children under maintenance of the Board," asked Jeffries, "how much greater is the objection to their being accommodated in the vicinity of a similar institution for boys?". Jeffries stood by his own suggestion that the Salvation Army Home be used, but also supported the idea of a house under the charge of a matron where the treatment of girls and their general conduct could be supervised.<sup>69</sup>

At a meeting of the Democratic Women's Association of South Australia in 1938 the members gave serious consideration to a proposal that the Barton Vale Reformatory School be used for the treatment of venereal diseases among women. In a letter from Mrs. D. R. Hicks, Secretary, to the Chief Secretary, Sir George Ritchie, the Association declared their unanimous intent to oppose the proposal. A special committee was appointed to inquire into the treatment on the most up-to-date lines, and the Association promised to submit for the Chief Secretary any recommendations issuing from their consideration. The Association recommended a hostel be established in which patients undergoing treatment could be detained until cured. Such patients should be expected, where possible, to render service of some kind so that they do not become a burden on the state or Hospital authorities. If such a hostel could be established, the Committee argued, the Government would have gone a long way to ridding the community of a scourge, with both men and women "made to realise their duty to the state in freeing it from undesirable contamination."<sup>70</sup> The Association hoped that its action would be perceived by the Chief Secretary as arising from a desire to assist his department, and not as an opposition to it.<sup>71</sup>

<sup>69</sup> Minutes from Director General of Medical Services, Jeffries, to the Chief Secretary, 10 Oct. 1938. SRSA GRG24/6/1938/1218; Minute for the Chairman Children's Welfare & Public Relief Board, to the Chief Secretary, 16 Feb. 1939. SRSA GRG24/6/1938/1218.

<sup>70</sup> Letter from Mrs. D.R. Hicks, Secretary, Democratic Women's Association of South Australia, to the Chief Secretary, Sir George Ritchie, 5 Nov. 1938. SRSA GRG24/6/1938/1218.

<sup>71</sup> *Ibid.*



Given such public support, the question of accommodation of homeless girls and women suffering from Venereal Disease inevitably became an issue for Government. Acknowledging the great menace such persons were to the community, the Secretary of the Children's Welfare and Public Relief Board recommended in 1932 that the Government consider using Northfield Infectious Diseases Hospital for such cases. The Inspector General Of Hospitals believed that it would be more economical for the Children's Welfare & Public Relief Board to rent a house, place a Matron in charge, and organise that the patients be treated at the Adelaide Hospital Venereal Clinic. However, the Chairman of the Children's Welfare and Public Relief Board thought that it was not the function of the Children's Welfare and Public Relief Board to deal with such a matter. Rather, it was a medical matter, more suitably coming under the control of the Adelaide Hospital or Inspector General of Hospitals' Department.<sup>72</sup>

In 1937, the Principal of the Women Police recommended to the Commissioner of Police that a remedial ward be established at Barton Vale Reformatory for reception of girls over the age of 18 years in receipt of Government relief, who were suffering from venereal disease. Entrance to the ward was to be voluntary, with the girls being required to sign a form promising to remain at the Institution until the Medical Officer discharged them. The establishment of a ward on similar lines at the Magill Home was offered as an alternative. The Women Police preferred the Barton Vale option as the necessary equipment was already available, and a doctor was in attendance for girls under 18 years of age committed by the Children's Court who were wards of the state. The Director General of Medical Services, Jeffries, recommended that arrangements be made for the accommodation and treatment of such girls at the Salvation Army Home at Barton Vale at the cost to the Government of 1 pound per week. The girls

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<sup>72</sup> Minutes from Director General of Medical Services, Jeffries, to the Chief Secretary, 10 Oct. 1938. SRSA GRG24/6/1938/1218

could be asked to sign a voluntary agreement to remain in that institution until discharged by the Medical Officer.

However, in 1938, the of the Chairman Children's Welfare & Public Relief Board advised that the Board would not allow the admission and treatment of venereal diseases patients over the age of 18 years to any institution where children were detained under the Maintenance Act. The difficulty in dealing with these cases was not the treatment of such cases, for which there was provision, the Chairman argued, but the accommodation of homeless girls. This, he continued, was entirely a matter for the Children's Welfare & Public Relief Board. The majority of these cases were out-patients, and if it were not for the fact that they were homeless, they could be treated without difficulty. It would seem, argued the Chairman, that the matter warranted co-operation between two departments.

The requirement for the accommodation for homeless infected girls does not appear to be supported by the experience of the Night Clinic. Dr. H. M. Fisher, Medical Officer, Female Section Night Clinic, argued that there were no homeless women suffering from this disease attending as out-patients. At any one time Fisher detected no more than one such case, and overall he was personally aware of only three cases. Fisher proposed to confer with the Almoner of the Adelaide Hospital in order that she would be ready to assist in finding homes for such girls, should it be necessary in the future.<sup>73</sup>

When more in-patient accommodation for women *was* provided, the innovation was modest. In August 1939 Fisher complained that a patient admitted from the clinic automatically passes out of the hands of the Medical Officer into those of one of the honorary gynaecological staff, causing a break in the continuity of observation. Fisher felt that in-patient accommodation under the control of the Medical Officer was essential.<sup>74</sup>

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<sup>73</sup> Letter from the Chief Secretary to the Secretary of the National Council of Women of South Australia, 17 March 1939. SRSA GRG24/6/1913/1218

<sup>74</sup> Extract from Report of Dr. H. M. Fisher, Medical Officer, Female Section Night Clinic, 26 June 1939. SRSA GRG78/1/1939/580.

Medical Superintendent Rollison responded by making available two beds in Da Costa Ward for the treatment of cases of acute gonorrhoea and acute syphilis. Chronic cases would continue to be treated as out-patients.<sup>75</sup> This move effectively averted debate on the establishment of a hostel and reformatory wards in Adelaide, at least for the time being.

The campaign by some women's organisation to establish a system where certain categories of women could be institutionalised was an indication that some non-compulsionists were not averse to intervention and could advocate coercive measures in particular circumstances. No such intervention was advocated for males. Although non-compulsionists were sure to point out the potential for discrimination that was inherent in coercive legislation for the control of venereal diseases, singling out specific groups for special attention was only likely to help reinforce the sexual double standard. This was something that women's organisations were trying to break down. While in the discourse surrounding venereal diseases the mental defective and the feeble minded continued to enjoy the role of serious purveyors of disease, they were joined by the homeless girl. The professional prostitute became less and less the scapegoat.

In the interwar years all health authorities could do was respond by allocating marginally better facilities. As far as control strategies were concerned, in the 1930s, as suburban and country local boards of health continued to petition the state government to proclaim the Venereal Diseases Act of 1920, the lack of any acceptable alternatives apart from education led the debate back to the problem of notification and treatment.

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*(vii) Compulsion in the interwar period*

<sup>75</sup> Minute from Secretary of the Adelaide Hospital Board, 1 Aug. 1939. SRSA GRG78/1/1939/580; Minute to the Secretary of the Adelaide Hospital Board from Medical Superintendent Rollison, 12 Aug. 1939. SRSA GRG78/1/1939/580

<sup>76</sup> Letter from the Secretary of the Local Board of Health for the City of Adelaide to the Under Secretary, Government Offices, Adelaide, 24 Oct. 1933; Letter from Acting Secretary, Burnside Local Board of Health, to The Hon. the Premier of South Australia, 7 Dec. 1933. Letter from A.W. Pearson, District Clerk, District Council Office, Penola, to the Chief Secretary, 13 March 1934. SRSA GRG24/6/1933/1135.

Compulsionist and non-compulsionist doctors continued to stand their ground. The control of defaulters remained the problem compulsionists believed was sure to undermine the voluntary system. Despite his concession that compulsion was not the most effective method of dealing with venereal diseases, Rischbieth remained a staunch compulsionist based primarily on his preoccupation with "defaulters". Non-compulsionists like Burnell had a different perspective. Burnell, now in charge of the Night Clinic, had always been philosophical about the limits of legislation. Some cases, Burnell asserted, must escape under any system, and just as many would escape under legislation as under the voluntary scheme. "I believe" Burnell argued, "if you have efficient treatment at the clinic the patients will go for it without being compelled by legislation."<sup>77</sup> In his report to the Board of Management of the Adelaide Hospital in 1934, Burnell revealed that he found it necessary to exclude some patients from the clinic owing to irregular attendance. This was only done, Burnell assured, after repeated warnings and enquiry into the circumstances of each case.<sup>78</sup>

Burnell also reported that the number of patients not suffering from venereal disease who came for examination had again showed a substantial increase. The public, Burnell suggested, was realising more and more the necessity for early diagnosis and treatment. While he did suggest legislation had a role to play in "special cases", it was no use relying on it as a general preventive.<sup>79</sup> Rather, Burnell emphasised the necessity of educating the medical profession, arguing that it would be quite useless to attempt to introduce legislation to cover compulsory notification, and to prohibit chemists from giving treatment, until the profession was better prepared to give efficient treatment capable of curing the diseases.<sup>80</sup>

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<sup>77</sup>Dr. Glen Howard Burnell, Royal Commission on Health, Minutes of Evidence, (Melb. 1925), (15865,15904)

<sup>78</sup> Report from Dr. G.H. Burnell of the male section of the Night Clinic for the year ending 31 Dec. 1934. SRSA GRG78/1/1934/802.

<sup>79</sup>Dr. Glen Howard Burnell, Royal Commission on Health, Minutes of Evidence, (Melb. 1925), (15909-10)

<sup>80</sup> *Ibid.*, (15865-7)

On whether the South Australian Venereal Diseases Act should be proclaimed, Burnell believed that legislation was not going to affect the problem very much. As had been demonstrated with other troubles, Burnell argued, legislation had not had a great deal of effect. Burnell continued to complain that there were not enough beds available for patients requiring surgical treatment. However, a fortuitous decrease in night clinic attendance in 1934 meant that the problem was averted.

Burnell's suspicion surrounding compulsion was echoed by Albert Southwood, Chairman of the Central Board of Health. In a report to the Chief Secretary in February 1934, following his own inquiries from medical men practising in the other states, Southwood formed the opinion that the legal compulsion to notify was imperfectly carried out. For various reasons that he did not specify, some doctors refused to notify their cases. Tracing defaulters was also recognised as problematic. To control adequately the compulsory notification and compulsory treatment of patients suffering from a venereal disease, a very large staff would be necessary. Even in Western Australia, Southwood noted, where venereal diseases work was conducted in a more thorough manner than in the other states, it was doubtful whether the results could be considered satisfactory.<sup>81</sup>

Southwood went on to suggest an interim strategy involving widespread and vigorous instruction of the general public which would, he felt, produce better results than compulsory notification. Southwood believed his suggestion followed "the British system". "To lead the people in the ways of health by teaching them seems to me," argued Southwood, "a sounder plan than to try to drive them by compulsory measures."<sup>82</sup> The general view of English experts, according to Southwood, was that compulsory notification would not achieve more than was being done under a voluntary system. A better plan would be to encourage early and

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81 Dr. A. Southwood, Chairman of the Central Board of Health, Report to the Honourable the Chief Secretary "In Respect of the Necessity of Proclaiming the Venereal Diseases Act Which Was Passed in 1920," 15 Feb. 1934. SRSA GRG8/1/1934/8.

82 *Ibid.*

adequate treatment of sufferers by providing good and ample facilities and by having free clinics available at all hours.<sup>83</sup> Proclamation of the South Australian Diseases Act of 1920 would be a backward step and likely to lead to concealment. Instead, Southwood suggested that a Bill of 1930 providing for the proclamation of parts of the Act should be enacted. The way would still be open, Southwood argued, for proclaiming the sections of the principle act relating to compulsory notification and treatment at a later date if the measures were subsequently considered.<sup>84</sup>

For the time being, without the support of Southwood, as Chairman of the Central Board of Health and Burnell as medical officer in charge of the Night Clinics, proclamation of the Venereal Diseases Act 1920 appeared unlikely. In fact the Act was never passed. Nevertheless, during the interwar period some statutory attempts were made to reduce the risk of infection to the innocent. The employment of diseased persons in the handling of food and drugs was prohibited in Section 30A of the Food and Drugs Act, 1908. Sub-section (4) provided that a "loathsome disease" means a disease proclaimed by the Governor on the advice of the Central Board of Health to be so defined. In 1934 such a proclamation was issued.<sup>85</sup> The Criminal Law Consolidation Act, 1935 provided for the detention, at the expiration of their sentence, of a person guilty of any offence of a sexual nature who was found to be suffering from venereal disease, or a mental condition rendering them incapable of exercising proper control over their sexual instincts.<sup>86</sup> However, while statutes provided for aspects of the venereal diseases problem, tackling control head on was still some time away.

#### *(viii) Conclusion*

83 "How to Control Venereal Disease", *Public Health Notes*, Adelaide, no. 30, (April, 1939), pp. 22-3.

84 Dr. A. Southwood, Chairman of the Central Board of Health, Report to the Honourable the Chief Secretary "In Respect of the Necessity of Proclaiming the Venereal Diseases Act Which Was Passed in 1920," 15 Feb. 1934. SRSA GRG8/1/1934/8.

85 Circular from CBH to LBH re "Loathsome Disease", 7 Aug. 1935. SRSA GRG8/1/1935/508, Food and Drug Act Amendment Act, SAAP, no. 2195, section 7.

86 Criminal Law Consolidation Act, 1935, SAAP, n. 2252, section 77, clause 1.

Thus, in the late 1930s, venereal diseases control remained a "vexed question". On the one hand, key figures in public health and venereal diseases control such as Southwood and Burnell effectively thwarted any serious campaign to introduce compulsory notification and treatment. The problems associated with venereal diseases prevention made the development from the purely curative to the preventative contentious in Adelaide for social and economic reasons. The level of prevalence, the apparently successful intervention of the Women Police Force in female cases, the lack of facilities to cope with large numbers of patients legally obliged to attend the clinic and suspicion surrounding the value of compulsion provided ample justification for persisting with the voluntary scheme. In addition, although the criticisms of Rischbieth and Burnell reveal that the situation was far from ideal and was unlikely to be remedied in the short term, the Night Clinics had been judged a success by legislators. More efficient treatment and public awareness of the diseases and their aetiology as a result of the operation of the clinics had reduced the incidence of the diseases. Any increase in attendance was put down to greater awareness of available services.

On the other hand, it was clear that there existed among non-compulsionists an acceptance in the case of certain groups, and in particular circumstances, of a measure of intervention. Intervention for the control of venereal diseases from the First World War focused exclusively on women. Organisations who saw their role as protector of the rights of women responded firstly by challenging the ethics of legislation that would impact more heavily on women, and secondly, by demanding a measure of intervention that would restrict and control as much as it would protect. The implications for the compulsion debate were that acceptance at any level of compulsion in any circumstance could potentially lead to a relaxing of the non-compulsionist stand. Combined with changing circumstances the voluntary scheme was under threat of reform.

Circumstances in Adelaide at the end of the 1930s were on the verge of such a change. Changing social conditions, anticipation of an increase in prevalence, additional funding and the introduction of a national policy that overrode state interests would soon provide the opportunity for a new debate. At the outbreak of World War Two, the fact that Adelaide was without a health policy that included measures for the control of venereal diseases re-emerged as a cause for concern. With the potential for the lessons learned in World War One to be revisited, national pressure to cooperate in a unified scheme to combat venereal diseases was revived. The next chapter addresses the impact of this pressure in Adelaide.



## 6

'Sexually cursed, mentally weak and socially untouchable':

**The Second World War,  
National Security Regulations and the New Campaign, 1939-1947**

In dealing with the problem of V. D. we find that some of the stumbling blocks to success are those occasioned by the introduction of compulsory laws. These tend to transfer a health problem to the crime list, and a medical matter to police supervision. The unequal administration of such laws always result in discrimination against women, uphold the double moral standard, and lower the whole moral tone of the community.<sup>1</sup>

*(i) Introduction*

Commonwealth provision for the control of venereal disease during the Second World War was the primary impulse for a change of policy in South Australia. Although the National (Contraception and Venereal Disease) Security Regulation did not insist upon compulsory notification, in South Australia the implications of the regulations were dramatic since no legislation was in operation previously. In Adelaide, the introduction of the regulation revitalised campaigns for local legislation. While the non-compulsionists apparently accepted the principle of compulsory treatment as emergency controls in wartime, their resolve to prevent such a scheme from continuing as a part of public health policy after the war became the basis of their campaign. This campaign, waged publicly by some health officials and women's organisations, was defeated in the end by politics, the desire for a uniform venereal diseases policy throughout Australia, and by the introduction of safe and effective treatment during the later stages of the war, rather than being won by the general acceptance locally of a need for change.

*(ii) Historiography*

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<sup>1</sup> Miss Ada Bromhan, J.P., National Corresponding Secretary, WCTU of Australia, *Guard your race: venereal disease*, (Adelaide, 1944), p. 5.

Controversial emergency regulations restricting the sexual behaviour of civilians, especially women, during World War II in Australia has been the focus of research by scholars including Kate Darian-Smith, Gail Reekie, Kay Saunders and Helen Taylor, and Michael Sturma.<sup>2</sup> Saunders and Taylor describe Australia during the period 1942-5 as subject to a severe and prolonged moral panic that was orchestrated through the most influential levels of society.<sup>3</sup> The Government, the press and the clergy maintained the war time paranoia that demanded decisive measures for the prevention and treatment of venereal diseases. The "evangelical and cathartic enterprise" that followed was characterised, in this feminist perspective, in three distinct phases. Each phase represented the identification and systematic defamation of a group of women. Collectively, the mobilisation of the state's apparatus to identify, stigmatise and punish women constituted an institutionalised power to discriminate. This power was claimed through the implementation of legislative measures that "ultimately strengthened and expanded the functions of the state." Thus, the venereal disease problem became enveloped in the Government's response to "total war" and the necessity to exercise "complete control of civilian resources, both material and human."<sup>4</sup>

Similarly, Michael Sturma in his article, "Public Health and Sexual Morality: Venereal Disease in World War II Australia", argues that "venereal disease served as an important symbol of moral corruption."<sup>5</sup> Just as venereal disease threatened individual health, women's new autonomy threatened the social body. Accordingly, in Sturma's account the fact that efforts to exert greater control over sexual conduct were directed mainly towards women was indicative not only of a double standard for

2 Kate Darian-Smith, "Morality and Feminine Patriotism in Melbourne During the Second World War", *Victorian Historical Journal*, Vol. 59, No. 2, (1988), pp. 47-54; Gail Reekie, "War, Sexuality and Feminism: Perth's Women's Organisations, 1938-1945", *Historical Studies*, Vol. 21, No. 85, (October, 1985) pp. 576-591; Kay Saunders & Helen Taylor, "To Combat the Plague: The Construction of Moral Alarm and State Intervention in Queensland During World War II", *Hecate*, Vol. 14, No. 1 (1988), pp. 5-30; Michael Sturma, "Public Health and Sexual Morality: Venereal Disease in World War II Australia", *Signs*, vol. 13 (Summer, 1988), pp. 725-40.

3 Kay Saunders, and Helen Taylor, "To Combat the Plague: The Construction of Moral Alarm and State Intervention in Queensland During World War II", *Hecate*, Vol. 14, No. 1 (1988), p. 5.

4 *Ibid.* pp. 5-6.

5 Michael Sturma, "Public Health and Sexual Morality", p. 740.

male and female victims of the disease but also of the belief that women's changing role threatened the very fabric of domestic moral order. The need to maintain moral order, Sturma argues, "provided a rationale for reasserting traditional sex roles, and in this respect venereal disease as a public health issue served as an ideological tool and instrument of women's repression."<sup>6</sup> Hence the organs of social control, the state and the Church, articulated by the press, were responsible for a campaign which was "metaphorically, as well as literally, directed against the aspirations of women."<sup>7</sup>

As Judith Smart has argued in the case of the First World War, the Second World War provided the Australian Women's Movement in some Australian states with both the issues and the inspiration to publicly denounce the sexual double standard. Meanwhile, Gail Reekie's, "War, Sexuality and Feminism: Perth's Women's Organisations, 1938-1945" argues that the war and its associated social problems, prostitution, public sexual behaviour, contraception and venereal disease, saw women's organisations employ strategies that in some ways protected and in other ways challenged prevailing class and gender relations. Essentially, campaigns initiated by the women's movement during the war for the protection of women from sexual exploitation were most often, Reekie argues, isolated responses to specific situations unrelated to a cohesive theory of women's position in society.<sup>8</sup> Nevertheless, a variety of political ideologies and social objectives joined forces in the interests of women over issues relating to sexuality. In the process, the social crisis and the issue of women's exploitation created a climate in which a "co-operative women's movement more united in its concern with gender than it was divided by class" could flourish.<sup>9</sup> In the Adelaide case many of the conclusions of

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6 *Ibid.* p. 738.

7 *Ibid.* p. 740.

8 Gail Reekie, "War, Sexuality and Feminism: Perth's Women's Organisations, 1938-1945", *Historical Studies*, Vol. 21, No. 85, (Oct., 1985), p. 577.

9 *Ibid.* p. 576.

scholars writing on the control of venereal diseases during the Second World War are borne out.

*(iii) Venereal diseases in the early war years*

Even before hostilities had begun there were warnings that military losses by attrition due to venereal diseases that characterised the First World War should not be repeated. In 1939 Dr. Harry Medcalf Fisher, Medical Officer in charge of the female section of the Night Clinic at the Adelaide Hospital, pointed out to the Board of Management that it was "with mixed feelings" that his report was written. With a regular drop in cases and attendances and a steady success in treatment, the female section had enjoyed some years of progress. The introduction of Sulphanilamide for administration orally and the local use of mercuric phenyl nitrate had contributed largely to this success. However, no progress had been made by the authorities in the establishment of special accommodation for infected homeless girls. Such girls, according to Medcalf, remained the biggest problem in the spread of the disease. Psychologically too, they represented defeat to health workers. Medcalf pleaded that instead of being made to feel like outcasts, the girls should be assured that there was sympathy and help for them.<sup>10</sup>

Despite the arrangements in the Da Costa ward, women's organisations persisted with their demands for special accommodation for women with venereal diseases. As in the interwar period, some took their concerns to the Government. Representatives from the Woman's Christian Temperance Union including Reverend Winifred Keik and Miss Ada Bromham waited on the Chief Secretary, Hon. A. L. McEwin, in April, 1940. The deputation urged the provision of additional facilities for the treatment of venereal disease at the Adelaide Hospital for patients. The Union believed from their own inquiries that there were a number of highly

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<sup>10</sup> Dr. Harry Medcalf Fisher, Medical Officer in charge of the female section of the Night Clinic at the Adelaide Hospital, Annual Reports of the Board of Management of the Adelaide Hospital, 1939, p. 69.

infectious cases who were without suitable accommodation.<sup>11</sup> Reports from the Principal of Women Police continued to provide assurances that as well as destitute and country patients, there was an increasing number of pregnant women suffering from Venereal Diseases coming under their notice. As no charitable institution would admit them, the Women Police re-asserted the "great need" for a ward or hospital specialising in the care and treatment of this class of sufferer.<sup>12</sup>

The medical profession was urged to foresee the risks and take the necessary educational action.<sup>13</sup> Less than six months into the war the problem of venereal disease, its consequences for military efficiency, and for the economy and the fitness of future generations again began to weigh upon the conscience of authorities. Commissioner of Police R. L. Leane pointed out that great attention was given to guard troops against diseases such as typhoid, tetanus, smallpox and typhus. However, except for some prophylactic instructions, in South Australia they were not adequately protected against venereal disease. In early 1940, Commissioner Leane argued that, with proclamation of the South Australian Venereal Diseases Act, steps could be taken to ensure persons suffering from Venereal Disease could not infect others. Furthermore, by ensuring the protection of the "potential guardians of our Nation" from the great "casualty producing" scourge, great expense could be spared to both Federal and state Governments. With human nature as it is, Leane warned, generalisation as to the moral aspect of the question was of little use. The youth of the Nation needed to be protected from itself. Leane recommended that if the difficulties of working the whole provision of the Venereal Diseases Act were insuperable, perhaps consideration could be given to making some provision under the Health Act to bring venereal disease into line with

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11 Interview between H.C. Herbert and C.W. Burnard, Rev. W. Keik, and Miss Ada Bromham, representing the Women's Christian Temperance Union waited on the Chief Secretary (Hon. A.L. McEwin, M.L.C.) on Tuesday, 16th April, 1940, regarding the provision of additional facilities for the treatment of venereal disease at the Adelaide Hospital. SRSA GRG24/6/1940/674

12 Police Report to the Commissioner of Police from the Principal, Women Police, Ottway, 27 Feb. 1941. SRSA GRG5/2/1940/1439

13 Sir James W. Barrett, "Venereal Disease and War," *Medical Journal of Australia*, 2 Sept. 1939, p. 380.

other notifiable diseases where isolation was enforced during the infectious stages.<sup>14</sup>

The social circumstances brought about by the war created a new vigilance that reflected the official view of female morality, or more especially, its absence. By early 1942, in the interests of protecting the troops, the focus had turned to the public displays of immorality by women. While a combination of police surveillance and "attractive salaries" obtainable in munitions and other war industries was perceived to have reduced the practice of prostitution, the behaviour of women was scrutinised for signs of irredeemable moral decline. While reports of large groups of up to 40 teenage girls rolling drunk in a City lounge bar could not be confirmed, there was substantial evidence to suggest that drinking in lounges and night clubs was popular, as was the belief that such behaviour sapped the moral tone of the community.<sup>15</sup> Abnormal conditions brought about by the War had given rise to "greater dangers." The use of contraceptives and the increased number of Hotel lounges where drink was consumed by both sexes increased the tendency towards promiscuous sexual behaviour. "Much time and energy has been spent," the Commissioner of Police wrote in his report for June 1942, "in visiting hotel lounges, preventing drink being served to girls under 21 years and generally supervising the conduct of young women and those known to police." Supervision of dance halls (especially where American and Australian troops were stationed), recreational centres, parks, squares, and streets, keeping doorways clear and contacting young girls in the blackouts were all duties designed to check unseemly conduct.<sup>16</sup> Women coming before the Court were cautioned regarding their mode of living, and, where necessary, found suitable employment. Those convicted were offered "assistance," which if accepted was expected to prevent the majority from becoming "professionals".<sup>17</sup>

14 Recommendation from R.L. Leane, Commissioner of Police that the Venereal Diseases Act, 1920 be proclaimed, 23Feb. 1940. SRSA GRG5/2/1940/1439

15 Minute from Commissioner of Police to the Chief Secretary, 29 July 1942. SRSA GRG5/2/1942/1168

16 Report of the Commissioner of Police for the year ending 30th June, 1942, SAPP, no. 53, 1943, p. 4.

17 Report to the Commissioner of Police from the Principal, Women Police, Curtis, re Traffic in Women and Children Questionnaire, 18 Sept. 1941. SRSA GRG5/2/1936/1633

The Commissioner of Police reported to the Chief Secretary in July 1942 that girls from 14 years onwards were found in parks, squares and air raid shelters at night. Abortionists, it was reported, appeared to be doing "big business", with three being detected in June alone. Police suspected that many of the girls were suffering from venereal disease, but, without legislation, there was little that could be done. The work of the police was reportedly made more difficult as girls over 16 years were permitted to visit hotels. If the present unsatisfactory position was to be handled, the Commissioner complained, such girls must be prohibited from frequenting such places. As an indication of the extent of the problem the Commissioner quoted evidence supplied by the Women Police that since soldiers (Australian and American) had arrived, some 1485 women and girls had been warned by the Women Police for improper conduct with 280 parents approached regarding the conduct of their daughters. The facts, the Commissioner pronounced, called for a "drastic remedy."<sup>18</sup>

*(iv) National Security (Venereal Diseases and Contraception) Regulation*

By September 1942 the control of venereal diseases had become a Commonwealth problem. With an increase in venereal diseases thought to be inevitable "under conditions of war-time excitement", the Commonwealth appealed to all Ministers for Health to ensure that any infected person received early and efficient treatment under the best conditions. To this end, the Federal Minister of Health invited state ministers to suggest how the Commonwealth Government could assist in creating opportunities for effective medical treatment within their respective states.<sup>19</sup> However, in August the Commonwealth Government made its own recommendations. In a circular the concept of Commonwealth health policy with regard to venereal diseases was

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<sup>18</sup> Minute from Commissioner of Police to the Chief Secretary, July 29, 1942. SRSA GRG5/2/1942/1168  
<sup>19</sup> Letter from Commonwealth Minister of Health, Holloway, to South Australian Minister of Health, McEwin 8 Jan. 1942. SRSA GRG24/6/1943/16

introduced. The circular acknowledged that after an examination of the position, state legislation was inadequate for the purposes of control.

In the Federal Minister's view there were two important aspects in which the legislation was lacking. Firstly, there was no power to detain and examine persons suspected of being sources of infection; secondly, existing legislation prevented the disclosure by state officers of information which should in certain circumstances be made available to authorities of the Armed Services. In response, the Government revealed its intention to introduce National Security Regulations to circumvent these two obstacles.<sup>20</sup> Hence, in September 1942 the National Security (Venereal Diseases and Contraceptives) Regulations came into operation. Aware of the "well recognised danger" associated with such legislation, the Commonwealth Government decreed that in the administration of the regulation, power be vested in only one person in each state, the Chief Health Officer. If satisfied that there were reasonable grounds for suspecting that any person was suffering from venereal disease, the Chief Health Officer in South Australia, the Chairman of the Central Board of Health, Dr. A. R. Southwood, might by written order require the person to present him or herself for examination. If the person failed to appear at the time and place specified in the order, the Chief Health Officer could authorise the issue of a warrant for the apprehension of the suspected person who would then be expected to submit to the examination. If the person refused, or if on examination was found to be suffering from a venereal disease, the person would be detained in a hospital or other suitable place approved by the Chief Health Officer for a period directed by the Chief Health Officer.<sup>21</sup>

Largely due to these new arrangements the role of Women Police evolved from social worker to detective. Entries in Women Police journals and the annual reports by the Commissioner indicate the nature of work

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<sup>20</sup> Circular from the Commonwealth Government signed by John J. Dedman, to Thomas Playford, Premier of South Australia, 19 Aug. 1942. SRSA GRG24/6/1942/589

<sup>21</sup> "The National Security (Venereal Diseases and Contraceptives) Regulations", *The Medical Journal of Australia*, 17 Oct. 1942, pp. 367-8.



and the seriousness with which they went about their duties. Some even participated in "stake-outs" to catch women entertaining men in their own homes.<sup>22</sup> In one case, two police women went to great lengths to satisfy themselves that nothing immoral was occurring at the home of Daphne P Kitty W and Daphne P were interviewed regarding their conduct at the office of W. P. C. Priest. Subsequently, a telephone message to the police station (the caller unidentified in the journal) indicated that three men had gone into Daphne's house in Quebec Street. The officers made swiftly for Quebec Street to investigate. When Daphne refused them entry the police officers observed the house. Although satisfied that the girl slept on her own, they returned later at which time they entered the house finding two men in the sitting room. Both the women and their male companions were warned.<sup>23</sup> No conclusion was made as to whether or not the girls were prostitutes or not. However, Kitty was offered typing lessons and encouraged to join the forces probably in an attempt to prevent her moral decline.

In locating "suspects", female officers approached women in hotels, patrolled the banks of the Torrens Lake where sexual activity was known to occur and quizzed male patients in order to determine the names of their sexual contacts. Once a suspect had been located, without first indicating that a complaint had been made against her, the officer would first obtain her confidence and extract an admission that sex relations had taken place with a member of the Fighting Forces. The suspect was then advised to seek medical attention for her own safety. However, the case of a group of women living in Glenelg, a beach-side suburb south-west of Adelaide, in early 1943 suggests that such contacts were more confrontational. Madge O, "a married woman," was the subject of W. P. C. Claxton's daily report regarding the conduct of the occupants of a house on Broadway, Glenelg. Claxton recorded that, during a visit to the house with another officer called

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22 Port Adelaide Women Police Journals, 19 Oct. 1943, 20 Oct. 1943, 23 Oct. 1943, 27 Nov. 1943, 1 Dec. 1943, 4 Dec. 1943; 25 Dec. 1943; SRSA GRG105/3-Loc. NE 1072

23 Port Adelaide Women Police Journals, 1/12/43. SRSA GRG105/3-Loc. NE 1072

Delderfield, Mrs. O had become distressed when forced to reveal the names of her female companions who "assisted to make the parties more congenial for the male guests." From the information provided by Madge the police officers suggested suspicion surrounded the activities of the women. One of Madge's house guests was Mrs. F, who also lived on Broadway. Mrs. F's husband had been overseas for some time, a fact known to W. P. C. Claxton, who suggested that "her craving for male companionship was such that numbers of soldiers ... did their best to ease her loneliness..." A month later, Madge was visited by another police constable and a sailor. The sailor, who was not identified in the report except by the name of his ship, identified Madge as the woman from whom he contracted a venereal disease. The three women found at Madge's house were "advised" to visit the clinic at the Hospital to be examined for venereal disease.<sup>24</sup>

In 1944, with war conditions and the presence of overseas men on leave, the Women Police noted a new form of prostitution involving a "madame", a girl, a soldier and a taxi driver. An increase in "flat life" among young people, they declared, brought about by circumstances associated with the war, encouraged drinking and the tendency to a lower moral standard. Indeed, the women police noted a percentage of promiscuous sexual behaviour in all classes, "including married women with husbands abroad."<sup>25</sup> The Salvation Army Home at Gilbert Street, Adelaide, and "The Pines," a Catholic Institution for the rehabilitation of women and young girls, offered laundry, housework, and needlework and were reported in early 1944 as doing excellent work with plans afoot for further building. By this time Women Police investigated and assisted in rehabilitation in conjunction with almoners at hospitals, and with social welfare workers in industry. As an alternative to "institutional care and guidance" the women police worked in direct contact with Manpower

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<sup>24</sup>Correspondence file on V.D., SRSA GRG8/17/1943/159.

<sup>25</sup>Report to the Commissioner of Police from the Principal, Women Police, Curtis, re Traffic in Women and Children Questionnaire, 28 Sept. 1944. SRSA GRG5/2/1936/1633

Officials with every consideration given to the patient in selecting her own employment when possible.<sup>26</sup>

From such sources it is apparent that suspicion surrounding the behaviour of women in wartime helped to broaden the definition of prostitute. The development of a category of women known as "amateur saboteurs" is testimony to this. The manner in which Madge and her friends were treated was perhaps the unfortunate and unavoidable consequence of strict regulations introduced in order to address a serious threat to public health during a time of significant social upheaval. Nevertheless, whether such persecution was motivated by a concern for public health or public morals, the designation of "prostitute" represented a convenient image with which to threaten and control. Whether the women were actually involved in immoral conduct was an issue of secondary consideration only, as the perception alone was disturbing enough for respectable women in positions of power. The Women Police, the Commissioner of Police R. L. Leane reported in 1943, through their work, service and example encouraged high moral standards and safeguarded the unity of the home as "the nation's greatest asset."<sup>27</sup>

Although the regulations were to apply equally to men and women, the more systematic surveillance of women by police meant that greater emphasis was placed on the control of female behaviour. Indeed, shortly after the regulations came into operation the Sixth Interim Report of the Joint Committee on Social Security acknowledged that in practice the powers came to be utilised primarily for the control of promiscuous girls and women.<sup>28</sup> This was particularly so in states such as Queensland and Western Australia, where the situation presented the most pressing problems. The social impact on particular sections of the community, especially women, excited the wrath of women's organisations. Indeed, in

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<sup>26</sup> *Ibid.*

<sup>27</sup> Report of the Commissioner of Police for the year ending 30 June, 1943, *SAPP*, no. 53, 1943, p. 4.

<sup>28</sup> Sixth Interim Report of the Joint Committee on Social Security, *Commonwealth of Australia Parliamentary Papers*, vol. II, 1940-43, pp. 22-13, 20

Adelaide a new protest campaign by women's organisations was about to be launched. The prospect of new legislation again drew women's organisations into the debate. The Executive Committee of the League of Women Voters in August 1942 opposed the supersession of state policy and the licensing of vice.<sup>29</sup> In September the League also expressed their opposition to compulsion<sup>30</sup> By October, Dr. Constance Davey and Ada Bromham had drafted their own Bill cutting out sections on compulsory notification and including provisions for social workers.<sup>31</sup> In a letter of July 1942 to Dr. H. K. Fry, Medical Officer of Health for Adelaide, Miss M. E. Eaton, President of the Woman's Christian Temperance Union of South Australia, pleaded the case of the women's movement and for his consideration of the women's point of view.

In reference to the proposed legislation dealing with VD our WCTU and many other thoughtful women are much opposed to the system of compulsory notification. As a medical man you are naturally concerned for the health of the community, but from what I know of your ancestry and upbringing, I feel sure that the moral aspect of the case has not escaped your notice. As far as I can understand, the proposed legislation would entail compulsory examination, treatment and detention of women. This seems to reach unfairly on women and does not touch the root of the matter. Surely it should not be made easy for men to commit sin - which is a social menace- and escape the consequences.<sup>32</sup>

Certainly there was a moral dimension to the protests of women's organisations. However, the relationship between economics and the legal status of female sufferers became a significant concern at this time .<sup>33</sup> Since the 19-year old promiscuous amateur rather than the professional prostitute was generally accepted as largely responsible for the spread of venereal diseases, women's organisations, who included such concerns traditionally within their remit, championed the cause of the economically disadvantaged female patient. Accordingly, at a meeting to announce a

<sup>29</sup> League of Women Voters, Minutes of Executive Committee Meetings, Meeting: 11 Aug. 1942. ML SRG 116/2, Vol 3- 1931-43

<sup>30</sup> Women's Non-Party Association/ League of Women Voters, Minutes of Executive Committee Meetings, Meeting 9 Sept. 1942. SRG 116/2, Vol 3- 1931-43

<sup>31</sup> Women's Non-Party Association/ League of Women Voters, Minutes of Executive Committee, Meetings, Meeting: 12 Oct. 1942. SRG 116/2, Vol 3- 1931-43

<sup>32</sup> Letter from Miss M.E. Eaton, President of the WCTU of South Australia to Dr. H.K. Fry, Medical Officer of Health for Adelaide, July 15, 1942. ACA. TCD (C15) Town Clerk's Special Files (S4), File no. 194 A - Venereal Diseases

<sup>33</sup> "Reducing V.D. by Education: Problem Discussed at Conference," *Advertiser*, 31 May 1943, p. 3, col. D.

public conference on venereal diseases organised by women's organisation, Ada Bromham stressed the need for economic security for patients under treatment and for those who were unable to obtain employment. Venereal disease, stressed other members, should be approached "not so much from moral and religious points of view, but as a social and economic disease."<sup>34</sup>

Despite this protest, the National Security Regulations effectively replaced South Australia's voluntary scheme with one providing for a system of conditional notification and compulsory treatment. However, they did not stifle the debate for local legislation. At a meeting of the Local Board of Health for Adelaide in June 1942, several members of the Council alluded to reports of an alarming increase in venereal disease cases in military camps in South Australia due mostly, it was argued, to a small number of women infecting a large number of soldiers. Supported by the Local Boards of Health of Unley and Hindmarsh, suburbs of Adelaide, the members appealed for immediate action and recommended that powers be sought under National Security Regulations rather than let the matter come before the state Parliament and be "eventually lost sight of."<sup>35</sup>

Playford made inquiries of his own. From information provided by Southwood, the District Commandant, Brigadier Bundock, determined that the reports cited by the Council were without foundation. Apparently, persons who had been brought recently to South Australia from other states and from overseas had been counted as being local cases. The average daily admission from all South Australian camps in the last three months had been 3.7 which included 92 cases from overseas. The largest number of cases reported in any one day in South Australia during the same period was 5. As the largest number of cases was recorded at the beginning of the period, Bundock suggested that there was no reason to believe that the situation was out of hand.<sup>36</sup>

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34 "Women to Choose Committee for V.D. Conference," *Advertiser*, 7 April 1943, p. 3, col. E.

35 "Alarm at Spread of Venereal Disease," *Advertiser*, 23 June 1942, p. 5, col. D.

36 Premier of South Australia, Thomas Playford, "Venereal Diseases Legislation," *SAPD*, July 9, 1942, p. 13.

Despite such reassurances, compulsionists were rejuvenated. Dr. Harold Rischbieth, arch advocate of coercive health policy for venereal diseases, re-asserted his conviction that if notification and proper treatment of venereal diseases were enforced in South Australia, syphilis could be wiped out. At a meeting convened by the League of Women voters and attended by doctors and representatives of women's organisations, Rischbieth said that opinion had been almost unanimously in favour of compulsory notification, and that he was confident that public opinion would be strongly behind the move.<sup>37</sup> For Rischbieth, the desired results would be obtained without the trouble and expense of drafting a new bill. With modern clinics and specialised staff, proclamation of the Venereal Diseases Act of 1920 was all that was necessary.<sup>38</sup>

A report from Dr. W. Close, also a medical officer at the clinic, to the Director General of Medical Services in May 1943 was critical of existing arrangements and recommended the abolition of the venereal diseases clinic and its replacement with a urological, or genito-urinary clinic, to which all genito-urinary cases could be sent for investigation and treatment.<sup>39</sup> Close's report formed the basis of a letter to the Press which drew the ire of the Minister of Health, McEwin. McEwin was livid that Close did not forward his criticism through the proper channels. In an interview with the President of the South Australian Branch of the British Medical Association, Dr. John Verco, the Secretary, Mr. W. C. Dobbie and Director General of Medical Services, Dr. L. W. Jeffries, McEwin expressed his resentment. In one instance, McEwin said people wanted compulsory notification, and in the next instance wanted the reverse, privacy.

Another correspondent to the Press, Dr. B. E. Wurm, medical officer at the venereal diseases clinic, wrote in April 1943 that he deplored the fact that no Australian Government had "stopped the economic rot" nor dared to control or segregate people who were "sexually cursed, mentally weak

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<sup>37</sup> League of Women Voters was formerly known as Women's Non-Party Association.

<sup>38</sup> "Need for V.D. Notification Doctor's View of States's Need," *Advertiser*, 4 July 1942, p. 7, col. H.

<sup>39</sup> *Ibid.*

and socially untouchable" and who were "still free to spread their dread disease."<sup>40</sup> Wurm accused the many "unversed would-be reformers" of throwing a political smoke screen round the subject. It was time, Wurm declared, that somebody who was conversant with the situation should correct the impression that the Government and the profession were "quite indifferent to the problem."<sup>41</sup> While differences of opinion existed on the different problems of health, the profession could assist by getting its members to bring their ideas forward to be threshed out by their own Association. In this way the Government might have suggestions carrying the backing of the profession as a whole. "By this means only," McEwin pleaded, "can we provide confidence to a public at present confused with destructive and isolated individual opinion."<sup>42</sup>

The South Australian Branch of the British Medical Association moved to ensure that it would not be left out of any discussions on policy. A deputation met with Playford to offer assistance in any matters concerning health proposals. In the course of long discussions, it was agreed that the Government could submit to the British Medical Association any matter on which, in the opinion of the Government, the Association could give advice and assistance and that the British Medical Association could submit to the Government any suggestions which the Association considered would be advantageous for the improvement of the public health. Venereal Disease was a matter upon which Playford believed the Association could be consulted. While the Government appreciated the Association's co-operation, it said it had to take factors other than those purely related to health related ones into consideration. Accordingly,

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40 Letter- Dr Wurm complains to Chairman of Board of RAH that his comments in press about VD had been misquoted 18 April 1943. SRSA GRG 24/6/1943/224

41 Letter from Dr. W. Close to Director General of Medical Services (Dr. L. W. Jeffries), 25 May 1943. SRSA GRG24/6/1943/224

42 Notes of interview between The Minister of Health (the Honourable A. Lyell McEwin, MLC), the President of the South Australian Branch of the British Medical Association (Dr. John Verco), the Secretary (Mr. W. C. Dobbie), and the Director General of Medical Services (Dr. L.W. Jeffries) May 28, 1943. SRSA GRG24/6/1942/734

Playford made it clear to the Association that the adoption of any suggestions would be at the discretion of the Government.<sup>43</sup>

In early 1943, the South Australian Branch of the British Medical Association had not changed its attitude towards compulsory notification. The sub-committee agreed that some form of notification was essential for the effective control of venereal diseases. Proclamation of the Venereal Diseases Act 1920 or simply adding venereal diseases to the list of infectious diseases within the meaning of the existing Health Act would be all that was necessary. The Committee was doubtful whether it was an opportune time for the proclamation of a Venereal Diseases Act as regulations under the National Security Act provided a reasonable measure of control. Consideration of a general medical service for Australia, and of the transfer of control in health matters from the state to the Commonwealth "loomed so large in the horizon," the committee advised, that it seemed to be inadvisable to embark on any elaborate procedures for the present.<sup>44</sup> Nevertheless, the President, Dr John Verco, suggested that although it might not alter its advice, the association would be willing to consider the question again if requested by the state Government.<sup>45</sup>

Nor had the war changed Southwood's views. Compulsory notification and isolation of sufferers, Southwood reiterated, would be of doubtful advantage, impracticable and destined to deter many from seeking proper advice and treatment. Rather, Southwood recommended that only certain sections of the Venereal Diseases Act should be proclaimed. They should include those providing for the imposition of penalties on persons who married while suffering from the disease or who knowingly communicated it to another; the imposition of penalties on those outside the medical profession who attempted to treat the diseases; and the

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43 Minute to the Chief Secretary from the Premier of South Australia, Thomas Playford, 22 Aug. 1942. SRSA GRG24/6/1942/734

44 Report of the Sub-committee of the British Medical Association South Australian Branch, 7 Jan. 1943, Letter to Chief Secretary 11 Jan. 1943, ACA. TCD (C15) Town Clerk's Special Files (S4), File no. 194 A - Venereal Diseases; Letter from Secretary, Walter C. Dobbie, BMA to the Chief Secretary, 11 Jan. 1943. SRSA GRG24/6/1942/734.

45 "'V.D. Not Increasing Dramatically': Doctors' Views on Control", *The Advertiser*, 17 Feb. 1943, p. 4, col. B.



prohibition of certain classes of advertisements. "It has been my considered view for several years," asserted Southwood, "that the English method, involving the provision of ample facilities for free treatment ... is a satisfactory one, especially if it is combined with education of the public in matters of sex hygiene."<sup>46</sup>

Southwood's commitment to the "English System" was evident not only in his philosophy on voluntarism but also in his advocacy of participation of local boards in venereal diseases control. In early 1942 he recommended a number of changes to the existing situation that would have effectively decentralised the campaign along British lines. Southwood suggested an extension of public facilities for the diagnosis and treatment of venereal diseases to the more thickly populated suburbs and in some of the larger country towns. This would require a substantial expansion in staff. Southwood also recommended the employment of specially trained staff on a full-time basis. Minimum requirements included a medical officer in charge and two assistant medical officers to conduct the clinics in the metropolitan area with a clerk, a male orderly and one trained nurse employed for each clinic. The clinics should be equipped on "simple lines" with the capacity to perform the ordinary measures of microscopic diagnosis and the simpler methods of treatment. Patients not responsive to simple treatment, Southwood recommended, could be transferred to the central clinic at the Adelaide Hospital for special procedures.<sup>47</sup> Southwood's recommendations did not emanate from a belief that there was an increase in venereal cases. Although he urged the establishment of a treatment centre at Port Adelaide, in view of the large visiting and resident population of the area, Southwood believed that there was "no pressing need" for drastic state health policy change.<sup>48</sup>

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46 Report from Dr. A.R. Southwood, Chairman Central Board of Health, to the Chief Secretary, 2 March 1940. SRSA GRG8/1/1942/681

47 Suggestions for the extension of services to control venereal disease from Southwood, Chairman Central Board of Health for McEwin, Minister of Health, South Australia, January 21, 1943. SRSA GRG8/1/1942/681

48 Report from Southwood, Chairman Central Board of Health, to the Minister of Health, McEwin, 19 Feb. 1943. SRSA GRG8/1/1942/681

(v) *The South Australian Venereal Diseases Bill 1943*

By August 1943, there were moves for a new bill for the control of venereal diseases. Some women's organisations demanded a new Bill and circularised their demands to the Government. Instead of proclaiming an "out-of -date Act", they wrote in a letter to the *Advertiser* of October 1943, the introduction of an entirely new measure would be more in touch with present day considered opinion.<sup>49</sup> The unity of women's organisations was questioned by some Members of Parliament. While their good work in their particular spheres was noted, one member suggested, opposition emanated from only some of the women's organisations in the state and was therefore not necessarily representative of women's opinion on the matter. The leading women's association in this state, suggested the member, was the National Council of Women who had since 1920 been in favour of compulsory notification. Therefore, the member argued, "we should not take too much notice of the requests of certain individual associations which are after all only a small part of the National Council of Women."<sup>50</sup> While it was apparent that the National Council *did* support compulsion it is clear that its affiliates were united in the opposite cause.

With the determination to locate "an informed public opinion", a conference in May 1943 united women's organisations from a variety of political and religious persuasions. Co-operating with the Women's Christian Temperance Union in calling the conference were the YWCA, YMCA, Australian-Soviet Friendship League, League of Women Voters, Co-operative Women's Guild, Communist Women's Committee, Housewives Association, Equal Pay Group, Society of Friends, Eureka Youth League, Congregational Women's Guild, Women's Zionist association,

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49 Signed by representatives from: WCTU League of Women Voters, Co-operative Women's Guild, Congregational Church Women's Society, Baptist Women's League, Council of Churches Adelaide Jewish Women's Guild, Churches of Christ Sister's Auxiliary, Kindergarten Union of SA, Lady Victoria Buxton Club, Legion of Christian Youth in SA, Methodist Women's Home Mission Association, Social Workers' Association of SA, SA branch Peace Pledge Union, Student Christian Movement in University, The Mother's Union, Theosophical Society, The University Women's Union, Women Teachers' Guild. "Organisations Oppose V.D. Bill", Letter to Editor, *Advertiser*, 13 Oct. 1943, p. 6, col. A.  
50 C.R.Cudmore, "Venereal Diseases Act Amendment Bill," *SAPD*, 21 Sept. 1943, p. 271.

Adelaide Jewish Women's Guild, and the National Fitness council.<sup>51</sup> Speakers included Dr. Marie Brown, the President of the Equal Pay Committee, Mr W. Coombs, the Secretary of the W. C. T. U. Ada Bromham, the Director of Social Service Studies Amy Wheaton, the President of the League of Women Voters Dr Constance Davey, and Dr Charles Duguid.

While Minister of Health A. L. McEwin attempted to allay fears that venereal diseases were rife, the secretary of the YMCA, Mr C W Smith, expressed his disgust at presiding over a conference for whose necessity the community was to blame. The best protection a community could build up for itself against venereal diseases, the Health Minister suggested, was the education of young adults regarding the dangers of promiscuity and fostering the ideals of early marriage and early treatment.<sup>52</sup> The meeting carried a motion urging the inclusion of biology in the general science course in the boys' and girls' schools and a campaign for public education by a committee representing the Church, the medical profession, the press, films, radio, and educational organisations.<sup>53</sup> It was apparent that public opinion was still hostile to the introduction of coercive measures even in wartime. Thus a significant section of the community believed, the social emergencies culturally connected with war could not be met with measures that were of questionable value in time of peace.

The question of compulsory notification was not on the government's agenda. The Premier insisted that the existing voluntary system in South Australia had "undoubtedly" ensured a lower incidence of venereal disease than any other state.<sup>54</sup> McEwin argued in Parliament that since 1920 governments of various political views had realised that some features connected with the Act made administration complicated. Powers conferred on the chairman of the Central Board of Health under National Security Regulations revealed complications that served as an indication of

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51 "Public Conference in Adelaide," *Advertiser*, 15 May 1943, p. 5, col. E.

52 "Reducing V.D. by Education: Problem Discussed at Conference," *Advertiser*, 31 May 1943, p. 3, col. D.

53 *Ibid.*

54 Premier of South Australia, Thomas Playford, "Venereal Diseases Act," *SAPD*, 26 Aug. 1943, pp. 157-8.

the difficulties to be expected if some of the provisions of the 1920 Act were brought into operation.<sup>55</sup>

Such complications began to emerge during 1944 at a series of Conferences on venereal diseases convened by Southwood as Chairman of the Central Board of Health. Present with Southwood at the first conference were Miss D. R. Curtis, Principal of Women Police, representatives from the United States and Australian military, and from the Venereal Disease Clinics, Doctors John Close and H. E. Pellew. The topics that most concerned delegates were the follow up of patients and the certification of disease. From the Women Police point of view surveillance was thwarted as the force could keep control of "follow up" only over those cases that came under their notice. There was no such control over other patients who might be sufferers but were not known to the police. Miss Curtis considered that two-thirds of the patients attending the Clinics came as private persons and not as "official suspects" and in these cases there was no follow-up.<sup>56</sup>

At the Second Conference in March, Curtis also expressed concern at the apparent discrepancies between the number of cases that had been sent to the Royal Adelaide Hospital and the large proportion of negative returns. It appeared that there was a number of women who had been alleged to be suffering from a venereal disease but whose medical examination did not definitely confirm its presence. Southwood pointed to the difficulty in certifying whether a case was definite if laboratory tests appeared inconclusive. In many cases, suspicion on clinical grounds might be strong, Southwood argued, but the "actual finding of the germ presented many technical problems." In any case, for the female patients the Clinic was not the preferred place for diagnosis and treatment. Indeed, according to Dr. Pellew, there were very few cases at the Clinic as it was usual to send suspects to the "cottage" at the Royal Adelaide Hospital for investigation and treatment.

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<sup>55</sup> A.L. McEwin, Chief Secretary and Minister of Health, "Venereal Diseases Act Amendment Bill," *SAPD*, 31 Aug. 1943, pp. 169-70.

<sup>56</sup> Minutes of the First Conference on Venereal Diseases, 9 Feb. 1944. SRSR GRG24/6/1944/625

Southwood insisted that certificates from a private medical practitioner were worthless as they were often incomplete and did not indicate whether tests had been made. Dr. Close suggested that in the case of any doubtful certificate, the patient should be required to attend the Royal Adelaide Hospital. Close further suggested that private medical practitioners should be by-passed altogether and patients required to go directly to a public clinic.<sup>57</sup> Despite these problems Southwood reported to Cooper Booth, Federal Minister for Health that no "special difficulties" had arisen and compulsory detention had not been necessary. The threat that the full powers of the regulations would be exercised had "been sufficient to meet the requirements."<sup>58</sup>

Southwood was supported by Adelaide's health officials. Former Chairman of the Public Health Committee at the Local Board of Health for Adelaide, E. Angus Johnson, commenting on suggestions for a new Venereal Diseases Bill, declared that in twenty years he had not changed his opinion in regard to compulsory notification for venereal diseases. "No good would accrue," Johnson declared, from the introduction of a new bill featuring coercive clauses "at the present time."<sup>59</sup> At the opening of a public conference on venereal diseases in May 1943, Minister of Health McEwin pronounced that there was a considerable amount of irresponsible talk finding credence. Whatever the condition in other states, McEwin declared, there had been "no significant increase" in South Australia in recent years. This opinion was confirmed by a "confidential" report from practitioners and Army statisticians. The medical officer at the male clinic pronounced that the hospital showed heartening figures for the past two years and at the present rate of decrease "there would be practically no VD in a few years' time."<sup>60</sup> Even at the highest level of state government, the existing system

<sup>57</sup> Minutes of the Second Conference on Venereal Diseases, 8 March 1944. SRSA GRG24/6/1944/625

<sup>58</sup> Letter from Southwood, Chairman, Central Board of Health Adelaide to J. Cooper Booth in reply, 22 March 1944. SRSA GRG8/1/1943/745

<sup>59</sup> Comment on suggestions for a new Venereal Diseases Bill from E. Angus Johnson, 4 July 1942. SRSA GRG8/1/1942/681

<sup>60</sup> "Reducing V.D. by Education: Problem Discussed at Conference," *The Advertiser*, 31 May 1943, p. 3, col. D.

was favoured over coercion. Playford reiterated in Parliament the favourable situation in South Australia compared with other states where compulsory measures had been in force for years, and defended the local methods of venereal diseases control as in conformity with those of the British Ministry of Health.<sup>61</sup> In Playford's view, the provisions of the National Security Regulation were complementary to existing arrangements. The Government, he maintained, would be guided by the National Health and Medical Research Council, the recognised co-ordinating body of public health experts at the time.<sup>62</sup>

The Bill was introduced in the Legislative Council and passed, but withheld in the House of Assembly until within eight hours of the closing of the session. A disappointed and disgruntled Leader of the Opposition, R. S. Richards, accused Parliament of tricking him and depriving him of an opportunity to discuss the Bill. The Government, Richards supposed, could say in effect, "If the Leader of the Opposition moves his motion we can counter it by saying that there is no time for a Select Committee, and because of the circumstances we can get it rushed through despite the opposition outside and feeling of members of the House generally." This was, Richards declared, no way to approach Parliament or to treat Parliamentarians.<sup>63</sup>

However, it was McEwin who had the last word on the Bill. In Parliament on December 9, 1943 he said,

I have given more consideration in my capacity as Minister of Health to this subject than to any other that has come under my notice. Though I can foresee the benefits that could accrue from proclaiming all the Act if we had the proper human approach to the subject. I think that we have not yet reached that stage in which the results expected from proclaiming the compulsory notification sections can be realised. I have had a number of interviews at the request of women's organisations in this State, and other people who have different ideas, and discussed the pros and cons from every angle.... If as the result of the publicity and the education of the people, which has already begun, the general public's attitude towards the subject is altered, then may be the time

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61 Premier of South Australia, Thomas Playford, "Venereal Diseases Legislation," *SAPD*, 9 July 1942, p. 13.

62 Premier of South Australia, Thomas Playford, "Venereal Disease," *SAPD*, 20 Oct. 1942, p. 958.

63 R.S. Richards, Leader of the Opposition, "Venereal Diseases Act Amendment Bill," *SAPD*, 29 Sept. 1943, p. 355.

to consider treating venereal disease the same as other infectious diseases in respect to compulsory notification.<sup>64</sup>

The Bill was brought on after midnight, in early 1944. The house adjourned without voting and the Bill lapsed.

(vi) *Propaganda*

While McEwin appeared satisfied that there was no material increase in the incidence of venereal disease in the state, the Government was anxious to reduce the trouble that did exist. Public health enthusiasts, declared McEwin, would "not rest content" until the diseases had been wiped out. This was possible, McEwin added, but not easy.<sup>65</sup> In June, the Commonwealth Government provided a subsidy of a further £2,500 to ensure the continuation without interruption of the present system and for the introduction of any additional measures.<sup>66</sup> Such a subsidy helped to finance the premier platform in McEwin's campaign - propaganda. During November 1944, Adelaide newspapers carried advertisements featuring both male and female images. The advertisements counselled readers to "LIVE CLEANLY: there's safety in self-control; abstinence is not harmful; store up health for your later years; pass on the gift of health; and be worthy of true romance." The advertisements listed the early signs of the two principal diseases and emphasised the need for prompt treatment. Copies of the advertisements were also prepared in leaflet form and forwarded to local boards for distribution among the general community.<sup>67</sup> In a minute to McEwin only a week after the advertisements began appearing, Southwood reported that, from reports received and from general comment, the campaign was proving of value. Attendances at the Female

64 A.L. McEwin, Chief Secretary & Minister of Health, "Venereal Diseases Act Amendment Bill," House of Assembly, *SAPD*, 9 Dec. 1943, pp. 994-50.

65 "Minister Comments on Venereal Disease Publicity", State Minister for Health, McEwin, c. 1944. SRSA GRG8/1/1946/662

66 Circular to the Premier of South Australia, Playford, from Acting Prime Minister, Collings, received 17 June 1944. SRSA GRG24/6/1943/349

67 *The Advertiser*, 6, 10, 13 and 17 Nov. 1944; *News*, 6, 8, 13, 15, Nov. 1944; *Mail* 18, 25 Nov. See also SRSA GRG8/1/1946/622. Anti-Venereal Disease Press Publicity which commenced on 6th November had been responsible for for 33 letters of inquiry also numerous personal visits. Minutes of the Sixth Conference on Venereal Diseases, 6 Dec. 1944. SRSA GRG24/6/1944/625

Investigation Clinic were showing a definite increase. This was not from any increase in incidence of Venereal Disease, Southwood assured his audience, but from a desire among people who may be concerned on the matter to get definite information on their state of health.<sup>68</sup>

It appeared that the general population was more inclined to respond to the press campaign than to other methods of propaganda. Slides with similar figures and captions to the notices that appeared in the press were screened at city, suburban and country cinemas. The slides were manufactured at the expense of the government and were shown free of charge by SA Motion Pictures Ltd. Screen publicity did not bring the same number of inquiries as the press notices. Theatre Managers reported that the reactions of audience members to the slides ranged from approbation to frank dislike.<sup>69</sup> Radio broadcasts were also discussed. Although supported in principle by women's organisations, Director-General of Health Dr Cumpston declared that there was "not sufficient venereal disease in Australia to justify compulsory health sessions" and, "too great an encouragement to commercial broadcasting stations to commercialise the opportunity."<sup>70</sup> By December the campaign had inspired 33 letters of inquiry and "numerous personal visits." Dr. Hustler, Medical Officer of the Central Board of Health, reported that the inquiries came from genuine sufferers as well as nervous individuals who had never had a relationship with the opposite sex.

By the end of 1944, a series of fitness campaigns had emerged in direct response to the venereal diseases problem. The National Fitness Campaign in South Australia, explained T. Ivan Thompson, was a part of "long-range plan that foresees the future of the Australian nation as depending upon the virility and happiness of its people." As in the First World War, there was the apprehension that the nation must be "ready for swift,

<sup>68</sup> Minute forwarded to the Minister of Health, McEwin, from Southwood, 16 Nov. 1944. SRSA GRG8/1/1944/464

<sup>69</sup> Minutes of the Eighth Conference on Venereal Diseases, 5 Sept. 1945. SRSA GRG24/6/1944/625

<sup>70</sup> Women's Home Mission Association Minutes 28 July 1944, 1930-70. SRG 4/1/46; Women's Non-Party Association/ League of Women Voters, Minutes of Executive Committee Meetings, Meeting: 9/8/44. SRG 116/2 Vol 4; "Broadcast Talks on Venereal Disease," *Advertiser*, 21 Sept. 1944, p. 5, col. I.



purposive action in present emergencies," and that there was a responsibility to ensure that the growing generation be fit enough to "meet the crises of its time." There was also a sense that whatever was necessary for the control of venereal diseases could also serve as the moral basis for lasting peace. Thus, supported by a campaign for national fitness, the task was to create a "reserve of moral and physical strength sufficient for the task of building some better order of society where men can live together with fuller understanding and higher individual attainment."<sup>71</sup>

Although there was an attempt to establish a Committee of Social Hygiene in the 1930s, it was not until 1943 that the concept really found support in Adelaide. In 1944, the council of the Social Hygiene Association of South Australia moved to lend its support in prevention and eradication of venereal diseases. In particular, the Association stressed the importance of hospital accommodation for some patients and the need for a more general education in matters pertaining to venereal diseases. The Association also urged sexual equality before the law, demanding that men be held no less responsible than women "in cases where the diseases has been contracted through promiscuity." A medical advisory board consisting of nine doctors was formed to assist the association on problems of a medical nature.<sup>72</sup> Some women's organisations established racial hygiene associations. Overtures from the Racial Hygiene Association of New South Wales encouraged the establishment of local associations with existing organisations. The Woman's Christian Temperance Union, the Congregational Church Women's Society, the Young Women's Christian Association and the League of Women Voters all fielded delegates to a local committee.<sup>73</sup> However, despite coming together in February 1944, by July they had still not formed a policy.<sup>74</sup>

<sup>71</sup> T. Ivan Thompson, *National Fitness in South Australia, 1944*. ML Z 613.7. National Fitness Council of South Australia ML Z 613.7 N277

<sup>72</sup> "Venereal Disease Education", *Advertiser*, 8 Dec. 1944, p. 4, col. F. The Board was comprised of Doctors G.H. Burnell, M. Casley Smith, W. Christie, J Close, H.K. Fry, K.S. Hetzel, E. Sandford Morgan, B.E. Wurm.

<sup>73</sup> Women's Christian Temperance Union, *Papers relating to prostitution and venereal disease. c1930-1940* ML SRG 186 series 91 Prostitution & V.D. in QLD. (1944); Congregationalist Church Women's Society (CCWS) *Minutes of the Executive Meetings, 1917-35, Meeting: 18 Feb. 1944*, vol. 5. ML SRG 95/34; League of Women Voters, *Minutes of Executive Committee Meetings, Meeting: 15 Feb. 1944* SRG 116/2

*(vii) Increased facilities*

By this time facilities for the diagnosis and treatment of suspects and sufferers from venereal diseases had been extended. Any person desiring investigation or treatment could receive attention without charge at the Royal Adelaide or the newly opened clinic at the Port Adelaide Casualty Hospital. Arrangements were made so that any medical practitioner desiring pathology services in the investigation for a venereal disease could have the specimens examined free of charge at the Institute of Medical and Veterinary Science, the Adelaide Children's Hospital Laboratory, the Commonwealth Health Laboratory at Port Pirie, and in Adelaide by a small group of private pathologists who were co-operating in the scheme. Sufferers in country districts could also obtain treatment without cost. Circulars explained to medical practitioners the procedure. If a doctor proposed to submit a claim for treatment of a particular patient from Government funds, he or she must advise the Central Board of Health by letter, giving the necessary information. Payment was made according to the number of visits, and for reimbursement of drug expenses. The scheme at the end of 1944, Southwood reported, was "proceeding in a very satisfactory manner."<sup>75</sup>

Indeed, it appeared that the propaganda had enhanced the image of the clinics. Hustler usually suggested to private inquirers that as an alternative to being investigated at the Royal Adelaide Hospital they might prefer to visit their own doctor, but most seemed to have preferred the clinic. This was probably due to the new arrangement for female patients. Hustler's report on the Activities Associated with the Anti-Venereal Disease Campaign for the first three months coincided with his report on

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Vol 4; Adelaide Young Women's Christian Association, Minutes of the Board of Directors 1942-47, Report of Racial Hygiene Committee, Meeting: 19 April 1944- ML SRG 403, Box 15; Adelaide Young Women's Christian Association, Minutes of the Board of Directors 1942-47, Report of Racial Hygiene Committee, Meeting: 11 May 1944- ML SRG 403, Box 15.  
 74 League of Women Voters, Minutes of Executive Committee Meetings, Meeting: 11 July 1944 SRG 116/2 Vol 4  
 75 Annual Report of the Central Board of Health, 1944, *SAPP*, no. 54, 1945.

the activities of the Royal Adelaide Hospital Female Investigation Clinic during its first three months of operation in 1944. The response of female suspects to the personal memo asking them to report for medical examination had "on the whole", according to Hustler's report, been good. The girls were reported to have been "usually friendly and co-operative when the position had been explained to them." Since the new arrangements, Hustler continued, the atmosphere at the Female Night Clinic had been "generally friendly, and less patients had defaulted." This was due, Hustler believed, to the greater degree of privacy, less waiting, and a reasonable guarantee of cure following the use of penicillin.<sup>76</sup>

By November 1944 the duties of a Nurse Inspector who was to be attached to the Central Board of Health to assist in the efficient administration of the National Security (Venereal Diseases and Contraceptives) Regulations, were settled. The duties were consistent with those already being executed by the women police.<sup>77</sup> From the point of view of Adelaide women's organisations the greatest "stumbling blocks" to the success of a compulsory system were that a health problem would be transferred to the crime list, and a medical matter to police supervision.<sup>78</sup> While the contact tracing and follow up of women caught up in National Security Regulation net had indeed been a police matter. When Sister Dorothy Virgin commenced duty as Nurse Inspector in February 1945 the Women Police were relieved of some of their duties. Prior to the appointment, female suspects were either written to by the Medical Officer or located and interviewed exclusively by the Women Police. The new system provided an opportunity for co-operation with the health authorities without being brought to the notice of the police. At the newly-established Female Investigation Clinic a woman could be examined free,

<sup>76</sup> Report of the Activities Associated with the Anti-Venereal Disease Campaign for the First Three Months of its Inception by Dr. Hustler, Medical Officer Central Board of Health, 7 Dec. 1944. SRSA GRG24/6/1944/625

<sup>77</sup> "Proposed Duties of a Nurse Inspector attached to the Central Board of Health, re National Security (Venereal Diseases and Contraceptives) Regulations," signed by Southwood 15 Nov. 1944. SRSA GRG8/1/1944/464

<sup>78</sup> Miss Ada Bromhan, J. P., National Corresponding Secretary, WCTU of Australia, *Guard your race: venereal disease*, (Adelaide, 1944), p. 5.

privately and by appointment, and the term venereal diseases was avoided.<sup>79</sup> In her first three months, Sister Virgin paid 62 visits in connection with locating suspects and following up patients. By the end of the year, this number had grown to 153. In the execution of her duties the Sister reported no cases of "rudeness or hostility." An increase in attendances at the Clinic was seen as a direct result of the Sister's visits.<sup>80</sup>

An alternative to the Clinic was the Cottage Ward. Formerly the superintendent's cottage, the premises were fortuitously empty in 1944 and began admitting female patients suffering from a venereal disease. The Cottage Ward was not arranged in the usual way. Patients were not confined to bed but treated the cottage as a temporary residence while they underwent chemotherapy. Patients were allowed visitors but received few. They were free to leave at any time but none did. They spent their days listening to the radio, knitting, sewing or reading. According to the day nurse, the women were from many walks of life. Some were country girls who were working in Adelaide when they became involved with American soldiers and were infected with a venereal disease. Most were grateful that there was accommodation available for them. Some used the cottage as a safe haven to which they could retreat, be cured and then move on with their lives.<sup>81</sup>

Despite the successful administration of the regulations with a minimum of harassment and apparent acceptance by the women who were affected, the issue of compulsion remained close to the surface. Some who had come to represent public opinion and the concerns of women on the matter, such as Ada Bromham, continued to address the issue of legislation. In her pamphlet, *Guard your race: venereal disease*, she celebrated South Australia's voluntary past. South Australian governments, Bromham wrote,

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79 "The Case for V.D. Legislation in South Australia," signed by Hustler, 10 Nov. 1945, p. 1. SRSA GRG8/1/1945/781

80 Minutes of the Seventh Conference on Venereal Diseases, 16 May 1945. SRSA GRG24/6/1944/625

81 Ruth Harrington, former day nurse on the Cottage Ward, Adelaide Hospital. Interview with the author, Adelaide 17 Jan. 1997.

have so far resisted all pressure to enact compulsory legislation, and the V.D. Act of 1920 is still undeclared, mainly owing to the compulsory clauses of the Act. The Federal Government passed a National Security Regulation in September, 1942, which over-rides the State law, and legalises compulsory measures in South Australia. Yet it can be shown that without compulsory measures South Australia has a better record in the incidence of V.D. than any other state.<sup>82</sup>

With no new Bills in 1944 it appeared that there was accord on the matter.

By May of 1945 venereal diseases were among a list of social concerns at the nineteenth session of the National Health and Medical Research Council in Canberra. DDT, the shortage of eggs, national fitness, rat control measures, the decline of the birth rate, sterility and the establishment of fertility clinics, maternal mortality, contraception, tuberculosis, and child welfare, were all included in a general review of public health activities in Australia.<sup>83</sup> With such a litany of concerns, health officials should have been heartened by the medical advances in the treatment of venereal diseases that were having a positive effect on its control. In May 1945, Hustler reported that the comparative increase in the number of new cases during 1944 and the early months of 1945, in his view, did not necessarily indicate an increase in venereal diseases in South Australia. Rather the situation could be explained by the activities of the venereal diseases campaign, and advances in chemotherapy. Publicity and case finding, especially in regard to females, had achieved good results. Penicillin "with its promise of a rapid cure" was also a factor in inducing people to attend the clinics. Since its release for the treatment of gonorrhoea in civilians in August, 1944, fewer patients defaulted. Reports from private practitioners that they were seeing fewer new cases could be explained by the fact that more patients were attending public clinics. Given this situation, Hustler could not reasonably conclude that venereal diseases were increasing in South Australia. But moral panic was never far away.

82 Miss Ada Bromhan, J.P., National Corresponding Secretary, WCTU of Australia, *Guard your race: venereal disease*, (Adelaide, 1944), p. 5.

83 "Health Talks in Canberra", *The Advertiser*, 25 May 1945, p. 4, col. F; "Decline in the Birth Rate: Medical Aspects of Problem", *Advertiser*, 24 May 1945, p. 7, col. H; "Lower Maternal Mortality" *Advertiser*, 24 May 1945, p. 6, col. G; "Plans to Increase Birthrate", *Advertiser*, 8 May 1945, p. 10, col. G.

*(viii) The South Australian Venereal Diseases Bill, 1945*

If the war in 1942 heightened people's awareness of venereal disease because of an intensification of hostilities close to home, 1945 brought concern for the post-war consequences of having no compulsory policy when the National Security Regulations were repealed. It was such concerns that drove the new campaign. At the Eighth Conference on Venereal Diseases on 5 September 1945, weeks after the war ended in the Pacific, Dr. Hustler outlined the situation. Eighty-nine new potential cases were investigated and 291 visits were recorded. Forty-one cases were proven to be gonorrhoea and 2 syphilis. Thirty-seven cases were discharged "infection not proven" with 11 cases not finalised at the time of the report. Thus, 44 per cent of cases investigated were proven to be suffering from VD. This increase, Hustler argued, was probably due to the greater use of information gained from the Male Clinic to induce "questionable female characters" to resort to examination. From such investigations Hustler predicted that there were a number of professional prostitutes in Adelaide who "almost without exception" were suffering from gonorrhoea. They and their male escorts, Hustler pointed out accusingly, were unconcerned about being infected. Hustler could point to an optimistic feature of the work with fewer "flighty, adolescent girls" and young married women of "the better class" were being diagnosed. Although during the last months of the war a number of orders were served under the National Security Regulations, the issue of any Warrant for apprehension was unnecessary. However, Hustler reported, in spite of "tact and suasion" it appeared that some coercive powers were required as a last resort in venereal diseases control.<sup>84</sup>

Since his appointment on June 21, 1944, Hustler's duties included the implementation of the National Security Regulation under the Chief Health Officer, Southwood. From his experience he formed the opinion that certain legislation in the control of venereal disease was essential and

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<sup>84</sup> Minutes of the Eighth Conference on Venereal Diseases, 5 Sept. 1945. SRSA GRG24/6/1944/625

legislation based on the National Security Regulations would meet most exigencies. By the end of 1945, with the War over, the scheme in operation had worked "with very little friction" and had produced good results. Hustler was concerned that when the National Security Regulation was revoked in the following year, South Australia would be without any legislative control of VD.<sup>85</sup> Two main difficulties convinced Hustler that legislation was required. Firstly, in many cases sufferers could only supply vague details about their sexual contacts. In such circumstances the police assisted in locating individuals cited as sources of infection. In the period from 1 September, 1942, when the Regulations came into force and November 1945, the police had assisted in 524 individual cases. When located, the "suspects" were encouraged to undergo voluntary examination. Thus, without legislation, Hustler pleaded, a valuable service would be lost to the community. Secondly, legislation was required to control "the small minority of sufferers who through some mental aberration" were "totally impervious to any persuasive or educative line of approach." Although the coercive powers provided in the Regulations were only exercised three times in the same period, Hustler believed that such recourse should remain available in the most extreme cases of recalcitrance.<sup>86</sup>

Hustler did not recommend the proclamation of the South Australian Venereal Diseases Act of 1920 because of its provision for compulsory notification which he believed, was undesirable and unsuitable. The ambivalence of many medical practitioners and their reluctance to notify sufferers, the possibility that some sufferers would remain untreated because they were afraid of exposure and treatment, and the expense of the large clerical staff necessary to administer the Act, were cited as impediments to such a policy. Hustler advocated the continuance of a combination of social service methods and legislative procedures being practised in the state based on the British scheme. For this reason, when the

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85 "The Case for V.D. Legislation in South Australia," signed by Hustler, 10 Nov. 1945, p. 1. SRSA GRG8/1/1945/781

86 *Ibid.*

National Security Regulations were finally revoked, new legislation based on the principles contained therein and not on compulsory notification should fill the breach.<sup>87</sup>

By November 1945, the debate over compulsion in the control of venereal diseases re-emerged as a significant health issue. This time, however, with the wartime controls as precedent and still in force, the debate seemed weighted on the compulsionists' side. How could non-compulsionists maintain their cause when the success of the National Security Regulations appeared to be accepted by all? The answer may be that although compulsion in relation to treatment and detention was gaining support even by traditional non-compulsionists such as McEwin, "unconditional" compulsory notification was not a part of the new campaign. The effect of the Bill, said McEwin at the opening of the debate on the Bill's second reading, was "to continue a legislative scheme which during the war years was found to be effective". McEwin alluded to the difficulties associated with the enforcement of the Act of 1920 as reason for its never being brought into force. The cost of administering the new Bill was estimated to be approximately £3,000 a year. Thus, McEwin argued that this was not "an idealistic measure, but its provisions have already been tried and proved satisfactory to all concerned .... The Bill enables the machinery set up to be continued."<sup>88</sup> Even the Premier, Thomas Playford, had modified his stand on compulsion due to the experience of the National Security Regulations. In Parliament, he pronounced that he had "on many occasions, directly or indirectly, criticised Commonwealth Legislation or actions". But where they have been successful, Playford believed, it would be a very peculiar person, indeed, who would not take advantage of what had been tried and proved effective."<sup>89</sup>

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<sup>87</sup> *Ibid.*

<sup>88</sup> A.L. McEwin, Chief Secretary & Minister of Health, "Venereal Diseases Bill," *SAPD*, November 14, 1945, p. 925.

<sup>89</sup> Premier of South Australia, Thomas Playford, "Venereal Diseases Bill," *SAPD*, 13 Dec. 1945, p. 1343.



Not surprisingly, therefore, women's groups rallied again publicly to condemn the new Venereal Diseases Bill of 1945. While some women were now prepared to concede that the National Security Regulations might have been necessary in war, it was unanimously agreed by the League of Women Voters that the maintenance of such controls might become a "menace" in times of peace. At a meeting of the organisation, the members deprecated a Government which had advocated the abrogation of all wartime regulations and the return of civil liberties but that now consider such a measure. "Under common law", wrote the Secretary of the League, C. P. Mountford to the *Advertiser*, "the liberty of the individual is regarded as the supreme right. A Bill which overrides so fundamental a principle is contrary to the ideals of British justice and the basic principles for which the war was fought."<sup>90</sup> The Bill, wrote Ada Bromham to the *Advertiser*, had been "sprung upon the people on very short notice and is arousing much resentment." Urging members of parliament to vote against the compulsory clauses, Bromham asked,

Where is our much-boasted British Justice which affirms that the law shall apply equally to all persons? We are fighting to uphold a just and democratic way of life; yet compulsory legislation of this kind is put into operation mainly against one section, and that the one least able to defend themselves - women.<sup>91</sup>

Members of the Woman's Christian Temperance Union complained individually to the press. Isabel Drummond considered the provision of the new Bill unhelpful and a denial of British justice.<sup>92</sup> The second reading of the Bill, Phyllis E. Duguid wrote, "marked another sincere, but misguided" attempt to deal with the problem of disease control. The community co-operation the Government had enjoyed thus far, Duguid warned, would be "gravely endangered" if the Bill were passed. Members should reject those clauses in the Bill which provide for compulsion as they are "completely out of step with modern social science."<sup>93</sup> Isobel McCorkindale urged South

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<sup>90</sup> "Contrary to British Justice," letter to the Editor from C. P. Mountford, League of Women Voters, *Advertiser*, 24 Nov. 1945, p. 10, col. A.

<sup>91</sup> "Objections to V.D. Treatment Bill," letter to the Editor from Ada Bromham, *Advertiser*, 24 Nov. 1945, p. 10, col. A.

<sup>92</sup> "V.D. Treatment Bill," letter to the Editor from Isabel Drummond, *Advertiser*, 27 Nov. 1945, p. 6, col. A.

<sup>93</sup> *Ibid.*

Australia to take the lead with a scheme that remained free, confidential and voluntary. If this was done the state could provide an "Australian centre where the results of more modern methods could be observed," with the whole Commonwealth able to "reap the benefit."<sup>94</sup> All called for a more sympathetic understanding of the mental and moral problems involved from politicians and medical men.

Such dissent, especially that from Bromham, drew the ire of some officials. Some of her accusations regarding the treatment of women were singled out for vehement castigation. In a memo to Southwood, Hustler suggested that the whole tenor of Bromham's letter was "misleading and calculated to create confusion in the public mind" and performed a disservice to health and education. In answer to Bromham's accusation that the new Bill discriminated against women, Hustler retorted that if in practice the Bill was found to apply more to women than to men, this was due to "differences in the anatomy and physiology of the sexes and not to man-made laws."<sup>95</sup> In response to accusations by Bromham that 31 women at one time were forced to wait in the waiting room for treatment, Hustler wrote that patients were seen in the order in which they arrived. The time of one session occupied approximately one hour and patients were constantly passing through so there could not have been 31 patients waiting at the same time unless some waited for friends. In rejecting Bromham's criticisms, Hustler suggested that any undesirable publicity relating to female sufferers "emanates almost entirely from the people professing to champion the interests of their own sex." Furthermore, as current studies showed that the South Australian Venereal Diseases Scheme was reducing cases in the state to a minimum, it was unfortunate, Hustler declared, "that well-intentioned people through ignorance of facts and undirected emotionalism should be able to break down the confidence which the

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94 V.D. Treatment Bill," letter to the Editor from Isobel McCorkindale, *The Advertiser*, 30 Nov. 1945, p. 10, col. A.

95 Minute from H. T. Hustler, Medical Officer attached to the Central Board of Health, to the Chairman, Southwood, 27 Nov. 1945. SRSA GRG8/1/1945/781

authorities have been at great pains to establish between patients and staff."<sup>96</sup>

Despite the arguments of the women's organisations, as far as the authorities were concerned the arrangements for controlling venereal diseases especially among women were proceeding well. While the fear by women's organisations that venereal diseases would be criminalised had been true in the early stages of the scheme, as time went on and arguably because of public pressure, this situation was reversed with the transfer of duties from the Women Police to health workers. Because of the National Security Regulations, new consideration was given to female sufferers. The Regulations in Adelaide issued better conditions for women sufferers by forcing the establishment of a female investigation clinic and the Cottage Ward in the grounds of the Adelaide Hospital. Nevertheless, yet another bill was being prepared for parliament.

The British Medical Association strongly supported "in general terms" a new bill embodying the principles of the National Security Regulations. The only opposition apart from the women's organisation came from those who were suspicious of a provision that sanctioned official action based merely on suspicion.<sup>97</sup> During the debate, members voiced their discontent and offered several suggestions. One member disassociated himself with the Bill calling it an "outrage to human dignity," a departure from the principles of British justice and "panic legislation." With the Bill as drafted, the member warned, many people might be wrongly placed under a cloud of suspicion and forced to endure a degrading examination. It was, therefore, undemocratic to "arrest and humiliate people in order that one or two criminals might be arrested." It was preferable that "guilty

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<sup>96</sup> "Criticisms of Statements Relating to VD Legislation Appearing in the Press," Minute from H.T. Hustler, Medical Officer attached to the Central Board of Health, to the Chairman, Southwood, 17 Dec. 1945. SRSA GRG8/1/1945/781

<sup>97</sup> Letter from Walter C. Dobbie, Secretary of the South Australian Branch of the British Medical Association to the Chief Secretary, 11, April 1947 SRSA GRG8/1/1945/781; Letter to the Premier of South Australia from the Sec. British Medical Association, Walter C. Dobbie, December 24, 1945. SRSA GRG24/6/1942/734

people should escape than that innocent people should suffer."<sup>98</sup> Another member insisted that the voice he raised against this Bill was the "voice of the women of South Australia." Charging that the Government had not given the voluntary system a fair trial, the member argued that the compulsory clauses created "the informer", guarded him with secrecy and put him in a privileged position. This was "an awful thing for the Legislature to do" and more scientific solutions should be sought before such a "drastic system" was legalised.<sup>99</sup>

While others remained sympathetic, they considered that the question should be approached not "as one affecting men or women, but as one affecting the human race." It was, a speaker declared, "to our undying shame that we have an Act of Parliament now a quarter of a century old, growing grey hairs, which has never done a day's work." This was "a standing shame to successive Ministries." The Bill in question would only provide "opportunities for venom" by irresponsible or disgruntled informers.<sup>100</sup> Eventually the arguments came full circle. "People will put up with all sorts of things in time of war that they will not suffer in times of peace," argued still another member. Acknowledging that war-time controls were "irksome", the member appealed to the government to give the Act of 1920 a twelve month trial.<sup>101</sup>

The issue of permanency also concerned R. S. Richards. "If we pass this Bill in its present form," warned Richards, "the legislation will be there for good." But there were more significant concerns. Richards believed that the Bill of 1920 was not proclaimed "because of the attitude of certain professional interests." There were two sections in the community, Richards declared, "the compulsionists and the non-compulsionists". What is more, Government had not enjoyed the co-operation from the medical

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98 Mr. Quirke, Member for Stanley, "Venereal Diseases Bill," *SAPD*, House of Assembly, 20 Dec. 1945, p. 1463.

99 Mr. Nieass, Member for Norwood, "Venereal Diseases Bill," *SAPD*, House of Assembly, 18 Dec. 1945, p. 1394.

100 Mr. Shannon, Member for Onkaparinga, "Venereal Diseases Bill," *SAPD*, House of Assembly, 18 Dec., 1945, p. 1395.

101 *Ibid.* p. 1462.

profession it was entitled to expect. Informers "who profess to speak with authority outside Parliament", Richards revealed, asserted that the profession objected to the diseases being made notifiable under the infectious and contagious diseases provision of the Health Act because a proportion of their clients were in a position to pay for treatment privately, and doctors were not prepared to divulge the nature of their complaint to the authorities.

If this was the case, Richards believed, the Bill ought not to be brought into operation without a thorough investigation from a Select Committee. After his experience in 1943, when the parliament had prevented the debate by delaying it too late in the last session, Richards was wary that the Bill would be shelved in the same manner. "No doubt," Richards proceeded, "we shall be told that this is the last week of the session and that the Commonwealth regulations have worked very satisfactorily over a period". Although Richards believed eradication of venereal diseases was impossible without some form of compulsion, he argued that something more was needed "than the right of one central authority to take action on information that is passed on to him." In any case he questioned whether action warranted an investigation or demand for medical examination.<sup>102</sup>

Late on the evening of 20 December 1945 the Venereal Diseases Bill was shelved by the Assembly when the Premier moved that the committee be given leave to sit again in January. Playford believed he had no choice following the defeat of clauses 4 and 5 dealing with the compulsory examination of suspects and the apprehension of persons who failed to attend for medical examination. Before the clauses had been considered by the committee, the Premier warned that if it chose to reject them, the Government would regard its action as the defeat of the Bill. In closing the debate the Premier alluded to the previous attempts by the Government to

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<sup>102</sup> R.S. Richards, Leader of the Opposition, "Venereal Diseases Bill," House of Assembly, *SAPD*, 18 Dec. 1945, p. 1392.

proclaim certain sections of the 1920 Act. Although these had been defeated the Government might have to consider proclamation.<sup>103</sup>

While compulsionists decried governmental inaction many non-compulsionists, especially from women's organisations, celebrated. In early 1946, Woman's Christian Temperance Union recorded in its record book that the 1945 Bill had been "thrown out." This action was largely due, the record book declared, to constant attendance of its members at Parliament House.<sup>104</sup> By the end of the war, medical officials like Southwood and Hustler who had maintained a non-compulsionist stand in the early years of the war became impressed by the value of coercion as a last resort in the case of defaulters. By 1947, the connection between the provisions in the Bill and their origins in "irksome" wartime regulations must have seemed less of an issue than they had been in 1945. To the Premier, Thomas Playford, who was reluctant to make radical changes to state health policy, the system of conditional notification that operated between September 1942 until December 31, 1946 seemed more politically if not socially acceptable. It may be argued that the passing of the 1947 South Australian Venereal Diseases Act with its system of conditional notification, that is notification upon default only, was a direct result of the precedent set National Security Regulation. While this would not have satisfied non-compulsionists it was at least a less drastic innovation.

*(ix) Conclusion*

The coercive regulations associated with the war enshrined new health policy for venereal diseases in Adelaide. As in other states in Australia the imposition of the National Security (Venereal Diseases and Contraception) Regulations altered medical practice. However, in South Australia, because no statute existed, the imposition was greater.

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<sup>103</sup> "V.D. Bill Shelved by Assembly: Proclamation of 1920 Act Possible," *Advertiser*, 21 Dec. 1945, p. 12, col. F.

<sup>104</sup> Woman's Christian Temperance Union, Petitions Legislation Department Record Book 1897-1970. ML SGR 186/160

Authorities in Adelaide had no experience of a coercive scheme. Unlike the other states no system for the detection, detention and treatment of sufferers was in place. Although the Regulations meant a change in practice in South Australia, this did not lead to an immediate radical change in policy. For the time being, compulsory notification was off the agenda. South Australia's eventual conversion to even a modified form of compulsion for venereal diseases was not driven by an appreciable increase in prevalence but by the relatively successful administration of a system based on conditional notification as a result of Commonwealth fiat for the duration of the war. It is likely also that innovation in chemotherapy that provided safe and certain cure was responsible for a more relaxed consideration of the problem. It may be interesting to speculate on just what, if any, provisions for disease control would have been implemented had the Commonwealth Government not issued the National Security (Venereal Diseases and Contraception) Regulation.

There was evidence to suggest that as a result of these regulations discrimination against a particular class of women was perpetrated in wartime Adelaide just as in other Australian cities despite considerable concern that this would be the case. Concerns about venereal diseases in young women who were not necessarily prostitutes, a concern evident in World War One found new resonance during the Second World War. Through the police force, women were enlisted actively to seek out infected females. In fact, most of the surveillance of women was carried out by women either as members of the Women's Police Force or as assistants directly connected with the Night Clinic, and their collaboration was vital to the success of the Regulations. While women's organisations appeared to be unanimous in their condemnation of compulsory notification, detention and treatment, they also appeared to support measures that would effect the same outcomes but by voluntary methods. Agitation from women's organisations and the police for hostel accommodation constituted a

demand for government control and surveillance of infected females. Although entry to such hostels was to be voluntary, it is reasonable to imagine that a measure of coercion would have been brought to bear had they been established.

It is also evident that women's organisations believed that they enjoyed some influence in the debate over venereal diseases control policy. Indeed, it appeared to sections of the women's movement that their non-compulsionist campaign had held back the push for coercive measures in peace-time Adelaide. Women's organisations, particularly the Woman's Christian Temperance Movement, were suspicious of compulsionists' methods. While public education featured in either scheme, any proposal that resembled a sanctioning of vice drew angry protest. Given the double sexual standard, it was inevitable in their view that any statutory measures would impact more on women than on men. During the Second World War this indeed appeared to be the case. Whether the 1945 Bill failed as a result of the campaign run by the women's organisations during the war is debatable. Certainly, their condemnation of compulsion had a significant influence upon public opinion at the time. But in 1947 when another bill similar to the one in 1945 was before Parliament, their resistance failed to prevent its proclamation.<sup>105</sup>

In addition, during the Second World War, venereal diseases control in Adelaide consisted of both state and Commonwealth initiatives. An extensive propaganda campaign characterised the state response. Propaganda was reported to have been successful in bringing to public notice the dangers of undetected and untreated venereal diseases. Any apparent increase in clinic attendances was put down to greater awareness and to the fact that Commonwealth Government assistance provided better facilities for the diagnosis and treatment of venereal diseases. The new Act avoided the controversial issue of compulsory notification even if it

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<sup>105</sup> "The Venereal Diseases Act 1947", *SAAP*, no. 51, 1947



effectively provided for compulsory treatment. With the advent of penicillin, the treatment of venereal diseases had become more simple. The problems associated with long and drawn-out treatment regimes of dubious value had been put to rest. It appeared that the time was finally ripe for legislation to control venereal disease.

# 7

## Conclusion

War against disease is a totalitarian affair. We are all in it. To attack disease with a collection of doctors and nurses only would be like going to war with officers and no soldiers. Every one of us must be trained in these matters of health, and, with the spread of general education, and education on medical matters, the prospects for the future should be bright indeed.<sup>1</sup>

This case study has shown that state intervention in health care was an issue constantly debated in Adelaide. Some of the issues that were to become controversial in the development of a venereal disease control policy were not exclusive to that group of diseases but were indeed problematic generally as far as health policy was concerned during a period of increased state intervention. Debates about general public health policy, particularly relating to sanitation, drew concerns about the liberty of the subject from the earliest days of social policy formation in late nineteenth-century and twentieth-century South Australia. At the same time demands that the public weal be considered at all times found a place in social thought. Proposals for restrictive health laws, such as those providing for the compulsory isolation of sufferers from infectious diseases, were founded on the principle that public health was paramount and that it was the first duty of every state to protect the public. The form this protection should take was often a cause of contention.

Indeed, the venereal disease control debate in South Australia was subject to and informed by a series of concerns and constraints. Firstly, from the practical point of view the provision of adequate facilities to cope with an unknown number of legally obligated venereal patients was a daunting prospect for hospital authorities and medical officers. Facilities at the Out-Patient Department were basic and stretched to capacity. Secondly, for most

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<sup>1</sup> "Address by an Adelaide Physician to the Medico-Legal Society of South Australia, *Public Health Notes*, October, 1940, p.46.

of the period covered by this study treatment was long, drawn out and painful and patients were expected to invest a considerable commitment in their "cure". While there is evidence of defaulting even the most moralising medical officers conceded that the problem was relatively minor. In fact most reported co-operation from their patients. Without a considerable defaulting problem one of the strongest arguments for increased powers was lost. Thirdly, non-legislative methods such as propaganda and prophylaxis in the 1920s and 1930s appeared the only alternatives. While prophylaxis drew some support among the medical profession it was dismissed as unpopular by authorities. The debate in Adelaide was mainly located within the medical profession, led by Sir James Barrett. The public by and large appeared not to have engaged in the issue. Certainly women's organisations confined their activity to protesting compulsion. Disease avoidance by abstinence outside of marriage drew the most support.

Lastly, for most of the period under review the medical profession in Adelaide was divided on the issue of compulsion for the control of venereal diseases. Although the South Australian Branch of the British Medical Association agreed in principle to a conditional form of compulsion, when and how such a measure could be successfully implemented was a sticking point. Despite the division within the medical profession and the concerted opposition of Adelaide's social organisations, the bill passed. The fact that the 1920 bill was passed but remained unproclaimed demonstrates that the passage of a bill through parliament does not necessarily mean that the principles it contains reflect the actual disposition of the society. Public opinion may be by-passed when political expediency was at stake. Thus, despite the considerable precedent set by neighbouring states, South Australia chose to persist with the "English system" of "voluntarism" over "compulsionism" for ethical, social and economic reasons until 1947.

In 1940 one anonymous Adelaide physician writing on the evolution of public health, argued that there must be more attention paid to public instruction, and less thought about legislation.<sup>2</sup> The speaker acknowledged that control by law was the first step in effective public health. Indeed, the speaker argued, in the field of public health the law had done "yeoman service" without which important advances could not have been achieved. But he thought that "in this field at least the Law has had its day!".<sup>3</sup> It was not until 1966 that venereal diseases were added to the list of notifiable diseases under the Health Act. The impetus for this change appears to have been the increase of children under 16 presenting with gonorrhoea. If class and gender had been useful categories of analysis for understanding patterns of discrimination in the past, age was to emerge as a new determinant. This shift in focus from the recalcitrant to the young was made possible not by a new understanding of the role of law in public health but by the ability of resources and medicine and the public to cope with the consequences of compulsion.

This study now turns to Edinburgh. It will become apparent that similar impulses and constraints to those affecting the introduction of compulsion for disease control in Adelaide, were issues also for authorities in Edinburgh and the national government in England. Central themes of comparison are: the political climate surrounding the whole issue of compulsion in public health policy, the practical aspects of successfully administering a coercive scheme, the effectiveness of the established voluntary scheme and the weight of public opinion for and against compulsory notification and treatment for cases of venereal diseases. Although in the Adelaide experience serious economic considerations complicated the establishment of a coercive scheme, there was a lack of commitment by health authorities and legislators to make drastic changes in health policy for the control of venereal diseases until after the Second

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<sup>2</sup> *Ibid.* p. 46.

<sup>3</sup> *Ibid.* pp. 43, 46.

World War and effective treatment was available. Of Edinburgh, when viewed as a test case for national commitment to a voluntary scheme for venereal diseases control, one could ask, was the process of legislative change complicated by similar considerations? Was the Adelaide experience an isolated one or was it more consistent with trends in venereal diseases control in Britain?

# PART 2

EDINBURGH

# 8

## Compulsion in Edinburgh's public health

It must be borne in mind that the private medical attendant's first duty is to his patient, the next to the patient's family, but the public is his last concern, while the public health officer's duties are in the reverse order.<sup>1</sup>

### *(i) Introduction*

Although the venereal diseases control debate in South Australia was unique in the Australian context, it was consistent with that conducted in Britain. Similar pre-occupations, impulses and constraints operated in the formation of public health policy in the late nineteenth and early twentieth centuries transnationally. Civil liberties and other issues of personal freedom were important factors in the development of health policy and vital to an understanding of the problems and complexities that faced legislators in early twentieth-century Edinburgh in regard to venereal diseases control. The case study that follows reinforces the argument that part of the debate surrounding venereal diseases control reflected concerns that preoccupied legislators in regard to other diseases. Indeed, the argument over compulsion in the notification and treatment of venereal diseases drew on a long history of debate on the role of compulsion in public health.

### *(ii) Early ideas on Scottish public health*

The English cholera epidemic of 1831-2 galvanised attention on matters of public health. While typhus concentrated its attack in the poorest and most overcrowded areas, cholera attacked more indiscriminately. From the panic this epidemic inspired two differing but not necessarily opposing stresses for the public weal emerged. Sanitation reform led by miasmatists, such as Edwin Chadwick, was concentrated in England. In Scotland, expert medical opinion, led by Professor William Pulteney Alison (1790-1859) of Edinburgh University,

<sup>1</sup> John F. J. Sykes, *Public Health Problems*, (Walter Scott Ltd. London, 1892), p. 189.



favoured the contagion theory of disease. This approach focused on the problem of destitution as the primary cause of misery, overcrowding, and disease.<sup>2</sup> According to the Association for obtaining an Official Inquiry into Pauperism in Scotland, of which Professor William Pulteney Alison was a leading member, an adequate system of poor relief was a first necessity in preventing disease and lowering mortality rates. In 1840, his publication *Observations on the Management of the Poor in Scotland and its effects on the Health of the Great Towns* had considerable influence on opinion.

The movement for reform became unstoppable after 1843, when disruption in the Church of Scotland rendered the old poor law unworkable. By 1845, the Scottish community had outgrown the stage where its poverty could be dealt with by a system of licensed begging and church alms. In 1845 the Poor Law (Scotland) Amendment Act was passed making it clear that it was duty of the parish to provide relief. As well as providing for the erection, alteration and enlargement of poorhouses, proper and sufficient arrangements for dispensing and supplying medicines to the sick poor, section 66 of the Act provided for the treatment of ill health within a section of the community to be provided for out of public funds. However, by concentrating on one aspect of reform, the Poor Law reform movement may have slowed other necessary improvements. The problems of sanitation and the control of epidemic disease in Scotland was to wait another twenty years.<sup>3</sup>

John Brotherston argues that Scottish social legislation in the nineteenth century was generally tardy and cautious, following well behind developments in England primarily because of Scotland's constitutional relationship with England the inability of Parliament to find sufficient time for the discussion of Scottish business and of the doggedly individualistic outlook of most nineteenth-century Scots. Although the adaptation of some legislation to suit Scottish conditions was likely to produce delay, where Scots and English

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2 John Brotherston, "Aspects of Scottish Health Services 1900-1984: Introduction," in Gordon McLachlan (ed.), *Improving the Common Weal: Aspects of Scottish Health Services 1900-1984*, (Edinburgh University Press, Edinburgh, 1987), p. 7

3 *Ibid.* pp. 8-9.

agreed on the solution to a particular problem, Brotherston contends, this was minimal. Where there was no all-British agreement, the prospects were "generally bleak." While safeguarding certain distinctively Scottish institutions, the parliament did not encourage the adoption of distinctively Scottish solutions to new problems. Thus, Brotherston argues, the parliamentary union, by provincialising Scottish political life, all but ensured Scottish legislation would follow on English initiatives.<sup>4</sup> The exception was the case of venereal diseases control, where Edinburgh led a reform movement.

*(iii) Compulsion and notification in Scottish public health*

The issue of compulsory notification and treatment for contagious and infectious diseases has its own history. In 1876 the convenor of Edinburgh's Public Health Committee and H. D. Littlejohn, Medical Officer of Health for Edinburgh, met with the Parochial Medical Board of the city to discuss the issue of compulsory notification of infectious diseases. They declared their willingness to report all such cases, provided that medical men attending "the better classes" did the same. It would make "a most invidious distinction," Littlejohn declared, if medical attendants of the poor were alone called upon to discharge such a duty, and he protested against any fresh burden being thrown upon the profession, without remuneration. The Edinburgh Corporation offered to pay 2s. 6d. for each notification, a sum with which the parochial medical officers declared themselves satisfied.<sup>5</sup> Edinburgh passed its Police Bill requiring notification by doctors in 1879. Littlejohn, as the Edinburgh Medical Officer of Health, argued that the clause was a great success because it enabled local authorities to gauge from day to day the health of the community and to make preparations for epidemics.

Edinburgh had by the late nineteenth century had a long and unenviable notoriety for outbreaks of epidemic disease. It was also a large educational centre. Littlejohn feared that everything that tended to lower its character as a

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<sup>4</sup> *Ibid.* pp. 5-6.

<sup>5</sup> H. D. Littlejohn, Medical Officer of Health for Edinburgh, *Compulsory Intimation of Infectious Diseases*, (1876), p. 5.

healthy residence would interfere with the prosperity of the University, medical school and private colleges. Naturally the Edinburgh Corporation had a vested interest, quite apart from any social concerns, to improve the condition especially of the poorer inhabitants, among whom infectious diseases were expected to appear in the first instance.<sup>6</sup>

By 1882, operation of the compulsory clause in Edinburgh had, for Littlejohn at least, involved none of "those imaginary evils so vividly pictured by gentlemen who have allowed their imagination to get the better of their judgement." There had been, Littlejohn declared, "no outcry about the sanctity of homes being disturbed, the privacy of domestic life being shattered, and the delicate relationship ... between doctor and patient rudely destroyed." Indeed, on all sides and by every class of the community, "the clause has been accepted as a public boon."<sup>7</sup> Littlejohn was convinced that such united and harmonious action on behalf of the community would initiate the control of the great scourges of modern civilisation.<sup>8</sup>

The Infectious Disease (Notification) Act of 1889 was adoptive rather than mandatory and its efficient administration depended upon successful pressure from the Board of Supervision for local authorities to use the measure for diseases such as smallpox, cholera, diphtheria, membranous croup, erysipelas, scarlet fever, typhus, typhoid, relapsing and puerperal fever.<sup>9</sup> Under the Public Health (Scotland) Act of 1897, Local authorities could be required to provide hospital treatment for those suffering from infectious diseases, and were, encouraged to take concerted action in alliance with voluntary agencies against the scourge of pulmonary tuberculosis.

In England the objections against compulsory notification were clearly defined by 1892. Trends in England were to become important when policy for venereal diseases control was being debated. John Sykes, Medical Officer of

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6 H. D. Littlejohn, Medical Officer of Health for Edinburgh, *What are the Advantages of a System of Notification of Infectious Diseases, and what are the best means of carrying the same into execution?* Paper read at the Nottingham Congress of the National Association for the Promotion of Social Science, September, 1882, p. 1.

7 *Ibid.* p. 7.

8 *Ibid.* p. 9..

9 John Brotherton, "Aspects of Scottish Health Services 1900-1984: Introduction," p. 18.

Health for St. Pancras, London, wrote that it was an interference with the liberty of the subject to compel the notification or disclosure to a public authority of the presence of infectious disease within the household. Further, notification was an interference between the medical attendant and his patient that risked causing a breach of professional confidence. Compulsory notification would lead to concealment, the avoidance of the services of regular practitioners, the encouragement of uninstructed purveyors of drugs, and to the neglect of the treatment of the infectious sick.<sup>10</sup>

In any case, Sykes argued, notification depended for its efficient working upon a conscientious public that had learnt to estimate the value of health. The public must appreciate the facilities offered for its protection and regard infectious disease as a misfortune and not as a disgrace. It must refrain from concealment in the interests of the patient and the family as well as of the community. The public must be educated to seek skilled medical advice for the treatment of sickness and disease free of stigma. A scheme based on the principle of notification depended upon an educated medical profession skilled in the knowledge of the disease. A standard nomenclature with clearly defined terms for the diseases notifiable was fundamental to the success of such a scheme.<sup>11</sup> As far as public opinion was concerned, Sykes wrote, "the expression of public education, and provisions for the benefit of a people must secure the accord of the people who necessarily form part of the working cohesive administration." Hence education, whether elementary, advanced, technical, practical, or popular, was "the key that must unlock the doors of ignorance and let in the light and air of hygiene equally as fully as other human knowledge."<sup>12</sup> But compulsion was not recommended for all infectious diseases.

*(vi) Tuberculosis and compulsion*

In 1902 several local authorities approached the Scottish Local Government Board on the question of extending the application of the

<sup>10</sup> John F. J. Sykes, *Public Health Problems*, p. 189.

<sup>11</sup> *Ibid.* p. 196.

<sup>12</sup> *Ibid.* p. 354.

Infectious Diseases (Notification) Act, 1889, to consumption. The Board felt that the disease differed in important respects from the other infectious diseases specified in the Act. It was unclear, the Board argued, how far the provision of the Public Health Act regarding infectious disease could be adapted to consumption. Any local authority applying to have consumption added to the list of notifiable diseases would first have to satisfy the Board that they were prepared to use the information to the public advantage and to provide adequate resources for dealing with the disease.

In any case the Board took the view that it would not be expedient to approve the proposal to make pulmonary tuberculosis notifiable at that time. Apart from the fact that mortality from consumption had steadily diminished, the Board was satisfied that it was not necessary to make tuberculosis notifiable in order to entitle a local authority to take action for the prevention of infectious disease. Instead, the Board determined that in view of the conditions under which infectivity existed and became operative in the case of consumption, the experience of the working of notification of tuberculosis ought to be derived from a system of voluntary rather than compulsory notification.<sup>13</sup> The particular difficulties for the operation of a compulsory system in regard to consumption were that some affected persons lived for many years, and were often able to earn their livelihood until the disease was far advanced. If their condition became known the individual might lose their employment even though the risk of the spread of infection at an early state of the disease was very small.<sup>14</sup>

By 1905, the Local Authorities of nine districts including Edinburgh had established a system of voluntary notification for tuberculosis.<sup>15</sup> Any objections to the application of pulmonary tuberculosis were removed by the passing of the Public Health (Scotland) Amendment Act of 1907 which modified the sections dealing with such matters as school attendance and travel by public conveyance. By this time the Local Government Board for Scotland had been

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<sup>13</sup> Thomas Ferguson, *Scottish Social Welfare 1864-1914*, (E. & S. Livingston Ltd. Edinburgh, 1958), pp. 425-6.

<sup>14</sup> *Ibid.* p. 426.

<sup>15</sup> *Ibid.* p. 428.

persuaded that for an effective campaign against tuberculosis, a system of notification was essential. By 1907 compulsory notification had been adopted by nine local authorities, with the City of Edinburgh extending the Infectious Diseases (Notification) Act permanently to tuberculosis.<sup>16</sup> While this reveals that early twentieth-century Scottish public health ideology demanded that notification be applied in certain circumstances, it was sanctioned only as a last resort. It was also evident that the issues surrounding the control of venereal disease were perennially controversial and often re-emerged. This trend was set to continue.

*(v) Venereal diseases and compulsion*

In 1892, John Sykes was aware that because of the problem of concealment, it would be useless to apply compulsory notification to venereal diseases. The prevention of venereal diseases, Sykes argued, included an "ethicomoral" as well as a public health question, and the former overshadowed the latter. The topic was fraught with so many difficulties and so many social and moral questions were brought to bear upon it that, in his opinion, the problems surrounding venereal disease demonstrate that compulsory notification of diseases had its limits.<sup>17</sup>

Despite such declarations the good that had been done by the tuberculosis inquiry stimulated interest in the subject of compulsory notification for venereal diseases. In the report of the Interdepartmental Committee on Physical Deterioration in 1904, the "special subject" of syphilis was raised. The Committee felt hardly qualified to express a definite opinion on so thorny a subject as notification. Nevertheless, it was satisfied that the moment was ripe for an exhaustive prevalence study and "for a definite pronouncement on the steps that should be taken, while arresting its progress, to trace and counteract its effect."<sup>18</sup> However the state accepted responsibility

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<sup>16</sup> *Ibid.* p. 430.

<sup>17</sup> *Ibid.* p. 200.

<sup>18</sup> Report of the Inter-departmental Committee on Physical Deterioration, *BPP*, 1904, [Cd. 2175], vol. xxxii, p. 78.

only for the treatment of sick paupers.<sup>19</sup> It also obliged local authorities to provide hospitals for infectious diseases when required to do so by the central authority, the Local Government Board for Scotland.<sup>20</sup>

The Boer War played a significant part in transforming British attitudes towards health policy. In 1902, a Royal Commission was appointed to ascertain what opportunities existed in the Scottish education system for the physical training of children and adolescents, and to suggest "how such opportunities may be increased" so as "to contribute towards the sources of national strength."<sup>21</sup> Dr. Collie M. D. of Aberdeen, Medical Inspector of London School Board and Medical Examiner for London County Council, articulated a popular view of the poor and the consequences for their offspring at the Inter-Departmental Committee on Physical Deterioration in 1904. In his view there was no widespread deterioration with the exception of the "poorest and lowest strata of the population." Physical degenerates were the product of overcrowding, poor sanitation, early marriages, large families, and ignorance of the elementary principles of infant feeding. Such conditions were said to have kept up a steady supply of the "physically unfit, mentally below normal, and generally morally debased". The "enfeebled body", Collie insisted, generally accompanied arrested mental development, producing an individual with "no individuality or no character."<sup>22</sup>

Meanwhile, in 1902, a bill was drafted that would provide for the extension of the powers of the Local Government Board for Scotland. If passed, the new powers would provide for the detention of poorhouse inmates and patients in parish hospitals.<sup>23</sup> However, the Report of a Departmental Committee appointed by the Local Government Board for Scotland to inquire into the system of Poor Law medical relief in 1904 rejected the proposal on the grounds that such a power would be "an interference with the liberty of the

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19 John Brotherston, "Aspects of Scottish Health Services 1900-1984: Introduction," p. 36.

20 *Ibid*, pp. 19-20.

21 *Ibid*, p. 36.

22 Inter-departmental Committee on Physical Deterioration, *BPP* 1904, [Cd. 2210], vol. xxxii, evidence 3907-8.

23 Bill to extend the powers of the Local Government Board for Scotland in regard to the Detention of Poor Persons in Poorhouses and Parish Hospitals. *BPP* 1902 (286) vol. i; 1903 (19) vol. i, Clause 2.

subject, and would give the poorhouse more or less the character of a prison."<sup>24</sup> The Committee recommended that on the question of compulsory removal every effort be made to induce poor persons to go to a poorhouse voluntarily, and that compulsion should be a power to be exercised only as a final resort.

If the resort to compulsory powers was made, it would follow that power of detention should also be given in such exceptional cases. However, whether such power of detention should be extended to any case certified by the medical officer to be physically or mentally unfit to leave the poorhouse, the Committee felt was problematic. The poorhouse hospital was sometimes used as a general hospital where a sick person could discharge himself or herself whenever he or she pleased and whether cured or not. The Committee was nonetheless concerned that in cases where cure had not been effected, which was frequently the case, the highest medical and surgical skill and the liberal and possibly specialised diet and treatment might be wasted. It also believed that poorhouse patients in receipt of the best medical treatment available should be subject to the ordinary medical discipline that all other ranks respected. Further than this they were not prepared to go.<sup>25</sup>

Nevertheless, evidence given at the Royal Commission on the Poor Law and Relief of Distress between 1907 and 1910 revealed that many Scottish health authorities were in favour of such a provision for the control of poorhouse paupers suffering from venereal diseases and the feeble minded.<sup>26</sup> The recommendations of the Minority Report were supported by important public health officials such as Arthur Newsholme, Chief Medical Officer of the English Local Government Board, George Newman, Medical Officer of the Board of Education, T. J. Stafford, Medical Commissioner of the Local Government Board of Ireland, Leslie Mackenzie, Medical Member of the Local Government Board for Scotland, and John C. McVail, the Royal Commission's

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<sup>24</sup> Report of a Departmental Committee appointed by the Local Government Board for Scotland to inquire into the system of Poor Law Medical relief, and into the rules and Regulations for the Management of Poorhouses., Vol. 1. *BPP* 1904, [Cd. 2008], Vol. xxxiii, 1, paragraph 170, pp. 84-5.

<sup>25</sup> *Ibid.*

<sup>26</sup> *Royal Commission on the Poor Law and Relief of Distress*, Vol. VI Evidence (with Appendices) relating to Scotland, *BPP*, 1910, [Cd. 4978], xlvii. See especially evidence 57979-57985; 61045-61047; 64319-64344.



own medical investigator. They all shared the Minority Report's view that the public health approach to medical care offered the best way forward. The report appeared to be in advance of public opinion and was vilified in the press as recklessness, a financial extravagance, and demoralising. There were charges of impracticable socialism, and concern over the consequences of such an elaborate process of wholesale relief on the national character.<sup>27</sup>

Brotherston has argued that a chance was missed in 1909 to form a consensus on the future direction of public medical service policy. The reason was almost certainly that no one succeeded in separating the health care issue from the wider and bitterly controversial question of the overall reform of the Poor Law. The Poor Law reports put forward the idea that individual services concerned with health should be brought into closer association to form a health service despite having different origins and separate stimuli. This concept, Brotherston contends, became the heart of the matter in the subsequent development of public medical care.<sup>28</sup>

Indeed, Poor Law medical relief represented in 1908 the biggest public commitment to medical care. The Royal Commission on the Poor Laws presented its Scottish report in November 1909. The Commissioners could not agree on the character of the reforms. The majority advocated the abolition of pauper nursing in poorhouse hospitals, the discontinuation of the parish councils altogether and the transference of Poor Law medical relief to county councils and large burghs. The majority clung to the concept of a separate Poor Law medical system that dealt exclusively with the destitute.

The minority, led by Fabian activist Beatrice Webb, took a much more radical approach. They argued the Poor Law be abolished and its medical services transferred to the public health authorities. Convinced of the importance of prevention as a principle in any service, they argued that the Poor Law by definition could only apply in cases where the person concerned was already destitute and probably beyond the stage where prevention and

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<sup>27</sup> John Brotherston, "Aspects of Scottish Health Services 1900-1984: Introduction," pp. 44-45.

<sup>28</sup> *Ibid.* pp. 46-7.

cure were possible. They proposed that the public health service should be the centre of the preventive medical work of the whole community, directing and correlating the activities of all available agencies, both municipal and voluntary.<sup>29</sup>

The final report of the Royal Commission on the Poor Law and Relief of Distress, although acknowledging such a power might occasionally lead to concealment of the disease, concluded that the benefits of compulsory detention far outweighed its evils. Furthermore, it argued that while it might be urged that such action would infringe the liberty of the subject, such infringement has been the foundation of all recent legislation dealing with infectious diseases. The Royal Commission recommended as a consequence that "subject to certain safeguards against abuse, the Public Assistance Authorities should have power to detain cases of venereal disease, when medically certified to be dangerous to others."<sup>30</sup>

Despite continuing debate, no such recommendations were enacted. Consensus on increased state involvement in the promotion of health was hard to achieve in early twentieth-century Scotland as many Scots clung tenaciously to Victorian social values. For them, individual welfare was the responsibility of the individual, and that virtually any form of state or municipal involvement in social questions was bound to create more problems than it solved. While the influence of the Poor Law Commission was minimal in the short term its longer term impact was marked. The organisational structure of local authority health services laid down in the Local Government (Scotland) Act of 1929 was clearly based on that advocated in 1909.<sup>31</sup>

#### *(vi) Conclusion*

Thus venereal disease, feeble-mindedness, compulsory notification, socialised medicine and individual responsibility and the protection of the

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<sup>29</sup> *Ibid.* pp. 42-44.

<sup>30</sup> Report on the Royal Commission on the Poor Law and Relief of Distress, *BPP*, 1909, [Cd. 4499], xxxvii, pp. 276-7.

<sup>31</sup> John Brotherston, "Aspects of Scottish Health Services 1900-1984: Introduction," p. 46.

innocent became merging issues. At the same time allocation of power and responsibility infiltrated the question of health and welfare services. As Ian Levitt has argued, by the 1880s there was a demarcation between the Poor Law, Public Health and the care of the insane.<sup>32</sup> From this period it may be argued that in Britain in the case of venereal disease controls, public health and the institutionalised attempts to lessen the impact of poverty became inextricably linked.

In Scotland this development began with the appointment of Sir William Leslie Mackenzie as full-time medical inspector. Mackenzie believed that the individual was a social being whose abilities and desires needed the active encouragement of public institutions. This new philosophy stressed a different role for Government agencies and a "new deal" for the working class that featured greater centralised support in the evolution and control of local policy.<sup>33</sup> In the debate over compulsion for venereal diseases in Edinburgh, the responsibility of the individual in the light of this support was to become a contentious issue. While the First World War was to be an important catalyst for changes to venereal diseases control, the debate on method and strategy reworked old ideas and dabbled in new ones. The following chapter examines the social and political climate into which the problem of venereal diseases control was thrust.

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<sup>32</sup> Ian Levitt, *Poverty and Welfare in Scotland 1890-1948*, Edinburgh University Press, p. 18.  
<sup>33</sup> *Ibid.* pp. 44, 46.

## 9

**"For the protection of others": venereal diseases and policy in****Britain 1916-1928**

It does seem strange that in regard to this most terribly fatal disease there exists no compulsory powers, while in regard to the more virulent forms of infectious disease...there are vested powers in the medical officer of health which enable him to take immediate steps for the protection of others.<sup>1</sup>

*(i) Introduction*

By 1916, the question of public health had become a matter of paramount national importance in Britain. Partly because of the increase in prevalence expected as a result of the war and partly because of the popularity of eugenics among some outspoken members of the medical profession and the community at large, venereal diseases control became the most urgent public health problem of the day. Protection of oneself and the protection of others was the major theme in the venereal diseases control debate in Britain. Given the constitutional arrangements between Scotland and national government in regard to health services, under which local governments administer but not determine policy, the political climate surrounding venereal diseases control was significant for the success or failure of Edinburgh's attempt to effect disease control legislation.

National government policy on venereal diseases never favoured compulsion. Edinburgh compulsionists discovered that no amount of local administrative autonomy could overcome the central control of policy. Unlike Adelaide, where the commonwealth favoured compulsion and managed to influence the state government in the nature of policy for the control of venereal diseases, it was the non-compulsionist government in London that determined measures in Edinburgh. Like Adelaide, the problem of venereal

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<sup>1</sup> Report of Dr. Maxwell Williamson, MOH for the City of Edinburgh, 1920, quoted in *Scotsman*, 27 Oct. 1920, p. 6, col. D.

diseases control became a significant public issue during and in the years immediately following the First World War.

*(ii) Context: war, women and policy*

With the outbreak of war the protection of young women and soldiers became a paramount issue. Young women became the target of well-organised surveillance. For example, in Edinburgh, wrote the *Scotsman*, in 1916, the girl in her teens "was very often borne to the crest" of the emotional experience of such times of crisis with "no proper and adequate outlet for absorbing her excitement." "Left to hazard and chance," the newspaper warned, "the girl, in many cases was apt to be carried off her feet in the unusual surroundings and events of war." The atmosphere of "dangerous excitement and exhilaration" caused by the war exposed the most susceptible and least protected victims of the "novel times" in which they lived to potential danger and ruin.<sup>2</sup>

This construction of young women generated voluntary schemes of control. Working with official approval from the Home Office, the Scottish Office, and the Metropolitan Police in Edinburgh, 30 women patrols were organised by the National Union of Women Workers. Their work was neither police nor rescue work but a form of organised chaperonage, where the relationship between parties was personal rather than official and where a "kindly and caring eye" was lent. There was, the *Scotsman* reported, no hint of prudish interference and patrols as a rule did not speak to girls who were with soldiers unless the latter were on duty. Girls who were found out at late hours, whether alone or with soldiers, attracted a watchful eye until they were seen turning homewards. The moral suasion of the presence of the patrols, the *Scotsman* reported, was often effective in encouraging young girls to realise the foolishness of their behaviour.<sup>3</sup>

It was also part of the duty of the patrols to put girls into touch with local societies, clubs and classes that would offer them "something better than

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<sup>2</sup> "Edinburgh's Women Patrols, *Scotsman*, 6 Oct., 1916, p. 4, col. G.

<sup>3</sup> *Ibid.*

aimless parading of the streets." By way of counter-attraction, girls from fourteen were invited to attend a club with their men. The same invitation was given to girls with whom the patrols came into contact in the course of their duties.<sup>4</sup> The club closed after four months because the suburban venue chosen was believed to be not central enough to attract sustained support. But the patrols' pragmatism did not stop there. A deputation from the Edinburgh contingent of the women patrols to a meeting of the Public Parks Committee of Edinburgh Town Council presented a proposal to close two of the public parks, Blackford Hill and the Calton Hill, because of the "dangers" to which young girls were exposed at night. The deputation gave accounts of a number of actual cases in which girls had been "rescued" by their intervention.<sup>5</sup>

As well as intervention at the social level, statutory change and regulation became the basis of the national government's wartime venereal diseases control policy. The protection of soldiers from "amateurs" and prostitutes was the objective of D.O.R.A. (Defence of the Realm) Regulation 40 D. Introduced in March 1918, the regulation penalised women who were suffering from a venereal disease for having or soliciting sexual relations with a member of the armed forces. Any woman charged under the regulation could be detained for at least one week for medical examination. There was a concerted campaign in England and in Scotland against the regulation by the Women's Freedom League and the Association for Public Morals. Newspapers and medical journals also expressed their opposition.<sup>6</sup>

This regulation was the result of a reluctance to include measures to control venereal diseases, especially measures that were reminiscent of the now infamous Contagious Diseases Acts, in criminal law legislation. The Criminal Law Amendment Bill 1917 would have provided, if passed, for penalties in the event of a person knowingly passing a venereal disease to another person and for the examination of persons convicted of crimes ranging from vagrancy to

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4 "Edinburgh's Women Patrols: Wartime Force that Befriends Young Girls," *Scotsman*, 6 Oct. 1916, p. 4, col. G.

5 "Darkness Dangers in Edinburgh: Proposal to Close the Parks," *Scotsman*, 6 Oct. 1916, p. 4, col. G.

6 Lucy Bland, "Cleansing the portals of life: the venereal diseases campaign in the early twentieth century," in M. Langan & B. Schwarz (eds), *Crises in the British State, 1880-1930*, (London, 1985), p. 203.

indecent assault to rape. There were a number of practical and legal difficulties associated with the Bill. Firstly, the legislation relied purely on police evidence. The police, one member declared, were "no worse or better than ordinary men, but from their position were inclined to stretch evidence and distort the facts to obtain convictions." The difficulty about the laws affecting prostitutes, loitering and soliciting, and the laws dealing with disorderly houses, was that when the cases come into Court they rested entirely upon police evidence. In carrying through such legislation, the member warned, "we must rely more and more upon the common sense of the public and not merely upon police evidence. In this sort of legislation, Parliament must not attempt to outrun public opinion."<sup>7</sup>

Secondly, the difficulty of obtaining trustworthy evidence upon which a verdict could be based was also a complicating factor. Whether the plaintiff had been infected by the defendant or vice versa, or in some other way, could be difficult to establish. Thirdly, Captain Ross, Chief Constable in Edinburgh, pointed out to the Local Government Board for Scotland that he had "considerable doubt" as to the effect of the clause in getting convictions. While a man or woman might bear ill-will against a person for communicating venereal disease to him or her, very few would come forward.<sup>8</sup> Similarly, an article in the *British Medical Journal* asked, "Will it ever be, in practice, anything but a dead letter? Who is going to come forward, while human nature is what it is, to give on oath in a public court the self-incriminating evidence which must be adduced in order to secure a conviction?"<sup>9</sup> Lastly, the clause would tend to defeat the object of the Board's Regulations for the treatment of venereal diseases. The Bill would clash with the action of the Board in endeavouring to induce persons suffering from venereal disease to come forward voluntarily to be treated confidentially under the schemes of the Local Authorities.

Some members of Parliament attacked the Bill on ideological grounds. "I detest this sort of measure," declared Joseph Wedgwood. In his view, Venereal diseases control such as the Criminal Law Amendment Bill, was similar to

<sup>7</sup> Mr. King, "Criminal Law Amendment Bill", *BPD*, 19 Feb. 1917, pp. 1123-1125.

<sup>8</sup> Criminal Law Amendment Act. NAS HH65/111.

<sup>9</sup> "Venereal Disease and Criminal Law", *The British Medical Journal*, 11 Dec. 1920, p. 908.

earlier attempts "under a pious sounding" title intended for the persecution of prostitutes. While the great danger from gonorrhoea and syphilis was recognised, there was a better remedy for these things than passing Acts of Parliament, the member remonstrated. As long as you have a "rotten civilisation where women are driven onto the streets to make a living and where men think it right to go with them you are bound to have these diseases, and you will not eradicate syphilis or any other of the horrible diseases that come from it." This Bill, the member warned, was of the usual type. Women would be arrested more frequently by the police for loitering, brought before the magistrate, convicted, and then segregated. This, he claimed, was the object of legislation for the last twenty years - more police inspection and more bolstering of civilisation by fines and punishment. Such provisions were useless.<sup>10</sup>

Wedgwood then turned his indignation on the House. As long as the House of Commons was composed as it was, Wedgwood declared, of people who always listen to the arguments put forward by the promoters of the Bill instead of seeing how far the provisions of the Bill can possibly be carried out, Bills like the one in question would be brought forward. The application of the provisions equally to men and women was greeted with suspicion. "Everybody knows," Wedgwood predicted, "that the Bill in practice will apply to women only and that the men will go scot free as usual."

In a House not elected by women, with no women representatives in it, to come in with a Bill like this for the persecution of this unfortunate class of women who have no one to speak for them, seems to me to be nothing less than iniquitous...[A]gainst Clause 2, the third Sub-section, which deals with the powers of a magistrate to order the inspection of women, and Clause 6, which includes loitering under the heading of "crime" I shall certainly offer the most vigorous opposition.<sup>11</sup>

Similar sentiments were expressed by readers of *The Times*. "I am afraid," wrote one correspondent, "that our cranks are utilising these troublous times for axe grinding." "First," the writer continued, "we have had a crusade by the

<sup>10</sup> Wedgwood, "Criminal Law Amendment Bill", *BPD*, 19 Feb. 1917, pp. 1113-1115

<sup>11</sup> *Ibid.* p. 1115.



Prohibitionists, supported by an enormous expenditure of money, which, so far, has failed." Now was the turn of the Puritans. How such an "eminently level-headed and sensible" a man as the Home Secretary could be persuaded to produce such a Bill defied comprehension. Fearing that the Bill would lead to "an amount of blackmail theretofore unheard of," the correspondent warned that the Puritans were always trying to convert sins to crimes. "For goodness sake," the correspondent pleaded, "do not let us now submit to this kind of hasty and ill-considered legislation, brought forward at a time when the minds of people are too much preoccupied to appreciate its importance."<sup>12</sup>

By the time the Bill became law in 1922 the clauses relating to venereal diseases had been dropped. The Criminal Law Amendment Act, 1922 provided for penalties for indecent assault of a child or young person under the age of sixteen years among other related issues.<sup>13</sup> It was clear that the Government was reluctant to legislate on such issues unless they could be understood as war measures. This becomes more apparent when one considers the activity surrounding compulsory notification and treatment for venereal disease that ran concurrently with the above debate.

### *(iii) Compulsion and venereal diseases*

In 1914, those who advocated compulsory notification and treatment were dealt a decisive blow. The first report of the British Royal Commission on Venereal Diseases made it clear that no return to the policy or provisions of the Contagious Diseases Acts of 1864, 1866, or 1869 was to be regarded as falling within the scope of the inquiry.<sup>14</sup> While the possible advantages of compulsion were understood by the authors they were sceptical that notification might reveal the extent of prevalence, initiate early treatment and enforce continued treatment. A major concern was the difficulty of securing complete notification of disease and the potential inequity of a partial system. In addition any suggestion of compulsory treatment might defeat the object, in view which was

<sup>12</sup> 'Communis Sensus', *The Times*, 21 Feb. 1917, p. 4, col. D.

<sup>13</sup> Criminal Law Amendment Act, 1922, *British Statutes*, 12 and 13 Geo. 5, ch.. 56,

<sup>14</sup> Royal Commission on Venereal Diseases, First Report, *BPP*, [Cd 7474], Vol. xlix, 1914, p. 65.

to secure early and accurate diagnosis and adequate treatment for the greatest number of sufferers. The authors concluded that any system of compulsory personal notification would fail to achieve the advantages claimed for it. The main objection to compulsion was that a system based on such a principle would do more harm than good by deterring sufferers from seeking treatment.<sup>15</sup>

The report recommended extended facilities for bacteriological diagnosis combined with the provision of adequate and skilled free treatment. The cost of such provisions, the report advised, should fall mainly upon the national exchequer. The authors were optimistic that public knowledge of the gravity of venereal diseases public and proper health education, so recommended in the report, would induce infected persons to make full use of the new facilities. The stand was a practical one. The authors freely acknowledged contemporary concerns that in order to fight venereal diseases effectively the moral standard and social conditions must be improved. They pointed out that improvement in these areas would, however, be slow. Any real diminution of venereal diseases depended on the ample provision of early diagnosis and treatment and a readiness to take advantage of it.<sup>16</sup> Measures should be taken to render the best modern treatment of venereal diseases readily available for the whole community, with treatment at any institution included in a local authority scheme to be free to all. Each Local Authority was required to provide facilities to ensure free treatment was offered to all persons who might suffer from any form of these diseases irrespective of their position in life.<sup>17</sup>

These proposals were implemented under the Venereal Diseases Regulation of 1916 and a network of free clinics was established throughout England and Scotland. The Venereal Diseases Scheme were administered by local authorities with 75 per cent of its funding contributed by the Exchequer.

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<sup>15</sup> *Ibid.*, p. 50.

<sup>16</sup> *Ibid.*, p. 65

<sup>17</sup> Report by the Medical Officer of Health as to Scheme for the Prevention and Treatment of Venereal Diseases in Edinburgh, Under the Public Health (Venereal Diseases) Regulations (Scotland), 1916; The setting up and administration of these facilities has been discussed by Roger Davidson; see Roger Davidson, "A Scourge to be firmly gripped: The Campaign for VD Controls in Interwar Scotland," *Social History of Medicine*, vol. 6, no. 2, 1993, pp. 213-235.

The Venereal Diseases Act 1917 was the only statutory outcome of the Royal Commission on Venereal Diseases. This Act prevented the treatment of venereal diseases patients by anyone other than a qualified medical practitioner and the advertisement of remedies.<sup>18</sup> The Royal Commission recommended that no system of notification for venereal diseases should be established at the present time.

The education of the public of the ravages of venereal diseases was to be the role of the National Council for Combating Venereal Diseases, with funding allocated by the Exchequer. The first annual meeting of the Council was held in June 1916. At this meeting Lord Sydenham was elected President in favour of a medical person, as a layman "was known to have an open mind." The purpose of the Council was to educate and strengthen public opinion and give an enlightened support to the action of the state to act as "remembrancer" to the Government; encourage the establishment of centres at which facilities for diagnosis and treatment could be provided; and to "arouse and maintain the intelligent interest of the people, and to act as a general centre of enlightenment."<sup>19</sup>

After an overture by the National Council for Combating Venereal Diseases the Local Government Board in England decided that educational propaganda should remain the responsibility of local authorities who had the power to carry out publicity work by advertisement, or by co-operation with the local branches of the National Council, or in any other way approved under their Regulations.<sup>20</sup> By the end of 1921 the Local Government Board for Scotland had provisionally approved a programme of work to be undertaken by Scottish Committee of the National Council for Combating Venereal Disease.<sup>21</sup> The educational campaign of the NCCVD (by 1926 renamed Scottish Committee of the British Social Hygiene Council) took the form of meetings, lectures, and exhibitions of films, both for laymen and for the medical

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18 Venereal Diseases Act 1917, *British Statute*, chapter 21, 24 May 1917.

19 "The National Council for Combating Venereal Diseases, *British Medical Journal*, 1 July 1916, pp. 22-3.

20 Report of the LGB BPP 1920 [Cmd. 824], Vol. XXI, p.xix

21 Report of the SBH BPP 1922 [Cmd. 1697], Vol. VIII, p.28.

profession; conferences with local health authorities, education authorities, and other public bodies; lectures at large public works and to social organisations; exhibition of suitable posters; advertisements and articles in newspapers and trade union journals; and distribution of appropriate literature, including leaflets for foreign seamen printed in most continental languages.<sup>22</sup>

The NCCVD issued assurances that it was determined to adhere strictly to the recommendations of the Royal Commission. Indeed, the Council vowed that it would lend no support to any proposals having for their object the establishment of compulsory notification.<sup>23</sup> At a meeting called by the Lord Mayor of London in October 1916, at the request of the National Council for Combating Venereal Diseases, Mr. Walter Long, the President of the Local Government Board, said, "If the Government did not adopt compulsory notification and treatment as part of their scheme it was not on account of fear or prejudice, but because it thought that other methods were more effective."<sup>24</sup> Long implored doctors to take in venereal patients and "welcome them from wherever they come, to ask them no questions, and seeking in no way to identify them with this horrible misfortune that has overtaken them." For the moral suasion, Long appeared to have little time. "It is all very well to say that we must point out to them the error of their ways," Long asserted, but "that is not what we want to do now. We want to cure them and eradicate this horrible disease."<sup>25</sup> The adoption of compulsory notification and compulsory treatment, Long argued, would have retarded their efforts and interfered with the success of their voluntary policy.<sup>26</sup> Compulsory notification was not, in the view of the Board, an essential part of such a scheme but a problem in itself.

*(iv) The compulsion dilemma*

<sup>22</sup> Report of the SBH BPP 1926 [Cmd. 2674], Vol XI, p.84.

<sup>23</sup> Letter to the Editor from The National Council for Combating Venereal Diseases, *British Medical Journal*, 16 Sept. 1916, p. 408.

<sup>24</sup> "The Campaign Against Venereal Diseases," *British Medical Journal*, 28 Oct. 1916, p. 602.

<sup>25</sup> Mr. Walter Long, President of the Local Government Board, "Supply: Local Government Board," BPD, (House of Commons) 11, July 1916, vol. lxxxiv, p. 237

<sup>26</sup> Venereal Disease: Government and Compulsory Treatment: Statement by Mr. Walter Long, *Scotsman*, 25 Oct. 1916, p. 9, col. C.

Despite the declaration by the Royal Commission that the time was not ripe for compulsory notification of venereal diseases, the issues surrounding venereal diseases control remained contentious in Britain. Indeed, despite the new voluntary scheme, compulsory notification and treatment, as an issue for government, remained just below the surface of any discussion on venereal disease control. While some members of parliament believed that the necessity for such measures in the case of venereal disease may be exaggerated, others believed that if Parliament was seriously going to try as a war emergency measure to stamp out such diseases the only way was to go back to the method of registration and inspection.<sup>27</sup> Some doctors believed that many of those who became infected deserved to suffer for their sin. One London lock hospital physician said while giving evidence before the National Council for Public Morals, "I believe...speaking from the physical point of view only, and not from the moral aspects, that the ordinary young man is prevented from having intercourse by fear of two things, fear of pregnancy and fear of venereal diseases." If you teach the curability and prevention of it, the Doctor declare, "you diminish the fear."<sup>28</sup>

While these views may have been widespread they were not presented as a serious argument against compulsion. Rather an important factor in the Government's rejection of compulsion was the ambiguity of the medical profession over the issue. In 1927 Sir Arthur Newsholme articulated the sensitive nature of the debate. On the one hand, Newsholme argued, any form of compulsion would be seen as repellent to human nature. The general object of legal restrictions, Newsholme continued, was to prevent licence, namely, individual liberty to injure the commonwealth or common health or any member of it. The general rule was embodied in the statement that while a man ought not to injure himself, he must not be permitted to injure others.<sup>29</sup> Newsholme argued that the end aimed at by compulsion must be very

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<sup>27</sup> Sir G. Greenwood, "Criminal Law Amendment Bill", *BPD*, 19 Feb. 1917, p. 1119.

<sup>28</sup> National Council for Public Morals, *Prevention of Venereal Diseases*. Report of the evidence taken by the Special Committee on Venereal Disease, Williams & Northgate, (London, 1921), pp. 3-4.

<sup>29</sup> Sir Arthur Newsholme, *Health Problems in Organised Society: Studies in the Social Aspects of Public Health*, P.S. King and Sons Ltd., (London, 1927), p. 124.

important for the public welfare and must be one that could not be achieved to an equal extent or within a reasonable time by educational measures. Therefore, the practicability of compulsion had to be plain, and it had to enjoy the endorsement of the majority of the community.<sup>30</sup>

Newsolme was concerned that only patients under medical treatment would be notified and that compulsion would do nothing to encourage new patients to attend for treatment. He questioned whether a more prolonged treatment of a certain proportion of patients which compulsion was expected to ensure would compensate for the conceivable loss due to patients refraining from attending public clinics. This would be especially the case where compulsion drove patients from public clinics to private practitioners as the latter were unlikely to notify patients who discontinued attendance.

Further, medical opinion differed widely as to the length and character of the required treatment and the moment at which the non-infectious state had been reached. Long intervals often occurred in legitimate treatment; are we, he wanted to know, to expect each practitioner to keep a card index and notify the non-appearance of his patient after a prescribed interval? What about the conscientious objector to arsenical or mercurial treatment who would soon appear? Would not the introduction of the principle of enforced continuance of treatment lead to an agitation not unlikely to culminate in the repeal of the Venereal Diseases Act, with its limitation of treatment of medical practitioners?<sup>31</sup>

On the other hand, Newsholme argued, some measure of restriction was inevitable and some balance between authority and liberty was a fundamental condition of social order in communal life. Coercion was a necessary element in communal life and was justified when it could be shown that restriction was a lesser evil than non-interference.<sup>32</sup> For these reasons, Newsholme advocated the adoption of compulsory notification of syphilis when it became expedient. He envisaged a gradual transition from voluntarism to compulsion, first locally in

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<sup>30</sup> *Ibid.* p. 102.

<sup>31</sup> *Ibid.* p. 107.

<sup>32</sup> *Ibid.* p. 133.

accordance with the British method of local experimentation, or partially by introducing the measure for specific categories of the disease such as infantile and inherited syphilis.

Future extensions of notification would need, in Newsolme's view, to keep pace with the extension of administrative activity. Present openings for anti-venereal work as a means of testing the practicability of more general action should be exploited.<sup>33</sup> Newsholme believed that public opinion had an important part to play in any social policy changes especially those that might appear to interfere with the liberty of the subject. But more than this, changing moral habits depended on the building of national character, on a change in the ideals of the mass of the people which made it "bad form" to be sexually loose. Such a change, Newsholme predicted, would gradually establish an equal standard of sexual morality for the two sexes, and redirect the national system of education towards training the emotions of youth, thereby cultivating "right habits", and educate the powers of inhibition before the hour of temptation to promiscuity arrived. With the growth of such ideals, the necessity for compulsion in public health work or in other aspects of life would wane. In the meanwhile, Newsholme declared compulsion did have a role to play.<sup>34</sup>

Some sections of public opinion were more adamant in their support for compulsion. The *British Medical Journal* published a letter from a group of prominent women and wives of eminent men. Dissatisfied with the recommendations of the Royal Commission on Venereal Diseases, the women called for the wives and mothers of Britain to demand compulsory notification and treatment for venereal diseases.<sup>35</sup> The manifesto was met with a response from the NCCVD which declared its committed to the government line, but foresaw a time when compulsory notification and treatment for venereal diseases might be appropriate. Compulsory notification, the Council argued, was only one means to an end. To be effective, such a scheme must include the

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<sup>33</sup> *Ibid.*

<sup>34</sup> *Ibid.* pp. 107-8.

<sup>35</sup> "Alleged Advantages of the Compulsory Notification of Venereal Disease", *British Medical Journal*, Oct. 28, 1916, p 501.

provision of adequate facilities for prompt diagnosis and free and efficient treatment. Notification would be futile, the Council continued, unless accompanied by measures to enforce treatment. In addition, compulsion could not be enforced unless full facilities had been made available to all classes. When these facilities had been provided, "the question of compulsion can be considered."<sup>36</sup> It appeared that the introduction of compulsory notification had merely been deferred to a more suitable time when facilities could be established.

*(v) The Trevethin Committee*

A new committee in England was set to help clarify the government's position in the mid 1920s. The Trevethin Committee was appointed by the Government to consider and report upon the best medical measures for preventing venereal disease in the civil community. The Committee examined 41 witnesses including Sir Leslie Mackenzie, Dr. Dewar and Dr. Lees of Edinburgh. The report in 1923 made several conclusions. Firstly, it concluded that although statistically the level of defaulting appeared serious, closer investigation showed that many patients who discontinued treatment abruptly were not infectious. As the standard of cure set by the Ministry of Health was very high, patients could expect to be treated long after all bacteriological evidence of disease had disappeared and it was therefore reasonable to suppose that a fair proportion of "defaulters" were not infectious. Nevertheless, defaulting was an important factor in the spread of venereal disease.<sup>37</sup>

Secondly, it concluded that apart from the statistical value which might result notification itself was of little assistance unless it was supported by a system of compulsory treatment and, if necessary, detention. The principle of the present system was to maintain secrecy in order to encourage sufferers into a treatment regime. It considered, moreover, that with the present state of public opinion any system of general compulsory notification of venereal

<sup>36</sup> *Ibid.*

<sup>37</sup> Scottish Board of Health, *Memorandum Regarding Notification, Trevethin Committee*, pp. 1-2. NAS, HH, 65/116



disease would tend to encourage concealment and would prove a backward step. In regard to defaulters the Trevethin Report suggested that a modified form of notification would be more acceptable given the concern that more drastic measures might exacerbate the problem. It would be difficult to justify the imposition of a penalty on those who had come for treatment while leaving untouched those who made no effort to seek treatment.

Thirdly, the committee concluded that, given the existing state of scientific knowledge and the absence of a standard of non-infectivity or cure that was generally accepted by the medical profession, there were ethical constraints on compulsion. Indeed, both the British Royal Commission on Venereal Diseases and the Trevethin Report stopped short of dismissing the adoption of compulsion categorically. But they did recommend a form of conditional notification to force defaulters back to treatment. Any compulsory scheme, they suggested, would have to be applied only for an experimental period, where experience could be gained for determining future policy.<sup>38</sup> This ambiguity was enough to inspire compulsionist in Edinburgh to create a bill of their own providing for a system of notification and compulsory treatment. With a private member's bill before parliament, the Edinburgh Corporation believed that the issues surrounding compulsion would be finally and thoroughly debated in the context of a well considered proposal.

#### *(vi) Conclusion*

The evidence suggests a persistent reluctance to introduce venereal diseases controls except in extreme circumstances and then by regulation rather than by statute. The grounds for this reluctance were often practical. The belief that the voluntary scheme had not been given a fair trial and the lack of commitment of many members of the medical profession meant that compulsion for venereal diseases appeared problematic. By 1928 the positions of social notables were clear. The Medical Women's Federation and some

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<sup>38</sup> *Ibid.*

radical women's organisations, such as the NCCVD and the SPVD were totally opposed to any form of notification. Some women's organisations and a section of the medical profession subscribed to a form of conditional notification that punished defaulters. Hard line compulsionists within many local authorities urged that venereal diseases should be treated in the same way as other notifiable diseases, such as smallpox, with compulsory notification, isolation and detention. The next chapter turns to proposals for greater powers of intervention for the control and eradication of venereal diseases demanded by the Edinburgh Corporation. The Edinburgh Corporation's Bill to establish a compulsory scheme in place of the national scheme based on voluntarism projected the compulsion debate once again into the national political arena.

# 10

## "The Liberty to Spread Disaster": campaigning for

### compulsion in Edinburgh, 1928

In the diminution to Venereal Disease great success has attended the campaign to the last ten years based on skilled, confidential, free and voluntary treatment; now the Corporation of Edinburgh, in its intense anxiety to do the best possible for the health of its community, wishes to turn aside from these sound principles which have brought it so great a measure of success ... We yield to none in anxiety for the removal from our country of this terrible scourge, but we beg of you not to yield to the enthusiasm of the Health Authorities on any City [or] Town in allowing discarded theories once more to lead to disastrous experiments ....<sup>1</sup>

#### *(i) Introduction*

Roger Davidson has concluded that the content and outcome of the campaign for venereal diseases control in interwar Scotland was primarily shaped by horizontal contests for power and prestige between competing professional groups. The outcomes was attributed to a lack of consensus within these competing groups. The triumph of voluntarism over compulsion in Scotland at this time, the nature of the debate and the outcome, Davidson argues, were consistent with theoretical models of social change that have underpinned much of the literature on the social history of medicine. The rise of the professions, the growth of government and levels of intervention are all related themes that draw on sociological descriptions of health policy development such as social control and the maintenance of professional privilege through closed systems of knowledge.<sup>2</sup>

Davidson's assessment of the development of venereal diseases control policy in Scotland raises some interesting questions. If there was not a clear consensus among any given group, was there still sufficient weight of argument against compulsion effectively to undermine the proposals? What part did practical factors such as the success of existing services, poor precedent

<sup>1</sup> Letter from Women's Freedom League (London) to Sir John Gilmore, Secretary of State for Scotland April 16, 1928. NAS:HH 33/595/5.

<sup>2</sup> Roger Davidson, "Venereal Disease, Sexual Morality, and Public Health in Interwar Scotland", *Journal of the History of Sexuality*, vol. 5, no. 21 (Oct. 1994), p. 294.

of success, the logistics of applying such a scheme without uniformity of operation, and a lack of commitment to the efficacy of notification, either compulsory or conditional, play in the rejection of a compulsory scheme for Edinburgh? Also, how far was government reluctance to support controversial principles of national importance in a private bill likely to influence outcomes? Answers to these questions emerge from the particular circumstances surrounding Edinburgh's venereal diseases service and the campaign for policy change. This chapter argues that as well as the national determination to maintain a voluntary scheme for the control of venereal diseases, local issues were also a significant impediment to policy change. These local issues came together in the debates and protests provided by the Edinburgh Corporation Bill 1928.

*(ii) Prevalence and problem patients*

Despite the moral panic, there was a dramatic improvement in sexual health for a significant minority of the Scottish community following the First World War. Some interwar medical authorities argued that rising incidence of gonorrhoea was a function not of its prevalence but of improved medical facilities and the growing public awareness of the seriousness of the disease. Syphilis, however, was believed to be rife. Available information on the occurrence of venereal diseases was seldom used by contemporary health administrators and policy-makers. As Roger Davidson, argues this may be accounted for by a professional reluctance to endorse estimates based on evidence that was partial and contaminated by medical, social, and institutional factors. The situation was compounded by the lack of government sanction for systematic prevalence research such as blood screening, and the preoccupation among Scottish venereologists with the defaulter and issues of moral responsibility.<sup>3</sup>

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<sup>3</sup> Roger Davidson, "Measuring 'The Social Evil': The Incidence of Venereal Disease in Interwar Scotland", *Medical History*, vol. 37 (1993), pp. 183, 84, 86.

During 1928 the Royal Infirmary in Edinburgh recorded a slight reduction in the number of attendances and a slight increase in the number of patients.<sup>4</sup> The decrease in attendances was put down to the difficulty experienced by some patients in reaching the clinics or being restricted by employment. The increase was accounted for by the medical officer in charge as an indication that many of the cases resorting to the clinics were not suffering from a venereal disease. Of the total number of new patients who presented themselves at Scottish venereal disease centres in 1927-28, 27 per cent were found to be suffering from conditions other than venereal diseases.<sup>5</sup> Some attenders, the report pronounced, were "confirmed syphilophobes, whose anxiety has brought them to the verge of mental disturbance." The Board's report of 1926 suggested that "any publicity campaign that is intended to awaken the dullard is apt also unduly to excite the imagination of those who are more alert in mind."<sup>6</sup>

The Medical Officer for the Scottish Board of Health was gratified that people were heeding the medical warnings and that public confidence in the work of the centres was increasing. However, at the same time there was suspicion that the propaganda was missing its mark. Propaganda appeared to be working only to great effect on people who were vigilant about their health. These were not the prime target of the campaign. A report to the Scottish Board of Health revealed that at the venereal disease clinics it was "no uncommon experience to hear," in answer to the medical officer's question, "Why did you not come here sooner?", the answer "I did not know that there was such a place."<sup>7</sup>

Even more of a concern was attached to patients, having been positively diagnosed with a venereal disease, then neglected their treatment. David Lees, Clinical Medical Officer in charge of the Edinburgh Corporation's Venereal Diseases Scheme, pointed to the false economy of providing a service that was

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4 David Lees, report of the Edinburgh Public Health Department, 1928, 16/2/10 p.61

5 Annual Report of the SBH *BPP* 1928, [Cmd. 2674-29], Vol VII p.218.

6 Annual Report of the SBH *BPP* 1926 Vol XI ], p.80.

7 Annual Report of the SBH *BPP* 1928 Vol X p.108

continually abused. In a very considerable number of cases, Lees argued, the first visit proved to be the last.<sup>8</sup> Something must be done, Lees pleaded, to deal effectively with those who failed to complete treatment. There were two kinds of defaulters: those who ceased attending *before* completing a course of treatment and those who ceased attending *after* completing a course of treatment but before final tests as to cure.<sup>9</sup> In men, the greatest culprits were seamen and the mentally weak. The group of patients that particularly troubled Lees were "young irresponsible girls" who, having fallen into disgrace at home on leaving hospital, "drift[ed] back to their old habits." Rescue workers had little success with this group and Lees recommended hostel accommodation with healthy out-door occupations under supervision, and facilities for periodic attendance at a hospital. Lees advocated compulsory detention for such girls until completely cured.<sup>10</sup>

The defaulter was to become the crucial issue in the compulsion debate. The problem of the patient who defaulted from treatment, clinicians at the coal face believed, was set to undermine the efficiency of voluntary schemes. Actually, the defaulter index for Scotland was marginally less than 50% whilst for Edinburgh the average was approximately 18 per cent.<sup>11</sup> By 1929 the Scottish Board of Health could report that both the number and percentage of "defaulters" was the lowest on record. Despite this the Board asserted that there was still much room for improvement.<sup>12</sup> These conditions were enough to excite a serious campaign for a change in venereal diseases control strategies in Edinburgh. The origins of the campaign dated from the early 1920s.

### *(iii) Advocating compulsion in Edinburgh*

In 1920 the report of the Edinburgh Public Health Department argued that while the liberty of the subject was constantly talked about, it should be

<sup>8</sup> Annual Report of Edinburgh Public Health Department, 1920, 16/2/2 p.xxiii

<sup>9</sup> Annual Report of the DHS BPP 1931-32 Vol X [Cmd. 4080], p.66

<sup>10</sup> Annual Report by David Lees, Clinical Medical Officer, Edinburgh Corporation Venereal Diseases Scheme, EPHD, 16/2/2 p.54

<sup>11</sup> *Ibid.* p.67

<sup>12</sup> Annual Report of the SBH BPP 1928-29 Vol VII p.219-220.

pointed out that there were circumstances under which such liberty was already interfered with under existing regulations. Sufferers from various forms of infectious disease were legally liable to be compulsorily removed to hospital, and under which contacts might be removed to a Reception House for detention during the infectious period.<sup>13</sup> Moreover, as the Edinburgh Public Health Department pointed out, congenital syphilis and *ophthalmia neonatorum* were already compulsorily notifiable. It was anomalous in cases of *ophthalmia neonatorum* to notify the child and not the mother.<sup>14</sup> Moreover, by 1928 statutory notification was arguably giving valuable prevalence information on infectious diseases such as scarlet fever and tuberculosis<sup>15</sup>

In 1921 a number of local authorities wrote to the Scottish Board of Health urging it to consider compulsory notification for venereal diseases. The Ayrshire Venereal Disease Joint Committee stated that it was unanimously in favour of compulsory notification and urged that local authorities be given power to arrest and to segregate known cases of venereal disease.<sup>16</sup> Between May and July 1924 local councils again petitioned the Scottish Board of Health mainly on grounds of the financial costs being incurred by a voluntary system. They resolved that full benefit was not derived from the expenditure on the treatment under existing conditions and that the time had arrived for the introduction of a system of compulsory notification.<sup>17</sup>

A modified form of notification was favoured by some officials. W. E. Whyte, District Clerk and Treasurer of Hamilton in a memorandum in July 1922, outlined the closest alternative to compulsory notification. He recommended a two strands of compulsion. Firstly, all persons knowingly affected must put themselves under medical treatment and, secondly, all persons undergoing medical treatment should continue until certified to be non-infectious. Failure to observe these requirements would carry a heavy

<sup>13</sup> Annual Report of the EPHD, 16/2/20 p.xxii.

<sup>14</sup> David Lees' report to the LHB 16/2/24 p.57

<sup>15</sup> Annual Report of the SBH BPP 1928 Vol X p.106

<sup>16</sup> Letter to SBH August 22, 1921. HH 65/ 115

<sup>17</sup> Notices of its adoption sent to SBH Correspondence from Local Authorities, May - June 1924, NAS, HH 65/ 116

penalty with the option of imprisonment. Whyte also recognised that what he was recommending appeared close to compulsory notification. However, he argued that his proposal was substantially different and distinctive. "Apart from their specific application," Whyte argued, "there would be no statutory duty put upon the Local Authority to deal with the matter further, and the strict enforcement of the requirements with the dread of penalties behind them would have beneficial results."<sup>18</sup>

The Scottish Board of Health remained adamant that neither sufficient time had elapsed nor sufficient experience had been gained to justify such a measure.<sup>19</sup> Apart from these concerns, there were practical issues to be resolved if the Board was to support compulsion. In 1921, the Board had declared that success in dealing with the disease as a national problem was possible only if the whole country could be provided for by a series of linked schemes. Only when patients could be assured of prompt and convenient treatment in every district in the country would the Board be free to turn to the problems which were essentially those of the Central Authority.<sup>20</sup> This stand by the Scottish Board of Health would become significant for the debate over compulsory notification and treatment for venereal diseases in Edinburgh.

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18 Memo from W.E. Whyte, District Clerk and Treasurer, Hamilton, July 1, 1922. NAS, HH 65/ 115

19 Report of the SBH *BPP* 1921 Vol. XIII p.43; for a summary of the service see chapter IV *passim*. SBH *BPP* 1924-5 Vol XIII p.62-70 & Appendices p. 227.

20 Annual Report of the SBH *BPP* 1921, Vol. XIII pp.42-43.



*(vi) The Edinburgh Corporation Bill*

Throughout the 1920s, correspondence to the Scottish Board of Health from health authorities in Edinburgh continued to assert that treatment facilities, for which they were financially responsible, were imperfectly utilised and the time and skill of clinician, wasted.<sup>21</sup> In 1928, as far as the Edinburgh Corporation was concerned, promoters of coercive measures judged that the circumstances had arisen under which compulsion could be introduced in accordance with the Royal Commission and the Trevethin Committee. The deficiencies that the Commissioners had referred to had been made good. There was a public demand for compulsory measures and those intimately connected with the working of the Venereal Diseases Scheme were satisfied that the voluntary system had failed to achieve the main purpose for which it was instituted.<sup>22</sup>

In January 1928, a conference of Scottish Local Authorities passed a resolution to the effect that the present law and machinery were inadequate to secure the proper control and treatment of venereal disease, and it was therefore essential that further powers should be conferred on local authorities.<sup>23</sup> In February 1928, members of the House of Commons Medical Committee met with Councillor Given (Convenor of Edinburgh Corporation Public Health Committee), Andrew Grierson (Edinburgh's Town Clerk), Dr. Robertson (Medical Officer of Health), and Dr. Lees, Venereal Diseases Officer, to discuss the Edinburgh Corporation Bill. While the Town Clerk recognised that the scheme raised some difficulties, he explained that it had been unanimously adopted by the Corporation as the best means of meeting a serious danger to public health.

The earlier economic concerns of local authorities were echoed in the Corporation's submission that venereal diseases schemes, as they were currently being administered, were not yielding results commensurate with

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<sup>21</sup> Annual Report of the SBH BPP 1927 Vol X p.108.

<sup>22</sup> *Edinburgh Corporation Bill, Statement on Behalf of Promoters: in support of the second reading of the Bill*, NAS, HH33/595

<sup>23</sup> Conference of Local Authorities Resolution 27 Jan. 1928. NAS, HH 65/ 116

their expenditure. In the view of the Bill's promoters, the voluntary system had indeed received an adequate and exhaustive trial and proved ineffective for the purpose of controlling the disease and preventing infection. There was therefore, justification and urgent necessity, the promoters argued, for a trial of a system that made provision for compulsory treatment. They recommended an experimental period of five years.<sup>24</sup> The Public Health Committee were confident that the powers they were asking for would be a further step towards controlling venereal diseases. They were satisfied that any disadvantages that might arise were trifling compared with the proved disadvantages of the present system.<sup>25</sup> The Bill, Grierson argued, followed the recommendations of the Trevethin Committee, and the local authorities in the area supported the scheme.<sup>26</sup> In pressing for new powers, the promoters did not complain of a failure in the existing scheme. Rather they wished to extend and "complete as far as possible" the work already being done. However, the Government line in response to the Edinburgh Corporation Deputation, was that the case for such a drastic departure in the management of the venereal diseases would have to be very strong and that the case had thus far not been made.

In defence of the Bill Dr. Drummond Shiels MP wrote that it was the result of the experience of able men accustomed to dealing with the types of person involved. Actual compulsion would seldom be required and when it was it would be amply justified. Supporters of the Bill were also confident that rather than the new powers frightening cases away, they would emphasise the seriousness and importance of the diseases in the public mind. The suggestion that the police would be used as informers was dismissed as a gross misrepresentation of the terms and the spirit of the Bill. Drummond Shiels accused opponents of the Bill like Little of making "a fetish of voluntarism."<sup>27</sup>

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24 Andrew Grierson, Town Clerk, *Edinburgh Corporation Bill 1928: Statement of the Corporation*, City Chambers Edinburgh, 7 Feb. 1928. NAS Home & Health, 33/595/2

25 *Ibid.*

26 "Edinburgh Corporation Bill," *Scotsman*, 22 Feb. 1928, p. 8, col. D.

27 "Medical Secrecy," *The Times*, 23 Feb. 1928, p. 10, cols. D&E; "Hidden Disease: The Edinburgh Bill: Misconceptions Corrected," *Edinburgh Evening News*, 23 Feb. 1928, p. 10, col. C.

A spirited defence was also offered by Dr. William Robertson, Medical Officer of Health, at a crowded meeting held under the auspices of the Central and St. Leonard's sections of the Independent Labour Party in Edinburgh. Robertson accused critics of the Bill as ignorant of its real aims and intentions. He sought to reassure his critics that the Bill did not provide for compulsory notification. The word 'compulsion', Robertson argued, had been wrongly introduced into the discussion since the authors of the Bill only intended to apply the principle to those who were known to be suffering from venereal disease and failed to complete their treatment. The provisions of the Bill ensured that those who came voluntarily for treatment and completed their course of medication would not be interfered with by compulsion. Robertson also accused detractors of not offering viable alternative strategies. When asked to offer a solution to the defaulter problem, he declared, "the objectors could only answer "go on moralising" while overlooking the fact that every effort had been made in vain through personal interview and other means to persuade the 800 defaulters to resume treatment. Robertson then assumed a position of medical superiority. "Surely those who were in daily contact with the difficulties of the problem," Robertson asserted, "were more able to advise the best course for dealing with the problem."

Robertson also attacked the suggestion that even notification in this modified form would destroy secrecy. Under the present system, Robertson argued, all those who defaulted or failed to accept the treatment offered received letters or were repeatedly visited by a specially appointed agent from the Public Health Department. If the Bill were to become law, the only difference would be that defaulters, in addition to the written communication or special visitation, would be warned that continued default might be followed by penalty. That was where compulsion came in, Robertson declared, and "nowhere else." As to suggestions that the Bill would mean a return to the Contagious Diseases Acts, Robertson responded, that nothing could be further

from the truth as those acts were aimed against particular sections of the population and were operated by the police.<sup>28</sup>

Finally, Dr. Robertson retreated to precedent and reminded his audience that the same strenuous opposition was waged against the application of compulsory measure to the ordinary infectious diseases especially tuberculosis. "The opposition said notification of such cases would create lepers in our midst," and that "men and women would be ostracised and employers would have nothing to do with infected persons." All these imaginary theories and difficulties, Robertson concluded, had been "blown away by experience."<sup>29</sup> While precedent in respect of other diseases was an important issue for compulsionists during the debate surrounding the Bill, in the case of venereal diseases, how useful was it?

*(v) Precedent*

In September 1922, the Scottish Board of Health wrote to J. H. L. Cumpston, Director of Quarantine in Australia, requesting him to supply information regarding progress in dealing with venereal diseases. Referring to compulsory notification and treatment as "of a very drastic nature", the Board asked especially for an indication as to whether the Venereal Diseases Acts in operation were proving workable or whether any provision of the Acts had to be regarded as a "dead letter", which was the case in Germany.<sup>30</sup> At this stage Australian authorities were not prepared to declare the Acts had been a success and were therefore of little use as precedent.

More local and contemporary campaigns, such as the Liverpool and Bradford Corporation Bills, were to prove even less useful precedents. Clause 151 of the Liverpool Corporation Bill 1927 was also suggested as a precedent. However, the proposed measures conferred no powers on the Corporation to enforce continued treatment in notified cases and medical officers would still

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<sup>28</sup> "No Compulsion: Dr. Robertson on the Disease Control Bill: Reply to Uninformed Critics," *The Edinburgh Evening News*, 27 Feb. 1928, p. 9, col. E.

<sup>29</sup> *Ibid.*

<sup>30</sup> Letter from the Scottish Board of Health written to J.H.L. Cumpston, Director of Quarantine, Australia, September 13, 1922. HH 65/115

have to rely on moral suasion to encourage patients to continue treatment until free from infection." <sup>31</sup> The debate surrounding this Bill revealed that the recent diminution in the number of persons at the Bradford Clinic found not to be suffering from venereal disease suggested to the Ministry that persons who had been exposed were not so ready to resort to the clinic for medical examination.<sup>32</sup> The clause was eventually dropped in order that the Bill might be saved.

The Bradford Bill of 1925 drew more attention. It had two pertinent clauses: the notification of venereal disease in certain cases and power to detain and treat persons suffering from venereal disease in certain circumstances. The first was allowed in an amended form and the second, containing provision for detention but not treatment, was disallowed.<sup>33</sup> A report on the Bradford Bill warned that many doctors would object to a requirement to notify the classes of cases of venereal disease especially as notification would be the basis upon which action would be taken to remove and detain cases in hospital.<sup>34</sup> Notification of specific groups was met with suspicion. While it was thought desirable to encourage all pregnant women to submit to medical examination, it was unlikely that these efforts would be successful in Bradford if an obligation was imposed upon doctors and others to notify pregnant women suffering from venereal disease. Similarly, it was argued a requirement to notify all cases of children under two years of age who were suffering from venereal disease might have a detrimental effect upon the work of the child welfare centres in Bradford.<sup>35</sup> Believing that notification would diminish the number of sufferers attending the Bradford clinic, the Ministry of Health suggested that it was for the corporation to show that there were special circumstances in the case of Bradford that justified such measures.

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<sup>31</sup> Report of the Ministry of Health on the Liverpool Corporation Bill 1927, p.1. NAS, HH 33/595/2

<sup>32</sup> *Ibid.*

<sup>33</sup> Letter to Rose from Rhodes 13 Feb. 1928. HH 33/595/2

<sup>34</sup> Report of the Ministry of Health on the Bradford Corporation Bill 1925, p. 12. HH 33/595/2

<sup>35</sup> *Ibid.*

Despite this there remained a belief in some quarters that the Bradford experience offered suitable precedent for Edinburgh's demands.<sup>36</sup> Accusations by the secretaries of the Edinburgh Protest Committee that the Bradford Bill was a failure astounded Robertson. In response to such an accusation, Robertson quoted a letter from Dr. John Buchan, Medical Officer of Health for Bradford, to the *Scotsman* in which the strengths and weaknesses in the scheme were outlined. According to Buchan, notification in Bradford referred only to those cases of venereal disease who were already under treatment, and who, while still suffering and in an infectious condition, refused to continue. As the power of the Bradford Bill was confined to notification and did not provide for compulsory treatment, success could not be determined by notification figures. However, Buchan assured his critics that, since conditional notification had been in operation, attendance at both public and private clinics had improved. It appeared, Buchan suggested, a mere reference to the possibility of notification by doctors to those patients who were not pursuing their treatment with diligence had been sufficient to bring about a marked improvement in the attendance of such cases. Under such circumstances, in Buchan's view, the powers had served a useful purpose. On the other hand, Buchan lamented, the lack of power to enforce treatment was a "serious drawback." In the light of this, Buchan congratulated Edinburgh's attempts to criminalise the recalcitrant and irresponsible purveyor of venereal disease. In conclusion, Robertson alluded to Buchan's experience of a venereal disease control policy with limited powers as justification for a proposal with the 'punch' of the phraseology of the Edinburgh Bill.<sup>37</sup>

Reference to the success of notification of venereal disease in Bradford by Robertson drew an immediate response from the joint secretaries of the Protest Committees. They pointed out that since the adoption of notification of venereal diseases in Bradford, cases of *ophthalmia neonatorum* and still-birth (the latter cited as evidence of and increase of untreated congenital syphilis) had

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<sup>36</sup> "Edinburgh Corporation Bill," *Scotsman*, 21 March 1928, p. 10, col. C; "Edinburgh Corporation Bill," *The Scotsman*, 20 April 1928, p. 8, col. B.

<sup>37</sup> "Bradford's Experience: Dr. Robertson and the Opposition," *The Scotsman*, March 23, 1928, p. 14, col. D.

increased. Bradford Medical Officers reported that the male new cases of venereal infection seemed not to have been deterred by the possibility of notification, with an increase recorded in the years 1925-1926. However, the number of women patients appeared to have dropped. The significance of this discrepancy was a cause of concern to the Committee. The Committee also alluded to the fact that in most cities there was an increasing number of persons coming to the clinics who were found not to be suffering from a venereal disease. They had come presumably because they had some reason to be anxious and voluntary examinations were a useful means of ensuring early treatment. In Bradford after the introduction of compulsory measures the number of such attendances had dropped<sup>38</sup>

Buchan responded on his own behalf. It was with "great reluctance", Buchan wrote to the *Scotsman*, that he intervened in a controversy that only affected Edinburgh. However, the knowledge that some contributors were endeavouring to quote the experience of Bradford to support their own preconceived opinions had forced his hand. Buchan argued that the discrepancy between the figures associated with male and female patients did not suggest failure as attendance figures were actually increasing. Furthermore, there was no evidence that *ophthalmia neonatorum* was increasing, only that notification of the disease was better. Again Buchan, speaking from a position of experience and authority, alluded to the weakness in compulsion and offered a challenge to critics. "We have now been going on with venereal diseases schemes for over twelve years, and we have experience of both their usefulness and futility. Some improvements must be made, and if your two contributors can add to our knowledge of what should be done they will be doing a good service to their city and country." Newspaper controversy and protest committees, Buchan counselled, "do not carry us very far."<sup>39</sup>

In a letter from D. Veale, Ministry of Health, the problems associated with the available British precedents were outlined to P. J. Rose, Assistant

38 Letter from M.M. Robertson & Mary Bury, Joint Secretaries, Protest Committee, "Edinburgh Corporation Bill," *The Scotsman*, 29 March 1928, p. 7, col. F.

39 Letter from John Buchan, "Edinburgh Corporation Bill," *Scotsman*, 4 April 1928, p. 7, col. F.

Under Secretary for Scotland, Scottish Office Whitehall in, March 1928. The Bradford and Liverpool Bills were different because the provisions for the control of venereal diseases were merely causes in general purpose bills and proposed no more than a development of the infectious diseases practice. Both Bills contained proposals for compulsory removal and detention but in neither case was compulsory treatment proposed. The Edinburgh Bill would provided for both and this was a "new and far reaching principle."<sup>40</sup>

Such concerns were reiterated in a pamphlet called *Reasons against the Edinburgh Corporation Bill, 1928*. Opponents of the Bill argued that the measures always became a "dead letter" after a time and were used only against alleged prostitutes and a few tramps or vagrants. The onus lay with the promoters of the Edinburgh Bill, the pamphlet challenged, to bring forward some proof that countries under compulsion such as Australia were getting better results than Great Britain and Holland without compulsion. It was doubtful in the extreme, the pamphlet argued, if any other country could show as good results under compulsion as Edinburgh had achieved without it.<sup>41</sup>

*(vi) Protesting the Edinburgh Corporation Bill*

Despite the fact that precedent did not appear to support the Bill, a formidable protest campaign was launched in Edinburgh. The main objections to compulsion in the control of venereal diseases were threefold. Firstly, some of the opposition emerges in response to the memory of past injustices associated with the Contagious Diseases Act. Such provisions, they argued, had no relation to the administration of any public health measure but were purely of a penal nature enforced by the military and the police. The aim to present proposals was to treat and cure disease and not to punish sin. To opponents of the Bill any legislation, however, moderate and however wisely safeguarded,

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40 Letter from D. Veale Ministry of Health to P. J. Rose Assistant Under Secretary for Scotland, Scottish Office Whitehall 28/3/28. HH33/595/6 Pa 2A 1927/10

41 *Reasons against the Edinburgh Corporation Bill, 1928: A reply by the Association opposed to the Edinburgh Corporation Bill to the pamphlet issued by the Edinburgh Corporation to Members of Parliament*, pp. 9-11. NAS HH, 33/595/5. It is likely that compulsionists and voluntarists in Edinburgh were unaware of the situation in South Australia.



might prove a harsh and even tyrannous weapon in the hands of unwise officials.<sup>42</sup>

Secondly, there were also objections on medical grounds. Some medical experts had argued that the treatment of syphilis at this time might drive the disease deeper into the nervous system. Some also regarded irrigation treatment of gonorrhoea as of "doubtful value" and liable to drive the infection deeper into the body where it would be less easily treated. These dangers could be increased if the doctor was inefficient. As long as treatment was voluntary, the objectors to the Bill argued, the point "need not be pressed", but compulsory treatment was another question. Under a compulsory system, patients would not have the right to refuse a potentially dangerous treatment. It was doubtful that a venereal diseases patient would to be denied the right to refuse surgical examination of the sex organs, lumbar punctures and injections even though this kind of treatment was unpleasant and could be dangerous.<sup>43</sup>

Thirdly, the good results of existing voluntary schemes appeared to make any change unnecessary. In addition, the Scottish Board of Health was apprehensive that any methods of compulsion would diminish rather than increase the efficiency of existing arrangements.<sup>44</sup> In December 1927, a protest meeting against the Edinburgh Corporation Bill was held in Edinburgh under the auspices of the Edinburgh Society for Equal Citizenship and the Women's Freedom League. Councillor Andrew Gibson said that he sympathised with the protest and could not understand why Medical Officers of Health should seek to disturb the success of the voluntary system and bring in a compulsory system, which might undo all the good work that had been done. Other speakers pointed out that people were coming forward voluntarily and in any case compulsory notification was unsound both scientifically and from the human point of view.<sup>45</sup>

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42 Andrew Grierson, Town Clerk, *Edinburgh Corporation Bill 1928: Statement of the Corporation*, City Chambers Edinburgh, 7 Feb. 1928, p. 15. NAS HH33/595/2.

43 *Reasons against the Edinburgh Corporation Bill, 1928*: pp. 9-11. NAS, HH, 33/595/5.

44 Report of the SBH BPP 1928 Vol X p.118.

45 "Notifying a Disease: An Edinburgh Protest," *Scotsman*, December 15, 1927, p. 13, col. E.

Public criticism of the principles of the Bill, regardless of a watering down of the concept of compulsion which meant that it would only apply to defaulters, came from far and wide. Some individuals expressed their indignation in letters to the Scottish Office and in the press. Others thought that legislation which involved such an interference with the liberty of the subject meant the introduction of a "grand motherly system" that might do for the likes of Germany but which would be altogether out of place in Scotland.<sup>46</sup> Some were suspicious that the Bill would not interfere with the freedom of the defaulter exclusively but that there would be consequences for all who voluntarily approached the clinic for diagnosis and treatment even if they were found not to be suffering from any venereal diseases. "To say that the Bill is merely concerned with defaulters," wrote T. M. Milne Chapman in a letter to *The Scotsman* in March 1928, "will not bear one moment's examination."<sup>47</sup>

The most concerted opposition came from women's organisations. In a letter to Sir John Gilmore, Secretary of State for Scotland, in April 1928, the London branch of the Women's Freedom League wrote to admonish the Edinburgh Corporation. In spite of the diminution of venereal diseases based on skilled, confidential, free and voluntary treatment, the League accused the Corporation of Edinburgh of proposing to "turn aside" from such "sound principles" that had contributed largely to success. The League begged Gilmore not to yield to the enthusiasm of the Health Authorities in any City or Town in allowing "discarded theories once more to lead to disastrous experiments."<sup>48</sup>

Representatives of the women's organisations talked of a compulsory system as retrograde and futile and a cause of class warfare. The image of Edinburgh was also a concern for some of those present. If the Bill went through, it was feared, Edinburgh would appear as if it were "back in the Middle Ages." The Bill was for the protesters "a most iniquitous piece of

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<sup>46</sup> Letter from James L. Anderson (private citizen) to Gilmour Secretary of State for Scotland at the Scottish Office. 17 Feb. 1928,. HH 33/595/5

<sup>47</sup> Letter from T.M. Milne Chapman, "The Edinburgh Corporation Bill," *Scotsman*, 1 March 1928, p. 7, col. E.

<sup>48</sup> Letter from Women's Freedom League (London) to Sir John Gilmore, Secretary of State for Scotland 16 April 1928.NAS:HH 33/595/5.

legislation" that conferred too much power into municipal hands. They had got to fight the bill, the meeting resolved, "for it was a most unrighteous thing" and "they must not allow a small handful of people to impose that thing upon them."<sup>49</sup> In February 1928 a Consultative Committee of Women's Organisations passed a resolution calling upon the Government and members of parliament to oppose the Bill.<sup>50</sup>

Organised public protest against the Edinburgh Corporation Bill such as that held in the Usher Hall, Edinburgh in early March 1928 was attended by mainly women's organisations. Lord Balfour of Burleigh presided over an audience of 2000.<sup>51</sup> A resolution moved by Lady Astor M.P. and seconded by Dr. Graham Little, M.P. was adopted to the effect:

That this meeting of citizens and ratepayers of the city of Edinburgh desires to record its strong protest against the Bill for the application of methods of compulsion in the treatment of venereal disease, as being ill-advised, unwanted, and unnecessary, and likely to prejudice the great progress made in the treatment of these diseases under existing voluntary methods, and pledges itself to do all in its power to secure that this Bill shall not pass into law.<sup>52</sup>

Compulsionist Members of Parliament interpreted the protest from the women's movement as emanating from London rather than Edinburgh. Given the national importance of the Bill, if passed others would certainly follow, it would be expected that those opposed would attempt to prevent the precedent for a national policy. Some attenders, a number of whom had travelled from England, believed that the Bill involved far-reaching effects upon the national life, and, if passed, might serve as precedent for similar enactments, in essence the Bill could form the thin end of the wedge. In any case They doubted that the powers incorporated within the Bill would go far towards controlling sufferers. Councillor Dorothy Jewson from East Anglia, also a member of the

<sup>49</sup> "Notifying a Disease: An Edinburgh Protest," *The Scotsman*, December 15, 1927, p. 13, col. E.

<sup>50</sup> NAS HH 33/595/5

<sup>51</sup> Organisations present included representatives from the following organisations: Scottish Federation of Societies for Equal Citizenship, Edinburgh Society for Equal Citizenship, British Women's Temperance Association (Scottish Christian Union), Scottish Co-operative Women's Guild, Central Council and a number of local branches, Railway Women's Guild, Women's National Liberal Federation, Women's Liberal Association (Central Branch Edinburgh), Women's Liberal Association (Leith), Labour Women's Section Portobello, Salvation Army in Scotland, Theosophical Order of Service, Women's Freedom League, the Vegetarian Society, the Association for Moral and Social Hygiene, the Alliance of Honour, and St Joan's Social and Political Alliance.

<sup>52</sup> "Edinburgh Bill: Protest Meeting: Compulsion Opposed," *Scotsman*, 3 March 1928, p. 13, col. A.

Labour Party, which was responsible for blocking the Bill in the House of Commons on three occasions, declared that the Bill was not just of local importance to Edinburgh but would have its effects right throughout the length and breadth of the country.

Such concerns found sympathy from some Members of Parliament. "The Edinburgh Corporation Bill," Graham Little, MP, wrote to *The Times*, "offered a direct challenge to the voluntary principle." Little accused the promoters of slurring over the fact that, if the Bill became law, the information upon which the Medical Officer of Health acted could not be obtained without notification. This was, he argued, at odds with their claim that the regulation involved no breach of the principles of secrecy and confidentiality that were observed under the existing scheme. Little rejected this accusation.<sup>53</sup>

In addition, he questioned comparisons with other forms of disease notification. Notification had been successful in preventing spread of infection only in diseases that ran a definite and circumscribed course, and either killed the victim outright or rapidly conferred upon the sufferer an immunity which rendered him or her harmless. Notwithstanding alternate threats and cajoleries, the Ministry of Health had, in practice, been unable to enforce its order for notification of tuberculosis. In Little's view, the difficulties were infinitely greater in respect of venereal diseases in which diagnosis and cure were even less capable of proof than in the case of tuberculosis. Little also attacked the provisions that compelled a patient to 'undergo treatment', the nature of which is not specified, and medical certificates as a declaration of freedom from disease as "medical absurdity" and "a monstrous infringement of individual liberty." The suggestion that the voluntary system had been a failure was also dismissed. Rather, Little argued, the system had not been given a fair trial.<sup>54</sup>

Little did not distinguish between the conditional notification proposed by the promoter and more drastic and the controversial compulsory system. He declared that the defaulter was the least important part of the whole system

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<sup>53</sup> "Medical Secrecy," *The Times*, 21 Feb. 1928, p. 12, col. C.

<sup>54</sup> *Ibid.*

and went on to quote Australian statistics that showed that since the introduction of compulsory powers in 1915 defaulters had not been reduced below the figure of 75 per cent, compared with 29 per cent which was the lowest figure for Edinburgh. Little also feared that compulsion of any kind may produce a rift between the public and the medical profession.<sup>55</sup>

In a letter to the *Scotsman* in April 1928 Graham Little accused the Corporation of making "unwarranted use" of the Trevethin Committee's suggestion that for dealing with defaulters in certain areas special measures would be justifiable. The claim that this statement implied that the Committee indicated compulsory measures, Little argued, was not supported by any other part of the report. The measures actually contemplated, he thought, were of a kind as could be dealt with by regulation of the Ministry of Health and would not require "fresh legislation."<sup>56</sup>

Another major concern was that although the proposals in this Bill would not apply in England, Neville Chamberlain, Minister of Health felt, that they could not approve the principle for Edinburgh without committing England to some extent. However, the consideration that weighed most heavily with Chamberlain was the interference with the liberty of the subject for the purpose of not only preventing danger to others but also of requiring them to undergo treatment with the potential for serious and even fatal side effects. If the promoters were asking for isolation for the protection of the community, then Chamberlain said he would not have the same objection.<sup>57</sup>

When the Lord Provost suggested that Parliament should not lightly dismiss the considered views of the Corporation, Chamberlain agreed, but did not think that the function of Parliament was simply to endorse proposals put forward. For the Parliament to give approval for a second reading it would have to agree in principle and then leave the Committee to examine the

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<sup>55</sup> *Ibid.*.

<sup>56</sup> Letter from Dr. E. Graham Little, "Edinburgh Corporation Bill," *Scotsman*, 27 April 1928, p. 7, col. E.

<sup>57</sup> Minutes of the Deputation to Gilmour and Chamberlain by 'the Promoters' 15 March 1928. (No. P. a 2A 1927/16a) HH33/595

safeguards. However, the line between detention and treatment had not yet been traversed, and the department saw great difficulty crossing this line.

From the Government's point of view any new measures should reflect the principles of the Public Health Act in operation rather than introduce a new policy with specific reference to venereal disease. According to notes prepared for a deputation from the promoters, if the Bill had asked for special powers requiring patients suffering from venereal diseases to take proper precautions against the spread of infection, there would be no new principle for the Government to face. Under such a formula a patient might have the alternative of undergoing treatment as one method of fulfilling the condition of "proper precautions".<sup>58</sup> However, if the patient chose not to undergo treatment as a precaution the only alternative appeared to have been prophylaxis. If the Government believed compulsion was politically unsound the moral implications could only have contributed to this. In a letter to the Secretary of State for Scotland, John Gilmore, Chamberlain, wrote, "I see very great difficulties in the way of dealing with venereal disease on the lines proposed." Chamberlain concluded that the compulsion clause would be very unacceptable as it stood and could not be put into an acceptable form by amendments in Committee. Chamberlain therefore declared himself against allowing the bill to receive a second reading.<sup>59</sup>

The constitutional implications of the Edinburgh Corporation Bill were also a concern. The problem was whether or not to disallow the Bill on the grounds that it contained issues relating to civil liberties and should therefore be dealt with as public policy in a public rather than a private bill. The fact that Parliament had already given certain powers in respect of venereal disease to Bradford Corporation by a Private Bill made the matter more difficult. In a letter to P. J. Rose of the Scottish Office, E. H. Rhodes of the Ministry of Health recommended that this strategy to put down the Bill was not necessary and

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<sup>58</sup> *Notes for the President as basis of reply to the Edinburgh Corporation Deputation on Venereal Diseases Bill*, 15 March 1928. NAS, HH, 33/595/6

<sup>59</sup> Letter from N. Chamberlain to J. Gilmore 24 Feb. 1928. NAS HH33/595/2

under the circumstances undesirable. Given the success of the Edinburgh Scheme there appeared among opponents "little need for panic legislation."

Rhodes revealed that the Ministry greatly disliked the proposal and offered reasons why it should not receive a second reading. Firstly, clauses that embodied the controversial principle of the Edinburgh Bill were disallowed in Committee on its merits in the case of Bradford, and not because it conflicted with the principles of Private Bill legislation. Secondly, the Trevethin Report did not recommend compulsion but said that special measures might be justifiable in certain areas. Edinburgh would have to prove that special circumstances existed. Thirdly, Edinburgh claimed that there were facilities there which were not developed to the same extent over the country at large. Any compulsory scheme would be redundant unless there was county wide if not nation wide co-operation.<sup>60</sup> Opponents feared that the effect of introducing compulsion would be to destroy the whole voluntary system. Once such a scheme had been embarked upon there could be no going back.

Despite what appeared insurmountable odds in late March 1928 the *Scotsman*, reported that by a practically unanimous decision Edinburgh Town Council proposed to proceed with their bill despite the Government's intimation that the Whips would be put on to defeat a motion for a second reading. While it appeared that the fate of the Bill was sealed, the decision to proceed had been made as a protest and also with the object of having the case for the Bill presented to the House and the country. The central government justified its intervention by stating that the matter was one "not merely of a local but of a national character."<sup>61</sup>

*(vii) The failure of the Bill*

By late March the Edinburgh Corporation Bill was thought to be "dead".<sup>62</sup> The vote against the second reading was decisive, 93 for and 156

<sup>60</sup>Letter from E. H. Rhodes Ministry of Health to P. J. Rose Scottish Office Whitehall, 15 Feb. 1928. HH33/595 (No. P. a 2A 1927/14)

<sup>61</sup> "Edinburgh Corporation Bill," *Scotsman*, 21 March 1928, p. 10, col. C.

<sup>62</sup> Letter from Association for Moral and Social Hygiene 23 March 1928, on front of file no. P.a 2A 1927/15 NAS, HH 33/595

against. The Scottish vote was 17 for and 20 against.<sup>63</sup> However, not all those who voted for the second reading were entirely convinced that compulsion was the way to go. Sir Samuel Chapman, M.P. for South Edinburgh, speaking after the defeat of the Bill at a meeting organised by the South Edinburgh Unionist Association, recognised a strong undercurrent of feeling against any form of compulsion. "Doctors differ, men are puzzled and women are divided and I am among the puzzled ones," he said.<sup>64</sup> Preferring to take a "central position", even if the Bill had got no further than it had, Chapman declared it had done an enormous amount of good by calling attention to the issue. The promoters and their supporters had stirred up interest, and sooner or later a great deal of good would come out of the movement they had initiated. As far as Chapman was concerned, doctors who were in touch with that "terrible scourge" were unanimously in favour of compulsion, and those who were not thought compulsion would do greater harm than good.<sup>65</sup> In any case, it was the duty of a Members of Parliament to hear all sides, Chapman declared.

The Government's stand also drew strong and categorical criticism from compulsionist Members of Parliament, the press and others. An embittered Dr. Drummond Shiels, M.P. for East Edinburgh, blamed the misunderstanding surrounding the Bill for its failure to receive a second reading. He suggested that the action of the Edinburgh Corporation would receive due recognition in "future and more enlightened ages."<sup>66</sup>

For some supporters of the Bill its failure struck at the heart of Scottish nationalism. The debate was perceived to be as much about maintaining autonomy as it was about public health. At the anniversary reunion of the Edinburgh Western Branch of the British Legion, Councillor W. J. Harvey said the attitude of the Government was regrettable, and if persevered with would indicate a "grave departure from time honoured practice in the relationships

<sup>63</sup> "How Scottish M.P.s Voted," *Scotsman*, 21 April 1928, p. 13, col. B.

<sup>64</sup> "Edinburgh Bill: Interest Aroused: Sir S. Chapman 'Puzzled,'" *Scotsman*, 21 April, 1928, p. 13, col. B.

<sup>65</sup> *Ibid.*.

<sup>66</sup> "Hidden Scourge: The Edinburgh Bill: Case for Compulsion," *Scotsman*, 12 April 1928, p. 10, col. A; "The Hidden Scourge: Support for Edinburgh's Bill: The Liberty to Spread Disaster," *Edinburgh Evening News*, 20 April 1928, p. 6, col. C.



between local authorities and Parliament." Harvey argued that the history of legislation, particularly in public health, showed that sound general Acts had generally been based on the experience gained in the operation of powers granted to the larger local authorities. These authorities had functioned as laboratories of administrative research, by taking experimental proposals "out of the sphere of speculation into the realms of safe practice." It seemed, therefore, inconceivable to Harvey that a successful and efficient Public Health Committee such as Edinburgh's could be ruthlessly brushed aside.

While acknowledging Government control as a wise principle intended to stimulate and ensure steady progress in local administration, such control had from time to time proved irksome, and on occasion unreasonable. But never before, Harvey remonstrated, had it "savoured so much of callous injustice and insulting indifference." The insult was not directed to Edinburgh alone, Harvey continued, but was "thrown at the heads of all the larger local authorities in Scotland who supported the Bill." In Harvey's view, to brush aside the opportunity to have the evidence and arguments sifted, critically examined, and properly assessed before an impartial tribunal while the controversy was fresh in the public mind, "would appear to be the height of folly if not very doubtful statesmanship." Indeed, "the self-respect of Scottish public life had been challenged, and it would not lightly submit to this slur on its administrative reputation."<sup>67</sup>

The *Scotsman* was all nationalistic fervour.

The Bill was for the city of Edinburgh and for the City of Edinburgh alone. Edinburgh was not a fourth-rate, mushroom English city. It was the capital of Scotland. They claimed not only to represent the citizens but Scotsmen all over the world looked upon Edinburgh as the centre of their national life, and their charter was proof of national independence...it was not only slighting Edinburgh, but the government was raising an issue which might have grave consequences not only for them but for others.<sup>68</sup>

The *Edinburgh Evening News* condemned the cynical misinformation by opponents of the Bill who drew upon the "evil reputation" of the Contagious

<sup>67</sup>"Challenge' to Scotland: Government and Edinburgh Bill," *Scotsman*, 26 March 1928, p. 11, col. D.

<sup>68</sup> "Edinburgh's Bill: The Government's Veto: Town Council's Resentment," *Scotsman*, 21 March 1928, p. 15, col. C.

Diseases Acts. "It is a hard luck story," the paper lamented, "to lose a good case on false sentiment and on a distorted view of the Edinburgh position."<sup>69</sup>

In a letter to the *Scotsman* in March 1928 Sir Patrick Ford M.P. rued the "ingenuity of the opposition" and its tactics for seeing to it that the Bill did not receive a second reading. The supporters of the Edinburgh Corporation Bill may on a technical point, Ford wrote, be precluded from stating their views on the floor of the House. Ford deeply regretted that, on the initiative of the English Ministry of Health, the Government pressed its opposition to a Bill. He particularly regretted the threat to put on the Government's Whips against the second reading, and the raising of a technical objection based on an alleged infringement of personal liberty.<sup>70</sup>

Alison Neilans, a member of the Joint Committee of Societies Opposing the Bill, also responded via the *Scotsman*. Neilans objected to Ford's condemnation of the justification advanced by voluntarists that they were fighting the Bill "mainly on the ground that compulsory measures against venereal diseases tend to increase rather than to lessen the number of infected untreated persons at large in the community" Neilans directed Ford to the pamphlet published by the Committee. After reading the pamphlet Neilans believed Ford would "wish to give publicity to the fact that all the societies opposing the Bill have based their arguments on public health grounds, and not on any purely imaginary theory of the liberty of the subject to disseminate venereal diseases."<sup>71</sup>

The Secretary of State for Scotland, John Gilmore, rejected Ford's accusation that he had been influenced by authorities in England. His decision to oppose the Bill, Gilmore replied, was reached in consultation with his advisers in the Scottish Board of Health. While the Minister of Health, Neville Chamberlain, concurred, the decision was entirely his.<sup>72</sup> Thus, despite agitation for compulsion in Edinburgh the central Government accepted that

69 "Edinburgh's Rebuff," *Edinburgh Evening News*, 12 April 1928, p. 4, col. D.

70 Letter from Sir Patrick Ford M.P., "The Edinburgh Bill," *Scotsman*, 24 March 1928, p. 14, col. D.

71 Letter from Alison Neilans, "Edinburgh Corporation Bill," *Scotsman*, 29 March, 1928, p. 7, col. F.

72 "The Edinburgh Bill: Sir John Gilmour's Letter: Reply to Sir P. Ford," *Scotsman*, 29 March, 1928, p. 9, col. D.

voluntarism was politically and socially the most expedient means of controlling venereal diseases.

*(viii) Conclusion*

The unsuccessful outcome of the campaign to introduce compulsion into venereal disease control policy in Edinburgh in 1928 was the result of a series of constraints. While existing precedent was not useful in the campaign for coercive venereal diseases control policy in Edinburgh, had the Corporation's Bill passed it could have provided precedent for other Corporations. As the Glasgow Corporation was ready to proceed with its own bill if Edinburgh was successful, Scottish experimentation in venereal diseases control might have consequences for English public health procedures by representing a precedent in public health policy. This was a situation the central government wanted to avoid. Partly because, the central government believed, with emotive issues such as the liberty of the individual central to the debate, policy should be discussed in the national rather than the local context.

The issue of precedent in the failure of the Bill is important also because if compulsionists could demonstrate that the provisions contained in the Bill had worked successfully in other areas they could argue that there was a trend toward a change in public health policy in regard to venereal diseases. However, the Bradford Bill was not a serious precedent as it did not provide for compulsory treatment, although it did provide for notification in certain circumstances. The Bill was not seen as a success, a fact of which the Scottish Department of Health was aware. In any case, if Bradford was an appropriate precedent, why was it necessary to "experiment" with Edinburgh? Why should compulsion work in Edinburgh when it had failed in other places? But the Ministry of Health's insistence, as in the Bradford case, that corporations demonstrate special circumstances in proposing compulsion would appear to be a useful loophole for avoiding subsequent campaigns.

Another significant sticking point was that all the reports of the medical officers of health in the period, the Edinburgh scheme was working well with defaulter rates in Edinburgh half those for the rest of Scotland. As an argument for the introduction of compulsion the defaulter problem would have carried little weight. Under these conditions, the special circumstances demanded by the central government to justify a change in policy in Edinburgh would have been difficult to demonstrate. But Edinburgh compulsionists did not all take a negative view of conditions in Edinburgh. Compulsion, they argued, would enhance the functioning of a reasonably effective scheme. Unfortunately for them, the central government did not see drastic change was warranted.

In addition, the medical profession was aware of the limitations of treatment procedures. The Ministry of Health acknowledged that there was a lack of any standard of non-infectivity or cure generally accepted by the medical profession. Furthermore, many of the cases termed defaulters would be those persons who were no longer infectious, but not totally cured, and who would therefore not constitute a danger. The Ministry believed that it was impossible to justify a proposal which would enable compulsory isolation in hospital to be applied to persons whose condition was not a menace to the public health.<sup>73</sup>

Also, the idea that a voluntary system could co-exist with a compulsory one was difficult to grasp. The proposed Bill provided for a conditional form of notification that would theoretically only apply to those who defaulted on treatment. It did not intend to interfere with "volunteers". But under the provisions of the Bill even though a patient may have volunteered for treatment, he or she would be obliged to continue the course until cured. In the event the patient ceased treatment for any reason the provisions for compulsory notification and treatment would come into effect. There was not doubt in the minds of opponents of the Bill that it was designed to enforce compliance and threatened all patients with severe consequences.

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<sup>73</sup> Report of the Ministry of Health on the Bradford Corporation Bill 1925, p13. HH 33/595/2

Finally, the logistics of applying such a scheme with uniformity of operation throughout Scotland, greatly influenced the Scottish Board of Health to maintain its stand against compulsion. One problem associated with the Venereal Diseases Scheme from 1916 was that some districts were slow to establish facilities for the free and anonymous treatment of venereal diseases. This inconsistency between regions was a significant concern for medical authorities throughout Scotland. It was possible, opponents of the Bill believed, that enforcement measures could not be applied uniformly making patients in some areas more subject to compulsion than others. This was a problem that only a national policy could not solve. As people moved in and out of areas under compulsion, which was the likely outcome of regional policy, prosecution could be avoided. Without a viable solution to the logistics of a compulsory scheme, applied only in certain areas, the whole concept of compulsion appeared to be of dubious value.

As a result of these constraints, non-punitive responses to venereal diseases remained the flagship in the campaign in the interwar period. But the Edinburgh Corporation Bill, though dead, would not be forgotten. The next chapter turns to wartime Edinburgh where a national emergency policy of control was in operation. What were the implications of this policy for the Edinburgh Corporation and its determination to establish a compulsory scheme for the control of venereal diseases?

# 11

## "The lesser of two evils": compulsion and regulation 1929-1947

The voluntary system as compared with the compulsory system is the lesser of two evils and ... therefore ... ask you to demand withdrawal of Defence Regulation 33B.<sup>1</sup>

### (i) Introduction

Despite the fate of the Edinburgh Corporation Bill, and favourable reports on the working of the voluntary scheme, innovation in the control of venereal diseases remained on the agenda in the years leading up to the outbreak of the Second World War. Given the list of constraints examined thus far it is difficult to see how any alteration to the *status quo* could be effected. However, during the Second World War some change to existing arrangements was achieved. Special war-time measures to track down sexual contacts of infected individuals introduced a measure of compulsion into venereal diseases control policy. At the same time, formally suffocated by controversial precedent and shrouded in suspicion as to their efficiency, the Edinburgh Corporation's proposals of 1928 received new consideration. Despite its experiments with limited forms of compulsion during the war, Edinburgh reverted to its pre-war policies when hostilities ended. In this it differed from Adelaide. In both cases, national trends prevailed over local options, though with dramatically opposite results.

### (ii) Context: After the Edinburgh Corporation Bill

In the years immediately after the failure of the Edinburgh Corporation Bill, venereal diseases remained an issue of concern. For the most part this concern was directed to making the Edinburgh Scheme an even greater success. The Almoner's report of 1929 insisted that the utmost care and tact was exercised when visiting patients and care was taken to avoid disturbing the

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<sup>1</sup> Women's Freedom League Scotland, 16 Dec. 1942, NAS, HH/65/ 116

peace of the home. Despite initial success in encouraging patients to return to treatment, the Almoner reported that many defaulted a second time and little could be done. Most success was recorded in cases of infected pregnant women. Everything possible was done to make it easy for the patient to attend regularly. Travelling expenses were refunded, clothing and extra nourishment provided when necessary, and cases requiring a change of environment sent on short holidays.<sup>2</sup>

Concern over the "innocently infected" mother and child fuelled suggestions that patients should be dealt with differently. It was obviously unfair, David Lees argued, to label as a case of acquired venereal disease a mother who had been "innocently infected", or a boy or girl whose infection had been conveyed to them by their parents. Lees called on the local authority to provide, maintain, and equip hospital beds for such infected persons with the definite purpose of preventing any stigma or slur.<sup>3</sup> By 1931, such patients were transferred to the ward best suited for their treatment in the medical, surgical, or special departments. Close co-operation between the Child Welfare Department, the Venereal Diseases Scheme, and the Maternity Hospitals assisted in improving the after-care for cases of inherited syphilis. Such co-ordination, Lees declared, avoided overlapping of work and was in the best interests of patients.<sup>4</sup>

By 1930, the defaulter rate was still in decline. Eighty per cent of the patients attending clinics had been treated and "cured", and the defaulter rate had been progressively reduced.<sup>5</sup> In 1932 Lees applauded the Edinburgh Scheme for the increased attendance rate, the low figure to which defaulting had been reduced, and the large amount of infectious disease that had been examined and treated. This was, he argued, proof of the enthusiasm and efficiency with which the staff have done their work.<sup>6</sup> By 1933 the defaulter rate

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<sup>2</sup> Almoner Nurse Marshall's report to the LHB, 1929, 16/2/11 p.75

<sup>3</sup> Report of David Lees to the Edinburgh Public Health Department, 1929, 16/2/11 p.76

<sup>4</sup> Report of David Lees to the EPHD, 1931, 16/2/13 p.77; Local authorities had powers under the new Local Government Act for Scotland that provided for all the medical services of the Schools and the Poor Law, including the mental institutions, to be transferred to the them.

<sup>5</sup> Report of David Lees to the EPHD, 1930, 16/2/12 p.76

<sup>6</sup> Report of David Lees to the EPHD, 1932, 16/2/14 p.71

had fallen to 17 per cent.<sup>7</sup> In 1934 there had been a decrease in the attendances of out-patients compared with the previous year, but this was accounted for partly by the decrease in the number of cases of syphilis who remained under treatment for prolonged periods, and also by the increase in the number of cases with non-specific venereal disease, who only required a short period of observation and treatment.<sup>8</sup> Lees reported that the returns were gratifying. That this satisfactory result was achieved, in the absence of legislation, Lees argued, implied increasing knowledge of the benefits to be obtained from clinic treatment, and continued and increasing confidence in the medical staff of the clinics.<sup>9</sup>

By 1935, Lees was prepared to concede that the voluntary free clinic system had been a success. It was evident, Lees wrote in his report, that there had been a steady diminution in the amount of syphilis since 1931, gonorrhoea had diminished steadily during the last 10 years and the number of defaulters had halved since 1925. The reduction in incidence, Lees admitted, "would seem to constitute a justification of the clinic system of free treatment, and to hold out a real hope that the complete eradication of venereal disease may eventually be attained."<sup>10</sup>

Lees also noted that the work of the clinics was tending more and more towards prevention. In line with the development of preventive medicine the trend had been to diminish the incidence of venereal disease by measures designed to secure its early recognition and prompt treatment. Lees believed that contact tracing, propaganda and the teaching of students and nurses in the prompt recognition and efficient treatment of venereal diseases were essential elements of a successful system. The importance of the prophylactic aspect of the work had been recognised in the dissemination throughout the community of a knowledge of the manifestations and implications of syphilitic infection.<sup>11</sup> Every new patient was given a leaflet impressing upon him or her the necessity

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7 Report of David Lees to the EPHD, 1933, 16/2/15 p.82

8 Report of David Lees to the EPHD, 1934, 16/2/16p.70

9 *Ibid.* p.74

10 Report of David Lees to the EPHD, 1935, 16/2/17 p.79

11 Report of David Lees to the EPHD, 1935, 16/2/17 p.76



of continuing to attend regularly until completion of treatment. Propaganda work included popular lectures, exhibitions and films. Total attendances for such events in Scotland for 1932 amounted to 4,750 with an average of 316 at each meeting.<sup>12</sup>

Lees was concerned that not enough was done to address the problem of male defaulting. The difficulty was that attempted home visiting in working hours would likely be futile and visits in the evening would cause suspicion in the case of both married and single men.<sup>13</sup> Moreover, the economic circumstances made it difficult to follow up these persons, as many were forced because of the Depression to move from place to place looking for work. The Depression also influenced the attendance of patients who found difficulty in coming to hospital because of the expense in travelling.<sup>14</sup>

The problem of the infected single girl also remained a considerable concern and inspired moves for additional measures. Their condition was attributed to some degree of moral and mental defect. While a stricter moral code was still advised, the almoner suggested that hospital accommodation for mothers and babies and a municipal home, hostel, or lodging house, for women and girls would be of incalculable benefit.<sup>15</sup> Until satisfactory hostel accommodation was available under the Venereal Disease Scheme, David Lees argued, the majority of such girls would tend to revert to their former habits, where nothing practicable could be attempted to reform them. Lees called on Social and religious bodies to assist.<sup>16</sup> Even with these advantages provided, the Almoner declared, there would remain a proportion of cases for whom further legislative action was essential.<sup>17</sup> The call for hostels as in England to house mentally deficient and morally irresponsible females permanently continued throughout the thirties.<sup>18</sup>

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<sup>12</sup>British Social Hygiene Council, Scottish Committee, Executive Sub-committee minutes, March 18, 1932, p. 2.

<sup>13</sup> Report of David Lees to the EPHD, 1929, 16/2/11 p.74

<sup>14</sup> Report of David Lees to the EPHD, 1931, 16/2/13 p.76

<sup>15</sup> Almoner Nurse Marshall's report to the EPHD, 1929, 16/2/11 p.75

<sup>16</sup> Report of David Lees to the EPHD, 1930, 16/2/12 p.76

<sup>17</sup> Almoner Nurse Marshall's report to the EPHD, 1929, 16/2/11 p.75

<sup>18</sup> Report of David Lees to the EPHD 1935, 16/2/17 p.82; LHB, 1936, 16/2/18 p.87-88; LHB, 1938, 16/2/20 p.134

In Edinburgh the problem of venereal diseases and the control of mental insufficiency became a focus of concern among some women's organisations. At the annual conference of the National Council of Women in Edinburgh in 1934 the delegates discussed a resolution urging the Government to legalise the sterilisation of mental defectives. The number of speakers and the vehemence of the discussion indicated the cleavage of opinion among the delegates and strong opposition was forthcoming from the Roman Catholic members. The principal ends of marriage as laid down by Divine law, one Catholic delegate explained, "were beyond the power of any human law." From the logical point of view, how could one sterilise by voluntary methods mental defectives who were admittedly incapable of giving valid consent? The Roman Catholic women also opposed the proposal from the social standpoint, for it would open the door to many abuses and great evils.<sup>19</sup>

Thus, again, as in the 1928, and despite the successful operation and gratifying results of the voluntary scheme, the subject of compulsion returned to public health discourse. In 1938, while results for the more prevalent gonorrhoea were encouraging, the Clinical Medical Officer reported a rise in new cases of syphilis. From this he concluded that the value of the voluntary system had reached its zenith. As long as progress was being made the advocates of compulsion had lost one of their strongest arguments. Since progress appeared to have stopped, a revision of the attitude towards compulsory notification and treatment was called for.<sup>20</sup>

Also in 1938 a number of senior health officials including Dr. T. Ferguson of the Department of Health for Scotland investigated the operation of the anti-venereal measures in force in Denmark and Sweden where compulsion was practised, in Norway where no "special laws" existed, and in Holland where a voluntary scheme was operating. Their findings in conjunction with their knowledge of the arrangements in Great Britain, drew the conclusion that in each of the five countries the authorities had been able to

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19 "A Social Evil: Women's Support For Sterilisation: Catholic Opposition," *Edinburgh Evening News*, 4 Oct. 1934, p. 4, col. D.

20 Report of David Lees to the EPHD, 1938, 16/2/20 p.124.

achieve a substantial measure of success in reducing the incidence of syphilis. Compulsion was regarded as beneficial and received the co-operation of the public. The Commissioners reported no evidence that the operation of the law had led to concealment or imposed undue hardship on the patients. National characteristics, the social outlook of Scandinavians and the influential position of the medical profession were considered responsible for the smooth running of the schemes.<sup>21</sup>

What the enquiry really showed was that while compulsion worked in some societies there was no hard evidence that it was successful in controlling venereal diseases. A compulsory system presupposed the existence of treatment facilities sufficiently convenient as not to impose on patients a serious burden of loss of time. There was a lack of subsidiary centres in Scotland where frequent daily treatment such as irrigation, local application of dressings could be provided. At the time such subsidiary centres the commissioners believed were so widely spread that a journey thrice daily to the main centre was too much to expect, and would occupy the greater part of a patient's time. The enforcement of compulsion, the report concludes, would mean the "imposition of an amount of restraint inconsistent with the retention of almost any form of employment." In any case, a willing volunteer, the Commissioners asserted, was more likely to be cured quickly than a conscript. They concluded that the possibilities of the voluntary system had not been fully explored, far less exhausted.<sup>22</sup>

*(iii) Edinburgh's wartime public health*

Between 1942 and 1944 venereal diseases in Britain were one of a number of public health concerns in Scotland, especially in Edinburgh. The general health of civilian war workers, especially women was causing concern. A mass radiography campaign constituted an attack on tuberculosis; an epidemic and subsequent mass vaccination campaign brought smallpox into

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<sup>21</sup> Report of the DHS BPP 1938-39 Vol XI p.97

<sup>22</sup> Report of David Lees to the EPHD, 1936, 16/2/18 p.86-87

the headlines; the war on diphtheria via an immunisation campaign had reportedly saved three-hundred to four-hundred Scottish children; road casualties, "a great social evil", were twice those of the war. The Government's White Paper on a national health service brought the issue of socialised medicine into public debate, and the efficacy of making scabies and venereal diseases notifiable competed for attention in the press and elsewhere.<sup>23</sup>

As far as the general health of Scots was concerned there was some positive news. "In a war of surprises," Dr. Andrew Davidson, Chief Medical Officer for the Department of Health for Scotland said at a press conference in Edinburgh in November 1943, "one surprise is the good state of the nation's health at the beginning of the fifth winter of hostilities." Davidson said that, comparable statistics revealed that national health was in a better state than it had been in 1918. Health problems in the war years differed only in degree from 1914 to 1918. Indices had shown that there had been a "backward trend" in tuberculosis, venereal diseases and infantile mortality since 1939.<sup>24</sup> In 1942 the birth-rate was reported as "comparatively high".<sup>25</sup> While infant mortality was still higher than in England and a considerable cause of concern, in 1943 Scotland recorded its lowest rate ever.<sup>26</sup>

*(vi) Edinburgh's wartime morals*

Moral health was a separate issue. Although Edinburgh Police denied that there was a "crime wave", at a conference in Edinburgh fifty "well known public men" met to discuss an alarming increase in juvenile delinquency during

<sup>23</sup> For newspaper article on this issue see the *Scotsman*, "War Workers' Health," 1 Jan. 1942, p. 4, col. B; "Health and Output of Women War Workers," 2 Jan. 1942 p. 3 col. C&D "Tuberculosis Rate," 30 Jan. 1942, p. 3, col. A; "Tuberculosis," 8 April 1942, p. 3, col. B; "Fighting Tuberculosis", 20 April 1942, p. 6, col. D; "War-Time Tuberculosis," 8 Oct. 1942, p. 4, col. B; "Mass Radiography: Government Plan to Fight Tuberculosis," 9 Oct., 1942, p. 4, col. E; "Diphtheria Campaign," 18 April 1942, p. 3, col. D; "Social Medicine," 14 May 1942, p. 6, col. B; "Scotland's War-Time Health: Diphtheria Campaign," 8 July 1942, p. 6, col. A&B; "Smallpox: Three More Cases in Edinburgh: 134,000 Vaccinations," 12 Nov. 1942, p. 3 col. D; "Smallpox Outbreak: Second Death in Edinburgh," 17 Nov. 1942, p. 3 col. C; "Eighth Smallpox Death in Edinburgh," 22 Dec. 1942, p. 3 col. C; "Prevention of Scurvy: The Importance of Vegetables" 19 Jan. 1943 p. 3 col. E; "Scotland's Vitality Sapped: Her Most Virile People Exported," 22 Jan. 1944, p. 4 col. G; "A Great Social Evil: Road Casualties Twice Those of War." 7 April 1944, p. 4 col. F&G.

<sup>24</sup> "Scotland's Health: Surprisingly good in Fifth War Winter: Dr. Davidson's Review," *Scotsman*, 27 Nov. 1943, p. 4, col. E.

<sup>25</sup> "Scottish Birth-Rate," *Scotsman*, 17 Dec. 1942, p. 3, col. C.

<sup>26</sup> "Scotland's Health, and Housing Needs," *Scotsman*, 9 July 1942, p. 6, col. C&D; "Child Life: Scotland's High Rate of Infantile Mortality", *Scotsman*, 1 Dec. 1942, p. 4, col. E; "Scottish Infantile Mortality," *Scotsman*, 9 March 1944 p. 6, cols. B&C.

the war years.<sup>27</sup> Secretary of State, Thomas Johnston, revealed that, in 1942 nine thousand charges were proven against juveniles which was an increase of four thousand over the first year of the war.<sup>28</sup> Juvenile delinquency was believed to be primarily a boys' problem and in 1942 6 new Boys' Clubs were formed in Edinburgh making the total number of branches of the Edinburgh Union of Boy's clubs up to 34 and comprising a total membership of 3,328 boys. The purpose of the Boys' Clubs was to give the best training to enable them to face the problems of the post-war world.<sup>29</sup>

When national health and wartime morality were combined, the concern was concentrated primarily around women and girls.<sup>30</sup> As one writer to the *British Medical Journal* wrote in 1942,

We are not dealing with the same problem as our forefathers were. The women open to contract these diseases belonged to more classes than they used to....The professional class [was] relatively decreasing. There was the second class, the so-called amateur, who...was irresponsible in temperament...was the most dangerous class. A third class...was that of girls of good repute who... would in future become mothers, and who set up friendly relations which embraced sex relations.<sup>31</sup>

In response to such concerns, the Girls' Training Corps worked to prepare girls between 16 and 18 years for service in the forces and for life after the war Miss C. C. Robertson, Headmistress of George Watson's Ladies' College, Edinburgh, believed that "the most important need for the adolescent schoolgirl was a training of the emotions in order that these might spend themselves on the proper objects."<sup>32</sup> At a meeting of the Edinburgh Town Council in May 1942, despite a vigorous defence of the City's war-time street morals, a proposal to appoint six social workers to address the problem of solicitation was passed. Amid charges of scare mongering and protestations that "there was no town in the country freer from vice," one member suggested,

27. "Crime Wave' Denial," *Edinburgh Evening News*, 14 Oct. 1942, p. 2, col. E.

28. "Youth in War-Time: Some Unsettling Factors: Our Future Citizens," "The Problem of the Young Offender," *Scotsman*, 18 January 1944 p. 6, cols. B,C,D&E

29. "Boys' Clubs: Edinburgh War-Time Progress," *Scotsman*, 22 March 1943, p. 3, col. C.

30. For newspaper articles on this issue see the *Scotsman*, "Social Problems, Glasgow War-Time Conditions: Curfew Considered," 9 Oct. 1942, p. 6, col. B; "Nation's Moral condition," 16 March 1944 p. 3, col. D; "Young Girls," 3 April 1944 p. 3, col. G; "Girl War Workers: How Church Helps Them: Life in Hostels," 14 April 1944 p. 4 col. F&G; "Girls' Hostel," 15 April 1944, p. 4, col. D; "Girls Who Leave Home," 6 May 1944, p. 3, col. F.

31. "Venereal Diseases and Regulation 33B," *British Medical Journal*, 26 Dec. 1942, pp. 770-771.

32. "Service to Youth: Training of Lasting Value: The Girl of 16-18," *Scotsman*, 23 March 1942, p. 3, col. D.

that "Geddes snoopers" , as the task force would come to be known, would be ineffective as they would not be qualified to deal with the problem.<sup>33</sup>

In 1942, the first recruits in Scotland for the women police attached to the W.A.A.F began training. Their duties were closely related to welfare and administration, and in the prevention of "trouble" rather than dealing with cases after the event.<sup>34</sup> Despite all the concern, the inference that Scotland was experiencing an increase in illegitimate births in 1944 was dismissed as "rather exaggerated talk."<sup>35</sup> While James Kyd, Registrar-General for Scotland, agreed that there had probably been a drop in moral standards during the war, he reassured Scots that the illegitimate birth-rate was proportionately less than in the South.<sup>36</sup> In 1941, the tracing of sources of infections, and an investigation of the consorts of male patients suffering from gonorrhoea showed that the majority were infected through promiscuous intercourse with "amateurs", and that promiscuity and prostitution were rife.<sup>37</sup> In terms of the moral discourse surrounding war and morals, there were parallels can be drawn between Adelaide and Edinburgh.

*(vii) Wartime prevalence of venereal disease*

In the first two years of the war attendances at the Edinburgh venereal diseases clinics dropped, primarily due to the marked decrease in new cases of gonorrhoea, the influence of sulphapyridine therapy in producing more rapid cure, and a smaller number of "old-standing cases".<sup>38</sup> Edinburgh's almoner system was successful in bringing back 90 per cent of the defaulters visited. The Almoner reported that although the number of defaulters was acknowledged to be bigger, the number of persons ceasing to attend before being rendered non-infectious was small. It was therefore doubtful that the power to compel

<sup>33</sup> "Edinburgh's War-Time Morals: Town Councill Adopt Social Experiment" *Scotsman*, 8 May 1942, p. 3, col. G.

<sup>34</sup> "Women Police: Scottish Recruits for W.A.A.F Organisation," *Scotsman*, 18 March 1942, p. 3, col. D.

<sup>35</sup> "Illegitimate Births: 'Rather Exaggerated Talk,'" *Scotsman*, 8 March 1944, p. 3, col. D.

<sup>36</sup> "Illegitimate Births," *Scotsman*, 8 March 1944 p. 3, col. D.

<sup>37</sup> Report of the Clinical Medical Officer to the EPHD, 16/2/23, 1941, p.21.

<sup>38</sup> Report of the Clinical Medical Officer to the EPHD, 6/2/21, 1939, p.5

would reduce the spread of infection to any great extent.<sup>39</sup> Unfortunately, all this was set to change.

Compared with figures for 1940, the number of new patients in Edinburgh found to be suffering from venereal infections increased from 2,242 to 2,910, in 1941 representing an advance of 29.8 per cent.<sup>40</sup> The increase of early infectious syphilis recorded in 1940 continued. Although female cases had not risen above the 1940 figure, the total was almost three times the number recorded in 1938.<sup>41</sup> In 1942, there was alarm over an apparent further increase in venereal diseases. The increase of early infectious syphilis noted in the 1941 report had continued with numbers of cases of primary and secondary syphilis in both men and women showing an increase of over 500 per cent on 1938. The number of infected women showed a greater proportionate rise than the corresponding figure for men. Since gonorrhoea was thought to be ten times more prevalent than syphilis, and the total new clinic cases of syphilis in 1942 approximated closely the total new clinic cases of gonorrhoea, it was concluded that only a fraction of gonorrhoeal infections were coming to the clinics either for treatment or for testing for cure.<sup>42</sup>

Thereafter, the situation continued to deteriorate. In Edinburgh there was a 23 per cent increase in males in 1942 as compared with 1938. These figures did not include Armed services patients and those treated by private practitioners, but only related to patients who presented themselves at the clinics run by local authorities. New cases of syphilis and gonorrhoea increased steadily between 1939 and 1942. In 1945 improvement in the prevalence of early syphilis was put down to the absence of the young male and young female sections of the population. The preponderance of males over females coming under this heading was less marked than the previous year, with the difference attributed to the lessened maritime activity of the Port of Leith and the

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<sup>39</sup> Report of the Clinical Medical Officer to the EPHD, 16/2/22, 1940, p.19

<sup>40</sup> Report of the Clinical Medical Officer to the EPHD, 16/2/23, 1941, p.5

<sup>41</sup> *Ibid.* 19

<sup>42</sup> Report of the EPHD, 16/2/25, 1943, p.5-6

consequent lesser numbers of seamen coming for continuation of treatment, and partly to the general increase in the proportion of female cases.<sup>43</sup>

*(viii) Regulation 33B*

From early 1941 venereal diseases control was being conceived by some in authority as a special wartime problem. Until late 1942 public enlightenment and doctor training in diagnosis and treatment was the armoury against venereal diseases.<sup>44</sup> However, the Ministry of Health's legal experts were grappling with an alternative plan, a defence regulation to deal with venereal diseases. The result was Regulation 33B. The Regulation obliged a person named by two sufferers of a venereal disease as a contact to undergo medical examination. If the contact, without good cause, failed to undergo examination, or if found to be suffering from a venereal disease failed to complete treatment, the contact would be guilty of an offence against the Regulation.

The new proposals were met with significant opposition, political, medical and social. Even while the Regulation was still in draft form there were reservations as to its usefulness and whether such a measure could be justified. The Ministry of Health in early 1942 was uncertain as to whether there was sufficient statistical evidence to justify such a regulation. In Edinburgh, wrote the Clinical Medical officer, "we would deplore the introduction of legislation leading to methods which would impair the efficiency of our present almoner organisation," by introducing the "atmosphere of a penal system." The visiting nurse, the report continued, "might be less well received and less successful in securing co-operation if her visits came to be associated with prosecutions and penalties."<sup>45</sup>

Some supporters of the Regulation argued that the cumulative effect of 33B in preventing the spread of communicable disease, thus avoiding loss of working time and conserving man-power, contributed to the national war

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<sup>43</sup> Report of the EPHD, 16/2/26, 1945, 1944, p.30-32

<sup>44</sup> Report of the Clinical Medical Officer to the EPHD, 16/2/22, 1940, p.21;

<sup>45</sup> Report of the Clinical Medical Officer to the EPHD, 16/2/22, 1940, p.19



effort.<sup>46</sup> However, publicising the new regulation was a delicate issue. If the Regulation was to be general and not limited to the forces it could be subject to challenge as *ultra vires*. To avoid such a challenge it was suggested that the Regulation be put forward as a measure of protection to persons engaged in essential war work including servicemen.<sup>47</sup>

The Government was right to anticipate protest. On this issue it would find itself on familiar ground. In a letter to Secretary of State for Scotland in December 1942, the Assembly Committee on Temperance and Public Morals of the United Free Church of Scotland shared the concern of the Government regarding the spread of venereal diseases. It was compelled to "protest strongly" against the proposals outlined in Regulation 33B. The regulation, the Church argued, would only create a false sense of security. The result would be an increase in "the very evils it was intended to reduce." Rather, the Church advocated the annulment of the Regulation and an extension of the number of centres for voluntary and confidential treatment, and increased restrictions on the supply of "strong drink which almost invariably accompanies moral delinquency."<sup>48</sup>

The Edinburgh Group for Christian Social Action agreed with the recommendation of the Medical Advisory Committee that "the matter of contacts should be kept away from any atmosphere of accusation." To this end the Group argued that the voluntary character of the treatment was of great importance. Accordingly, they recommended that Regulation 33B be repealed as its compulsory powers might discourage patients from reporting contacts. Instead the Group recommended an adequate follow-up service at every treatment centre. Also, it recommended that all offers of treatment, including advertisements, leaflets, and posters, should be carefully couched in terms that did not suggest that promiscuity was either inevitable or could be rendered safe.<sup>49</sup>

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46 Report of the EPHD, 16/2/27, 1945, p.37

47 Letter to G.H. Henderson, DHS, Edinburgh from DHS, London Office, 16 July 1941. NAS, HH 65/126

48 United Free Church of Scotland: Regulation 33B/Alcohol 4 Dec. 1942, NAS, HH 65/ 116

49 Agreed Statement by the Edinburgh Group for Christian Social Action, NAS, HH65/122 encl to 39.

The National Executive Committee of the British Women's Temperance Association, Scottish Christian Union, representing twenty-eight thousand women in Scotland, were vociferous in their criticism of Regulation 33B. The Committee objected to the creation of secret informers and a class of suspected persons who had no redress as well as to the wide and unspecified powers granted to the Minister of Health. It further objected to the introduction of any measure of compulsory treatment of venereal disease on the grounds that a false sense of security was likely to result, which would lead to a greater incidence of the disease, that early treatment might be discouraged by the threat of compulsion, and that such a regulation revived the fallacy that the incidence of venereal disease could be reduced by penalising a small group in the community. Accordingly, the Committee urged the withdrawal of the Regulation and the organisation of a campaign to bring home to the nation the cause and the serious effects of the disease, the opening of more free and confidential centres for treatment and publicity for their facilities, and an appeal to patriotism for self-discipline for the sake of the nation.<sup>50</sup>

One citizen's group from Glasgow called the Regulation a "retrograde and dangerous step", warning that measures passed in panic could only create work for quacks. Such measures, the group argued, could not have been passed in peace time and it was more clinics, women police and education that were needed. Hence, the group argued Regulation 33B should be rescinded.<sup>51</sup> The Edinburgh Women Citizen Association in a letter to the Secretary of State for Scotland wrote urging withdrawal of Regulation 33B and requesting the question of venereal disease be considered "on a wide and constructive basis."<sup>52</sup> The Women's Freedom League registered "surprise and regret" at the unexpected introduction of Regulation 33B. The League demanded its withdrawal on the grounds that voluntary systems were as effective as schemes

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<sup>50</sup> Resolution by The British Women's Temperance Association December 7, 1942, re Regulation 33B, NAS, HH 65/ 116

<sup>51</sup> Letter to Secretary of State for Scotland from Citizenship Group (Glasgow): Regulation 33B 2 Dec 1942, NAS, HH 65/ 116

<sup>52</sup> Letter from the Edinburgh Women Citizen Association to the Secretary of State for Scotland, 14 Dec. 1942, NAS, HH65/ 116.

in controlled countries, publicity of the Regulation would deter people from seeking advice, quacks would increase, and blackmail would flourish, that the regulation discriminated against women and that innocent women would suffer forced examination. Instead they stressed the need for treatment to be easily obtainable and free. The voluntary system as compared with the compulsory system, the League continued, was "the lesser of two evils."<sup>53</sup>

The National Vigilance Association of Scotland also outlined its rejection of the new regulation in a letter to Thomas Johnstone, Secretary of State for Scotland, in November 1942. The principle, the Association wrote, of a secret common informer was completely new and alien to the principles of British Law and, as such, informers should be protected from any fear of libel, and any opportunity for blackmail. There was also no obligation upon the informer to receive medical treatment and the proposed clearance certificate might give an unreliable feeling of security.<sup>54</sup> At the Annual General Meeting of Scottish Council of Women Citizen's Associations in March 1943, a resolution was passed that the Association urge the Government to repeal Regulation 33B and to combat venereal diseases by the universal provision of free and confidential treatment by voluntary and educational methods.<sup>55</sup> Meanwhile, the social hygiene movement was split on the issue of compulsion and Regulation 33B. While the Scottish Committee of the British Social Hygiene Council supported Regulation 33B, the Association for Moral and Social Hygiene called for Scottish authorities to abandon the "unsound and undemocratic" idea of compulsion.<sup>56</sup>

Allusions to the infamous nineteenth-century Contagious Diseases Acts were common. Thus, in demanding that the Regulation be annulled, one clerical correspondent to the Scottish Office drew explicit parallels between the

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<sup>53</sup> Letter from the Women's Freedom League (Glasgow) to the Secretary of State, 16 Dec. 1942 NAS, HH 65/ 116

<sup>54</sup> Letter from The National Vigilance Association of Scotland to Thomas Johnstone, Secretary of State for Scotland 26 Nov. 1942, HH65/119

<sup>55</sup> Minutes of the Annual General Meeting of Scottish Council of Women's Citizen Associations 20 March 1943 NAS, GRH GD1/1076/6

<sup>56</sup> Letter from the British Social Hygiene Council (Scottish Committee) to Scottish Members of Parliament, 18 Dec. 1942, NAS, HH 65/ 116; Letter from the Association for Moral and Social Hygiene to Secretary of State for Scotland 3 Nov. 1942, NAS, HH 65/ 116

two, arguing that the new regulation was open to many of the same objections as the Contagious Diseases Acts. Instead of recognising promiscuous intercourse as evil, it also planned to make it safe. It encouraged the disreputable practices of informers by requiring submission to humiliating examination under threat of severe penalties and with practically no redress in case of false information. It was sure, the correspondent went on, to bear more heavily on women than on men, and, by offering no real security, virtually encourage promiscuity.<sup>57</sup>

*(ix) Problems with 33B*

As far as the government was concerned those who criticised the Regulations were "unrepresentative of informed opinion."<sup>58</sup> In any case, the administration of Regulation 33B soon revealed itself to be more complicated than anticipated. In a letter from the Ministry of Health Whitehall to the Department of Health for Scotland the Regulation was described as so weak that it was likely to be a subject of derision.<sup>59</sup> In fact the powers under Defence Regulation 33B were relatively limited. The new regulation was modified from the original draft at the wish of the British Medical Association so as to relieve the private practitioner of any obligation to pass on information about his patient to the Medical Officer of Health. While the Regulation, the Ministry felt, might be of little help in civil cases it might be useful in connection with service complaints.<sup>60</sup>

The sufferers and contacts who gave false names and addresses or who moved from county to county or between England and Scotland caused significant confusion for the administrators of the Regulation.<sup>61</sup> The duty of the Medical Officer of Health under Regulation 33B did not arise until he received

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<sup>57</sup> Letter from Rev. T.W. Lister (Rutherglen) to Allan Chapman (Scottish Office) 4 Dec. 1942, NAS, HH65/119

<sup>58</sup> Roger Davidson, "'A Scourge to be firmly gripped': The Campaign for VD Controls in Interwar Scotland", *Social History of Medicine*, vol. 6, no. 12 (1993), pp. 221-2.

<sup>59</sup> Extract from a letter from Wilson Jameson Ministry of Health Whitehall to Davidson DHS (CMO) 29 Dec. 1941, NAS, HH65/126 Item encl 31

<sup>60</sup> Extract from note of Meeting at Ministry of Health on 3 Oct. 1942, NAS, HH65/119

<sup>61</sup> For examples of correspondence pointing to the difficulties in serving notices see NAS, HH65/121 item 15,17,18,19.

information that at least two patients had been infected by a person residing in his area. However, if the Medical Officer of Health of the County or large burgh had good reason to believe that a contact named in a first notice did not live in his district, he was called to transfer the notice to the Medical Officer of Health of the area in which he believed the contact to reside.<sup>62</sup> Also "Form 1", notification that an individual had been named as a contact, was to be signed by the "special practitioner", who were practitioners working within the VD Scheme. The form was to be sent marked 'strictly confidential' to the medical officer of health of the area where the person alleged to be the source of infection resided. As the special practitioner lists needed to be constantly updated, the real problem appeared to arise when armed services contacts were named. It appeared that dealing effectively with these contacts may involve a "technical breach of confidence" if forms were passed between a civilian medical officer of health and the Forces Medical Officer in order to find the contact.<sup>63</sup>

Early returns showed that the number of cases in which one source of infection was named by two patients and in which action could be taken under the Regulation was very small. <sup>64</sup> The regulation was useful to a degree in revealing the extent of infection but did not provide an adequate solution. For example, of persons named in 1943 notices, only 43 were named twice. Most of the 43 were reported to have attended voluntarily and in only one case was it necessary to resort to prosecution. However, the existence of the Regulation *was* thought to be successful in leading a number of persons to attend voluntarily for examination and special encouragement was offered to those persons named only once to attend.<sup>65</sup>

The Medical Advisory Committee (Scotland) of 1943-44 considered Regulation 33B to have fallen far short of its purpose.<sup>66</sup> In its view, it had been

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62 Letter from P P Kemp DHS to Dr. T Lauder Thomson County Medical Officer Dumbarton 3 Marc 1943 NAS, HH65/119

63 Problems of administration of 33B, NAS, HH65/119

64 Report of the DHS, *BPP 1942-43 Vol IV* pp.5-6.

65 Report of the DHS *BPP 1943-44 Vol III* p.19

66 Medical Advisory Committee (Scotland), Report on Venereal Diseases, *BPP 1943-4*, [Cmd. 6518], vol. iv, 1943-4, p. 18.

useful in initiating informal action in the case of single notification and this had led to the location and follow-up in a fair proportion of instances with "a real measure of success."<sup>67</sup> But the Regulation did not solve the problem of the unreported and untreated source of infection. It was not long before Regulation 33B was being labelled as a tentative and experimental measure preparing the way for a system of compulsory notification and treatment at best and inadequate and an "out-and-out failure" at worst. The Edinburgh Public Health Department reported that a situation had developed which called for firmer action. The class that the regulation sought to control was "the relatively small but pernicious group of obstinate and incorrigible moral defectives, both male and female, who are responsible for spreading an amount of infection quite out of all proportion to their number."<sup>68</sup>

The Committee concluded that the increase in venereal diseases had been an effect of wartime conditions and a decline was likely to occur when normal conditions returned. But it thought that the problem was sufficiently serious enough to warrant swift and energetic action by authorities. This action was advised to include education and publicity, an increase in laboratory facilities, more privacy at treatment centres, a closer relationship between family doctors and the technical resources of the venereal diseases service and an increase in trained non-medical personnel.<sup>69</sup> The committee also recommended that patients regarded as having run the risk of infection should be included in any assessment of the problem of venereal disease in respect of preventive propaganda and of the necessary provision for clinical investigation and observation. While advocating compulsory measures the Medical Advisory Committee (Scotland) did not recommend their immediate adoption.<sup>70</sup> Others demanded immediate action.

The apparent inadequacy of Regulation 33B prompted calls for more drastic measures. However, opposition to Regulation 33B was not necessarily a

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<sup>67</sup> *Ibid.*

<sup>68</sup> Report of the LHB, 16/2/24, 1942; LHB16/2/25 p.23-24.

<sup>69</sup> Medical Advisory Committee (Scotland), Report on Venereal Diseases, BPP 1943-4,[Cmd. 6518], vol. iv, 1943-4, pp. 5-14.

<sup>70</sup> *Ibid*, pp. 4-5.

call for an unfettered voluntary system. Dr. Edith Summerskill tabled a "prayer" to be tabled against Regulation 33B not because it went too far but because it did not go far enough. The prayer called for compulsory notification and treatment for venereal diseases. Summerskill declared that enough time and money had been spent on propaganda to little avail. Furthermore, persistence with such a "miserable little measure" would only serve to delay "real action".<sup>71</sup> In 1942 the Edinburgh Corporation, along with other local authorities in Scotland, began seeking legislation to make notification and treatment of disease compulsory. In addition, Counties of Cities Association, an organisation for co-ordinating local authority opinion in Scotland, supported the movement for the compulsory notification and treatment of venereal disease and encouraged constituent cities to take individual action.<sup>72</sup>

*(x) New compulsion campaign in Edinburgh*

In Scotland many commentators and specialists considered that the effective control and suppression of venereal infections could best be attained by compulsory notification and treatment of all sufferers from the disease.<sup>73</sup> Despite Regulation 33B, or perhaps because of it, the question of compulsory notification for venereal diseases remained a contentious issue for many interested in social reform. In a letter to the Department of Health for Scotland the Convention of Royal Burghs urged that, in view of the serious increase in the number of cases, notification and treatment of venereal disease should be made compulsory.<sup>74</sup>

The proposition that the regulation did not go far enough and should be replaced by legislation to make notification and treatment of venereal disease compulsory was unanimously supported by the Edinburgh Public Health Committee. A submission was made to the Secretary of State, but in 1944 the

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<sup>71</sup> "Emergency Powers (Defence): Venereal Disease (Compulsory Treatment)," *BPD*, 15 Dec. 1942, p. 1808.  
<sup>72</sup> Letter from Town Clerk of Edinburgh J Storrer, Clerk to the Counties of Cities Association to Secretary DHS 3 Aug. 1943, NAS, HH65/117  
<sup>73</sup> Report of the EPHD, 16/2/27, 1945, p. 26  
<sup>74</sup> Letter from the Convention of Royal Burghs to the DHS 22 April 1943, SRO HH65/117

matter remained under consideration.<sup>75</sup> In February 1944 the Edinburgh Town Council held a conference on venereal diseases at the City Chambers that was attended by representatives of 24 counties and 22 burghs in Scotland. Dr W. G. Clark, Medical Officer of Health for Edinburgh, was anxious that the public should realise the full significance of the conference. The meeting, said Dr. Clark, in an interview with an *Edinburgh Evening News* reporter, was representative of practically all local authorities in Scotland. It had unanimously agreed that further powers should be sought to deal with the problem of venereal diseases with a view to ensuring that every sufferer should receive treatment and be compelled to remain under treatment until cleared by a medical certificate.<sup>76</sup>

The powers proposed included the compulsion of any person who had reason to believe he or she had venereal disease to submit to examination by a medical practitioner. Infected patients would be obliged to obtain treatment from a special practitioner and to continue treatment until cured or non-infectious. If the special practitioner found that a person was suffering from a venereal disease he would be obliged to inform the medical officer of health without disclosing name and address unless the patient failed to attend. In the event of failure of a person attending a special practitioner to observe or continue the prescribed treatment, the special practitioner would be required to notify the medical officer of health. If a medical officer of health had reason to believe that a person was suffering from venereal disease and was not being treated by a special practitioner, he would be obliged to give the person notice in writing requiring him or her within 14 days to present the notice to a special practitioner and to submit themselves for treatment. A person who failed to comply with such a notice could under Section 54 of the Public Health (Scotland) Act, 1897, be removed to a hospital and detained so long as he or she remained in a condition likely to infect others.<sup>77</sup>

<sup>75</sup> Report of the EPHD, 16/2/26, 1944, p.5-6

<sup>76</sup> "Edinburgh M.O.H. Discusses V.D. Prevention," *Edinburgh Evening News*, 10 Feb. 1944, p. 3, col. F.

<sup>77</sup> Venereal Diseases: Compulsory Notification and Treatment: Summary of Draft Clauses, NAS, HH65/



The principles of the Conference Committee's recommendations were in line with those of the Medical Advisory Committee (Scotland). But there were a number of criticisms of the recommendations put forward at the conference that appeared to go further. Firstly, the recommendations proposed that it should be a statutory requirement that a person who had reason to believe that he or she had venereal disease should submit to examination by a doctor. Since this would involve self-diagnosis on the part of the patient, there would be difficulty in gaining a conviction as a sure defence would be that the individual did not know that he or she was suffering from a venereal disease. Secondly, the local authorities placed too much emphasis on special practitioners to the exclusion of the general practitioner. Though acceptable in theory, this was believed to be tactically wrong and would imperil the support of the medical profession. In the view of the Department of Health, such emphasis on the special practitioner made the local authorities proposal too complicated. A preferable approach would be to deal with the question of the right kind of practitioner to treat venereal disease administratively. Thirdly, the proposition that recalcitrants be compulsorily detained in hospital appeared to be "politically impossible and administratively undesirable."<sup>78</sup>

Opposition to compulsory notification was expected to be strengthened by the Report of the English Medical Advisory Committee and justified by the absence of similar proposals for England. Although the Ministry of Health had received representation from various bodies, including local authorities, in favour of compulsory notification, some officials suspected that very few of the bodies concerned really had any notion of what was involved in or necessary to the success of compulsory notification. In the majority of cases, according to one official from the Ministry of Health, resolutions amounted to little more than an expression of opinion that something ought to be done.<sup>79</sup>

Thus, as with the Report of the Royal Commission on Venereal Diseases in England in 1916, the issue over whether coercive measures should be

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<sup>78</sup> Additional note for meeting of Local Authorities August 1944, SRO HH65/123 item 13.

<sup>79</sup> Letter from T. Lindsay Ministry of Health (Whitehall) to C.S. Sharp DHS, 31 August 1944. NAS, HH65/123.

resorted to appeared to be a matter of timing not principle. The Medical Advisory Committee (Scotland) recommended that legislation be devised to require the notification of every established case of venereal disease, and to give increased power to the health authorities. Strict anonymity for the cooperative patient and persecution for the recalcitrant were to be the principle of the measure. The implicit threat of publicity was expected to act as a deterrent with actual prosecution unlikely to be resorted to. Careful consideration was also given to the question or whether it was desirable to require an individual named as a contact to submit to examination. Until medical evidence established the contact as a carrier there was little that could be done except to resort to persuasion. This was thought to be the most advisable course of action.<sup>80</sup>

Such provisions were not recommended in the immediate term. One major consideration constraining further action was that a new debate on compulsion might interfere with the progress of the new National Health Services Bill. In a submission to the Secretary of State from the Department of Health in September 1944 it was revealed that, while in general not unsympathetic to the idea of notification and compulsion as a long term policy if the need continued to exist after the war, the Ministry of Health was unwilling to commit itself to a definite view at that time. It would be a mistake, the Ministry believed, to embark on controversial legislation for venereal diseases when energies were bent on securing general agreement on the much bigger issue of the National Health Service. The controversy surrounding venereal diseases, it was thought, might complicate the Health Service discussions by suggesting that more Government control and more form filling for doctors would be a likely outcome of the new National Health Service. In any case, the Minister of Health was under the impression that the incidence of venereal disease had "passed the crest" and was now declining. Developments in the treatment of venereal disease with the introduction of sulphonamides

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<sup>80</sup> Medical Advisory Committee (Scotland), Report on Venereal Diseases, [Cmd. 6518], vol. iv, 1943-4, p. 20.

and penicillin had already diminished the public health significance of these diseases and the Ministry considered that as a cure became easier, default, the basis of demands for legislation, would become less important as an issue.<sup>81</sup>

For most of the period covered by this chapter there had been few advances in the treatment of syphilis. Salvarsan and its substitutes and bismuth and mercury were still the main drugs in use. In the treatment of gonorrhoea intravenous injection of calcium gluconate and calcium chloride was giving promising results.<sup>82</sup> In 1944 a new chemotherapy in penicillin was expected to hail a new era in the treatment of venereal diseases. With general use penicillin was expected to have an important effect on defaulting by minimising objectionable influences of default, and also by rendering default more insidious and treacherous.<sup>83</sup>

Regulations 33A (or the control of scabies) and B were among the group of Defence Regulations that continued to be enforced after their expiration in February 1946 of the Emergency Powers (Defence) Acts. Their continuation was effected by the Emergency Laws (Transitional Provisions) Act, 1946, which maintained them in operation until the end of 1947. The question of the continuance of regulations due to expire on that date came before Parliament when the Emergency Laws (Miscellaneous Provisions) Bill was considered in November and December 1947. The general desire expressed in these debates was to see the earliest possible disappearance of regulations made under wartime powers where they were not suitable for enactment as part of permanent legislation. Both Regulation 33A and Regulation 33B contained powers of compulsory medical examination and treatment involving a degree of interference with personal freedom which in the Government's view could not be justified under existing conditions, especially on the basis of wartime enactments which had not been subject to the normal Parliamentary process of legislation.<sup>84</sup> That is where the issue rested.

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81 Submission to the Secretary of State for Scotland from DHS 28 Sept. 1944, SRO HH65/123, item 23.

82 Report of David Lees to the EPHD, 1930, 16/2/12 p.76

83 Report of the EPHD, 16/2/26, 1944, p.27

84 Letter from Secretary of State for Scotland in reply to request that Regulations 33A & B continued 12 April 1948, NAS, HH65/121

*(xi) Conclusion*

Thus, in the view of the Ministry of Health there was no strong case for the perpetuation of the powers contained in the Regulation 33B on its expiry in 1947. There was no evidence of its retention being called for by public opinion. In any event, the Ministry believed that the provision should remain in force no longer than it could be completely justified. With the 'informer' system as a starting point for applying compulsory powers it was difficult for the Ministry to advocate the provisions contained in the Regulation as a permanent peacetime measure. Any proposal to continue the Regulation, the Ministry feared, would encounter strong opposition of principle, regardless of merits. Even on merits, the Ministry doubted if the case could be made. The regulation had been introduced particularly to meet a prevailing situation where, because of the war-time congregation of the Services, conditions had been specially conducive to the spread of infection. These conditions, the Ministry argued, had largely disappeared with the end of the war. Furthermore, there had been an advance in propaganda through the break down of taboo about venereal diseases during the War which had further strengthened a voluntarist system.

As a precedent for compulsory notification and treatment, the Regulation 33B was no help. As an indication that compulsion was difficult to enforce, the regulation was instructive. The wartime experiment had proved that many of the problems associated with compulsion were indeed real. The enforcement of Regulation 33B demonstrated the inadvisability of a partial system of compulsion for the control of venereal disease. Experience had shown that clinic doctors were reluctant to make use of administrative processes in favour of medical strategies. Doctors also feared that the wide use of the regulation would make the clinics unpopular, and the procedure was slow and cumbersome and demanded time in a busy clinic. As the Ministry of Health emphasised, evidence suggested that the effective strategy would be propaganda and contact tracing not legislation. The existence of the Regulation

had not checked the diseases in wartime and it was therefore illogical to cite an increase as a justification for the retention of emergency powers.<sup>85</sup>

A small section of the medical profession supported the regulation because of the indirect advantage that accrued from increasing the opportunities for tracing contacts and persuading them to accept examination and treatment voluntarily. However, if the effect of the regulation could be secured in some other way without keeping the regulation itself in force, the strongest argument in its favour disappeared.<sup>86</sup> Voluntarism thus far in control policy had shown that this could be achieved. Wartime prevalence quickly returned to pre-war levels, and in any case it did not reach that of the First World War. Defaulter rates had fallen to the lowest ever. New chemotherapy ensured quick and effective treatment and the logistics of successfully administering a decentralised system would not go away. In addition, there appeared to be no political will nor medical necessity to introduce compulsion into venereal diseases control strategies. Public and medical opinion remained divided and the central government was reluctant to bring into force measures that were divisive. Although contract tracing remained a measure for the control of venereal disease there was no compulsion. In the case of Edinburgh this meant that as far as notification and treatment were concerned, non-compulsionists had won the day.

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<sup>85</sup> Letter from HK Ainsworth Ministry of Health Whitehall to R Howat DHS 16 April 1947, NAS, HH65/121 item 81

<sup>86</sup> Letter from HK Ainsworth Ministry of Health to R Howat DHS , 10 April 1947, NAS, HH65/121 item 79A

# 12

## Conclusion

I think that this ministry is unlikely to adopt any scheme of compulsory notification of venereal diseases in view of the probable terms of the Report by the Medical Advisory Committee. We have had representation from various bodies, including a good number of local authorities, in favour of compulsory notification, but I think very few of the bodies concerned have really had any notion of what is involved in or necessary to the success of compulsory notification and the majority of cases I think it would be fair to say that the resolution amounts to little more than an expression of opinion that something ought to be done about it.<sup>1</sup>

In Britain the new trends in health care pushed compulsion into the background of the public health debate. By the end of the Second World War, there had been a shift in the emphasis of health care. Public health became one of the major preoccupations of government in a democratic society in the post-war world. As Francis A. E. Crew, Professor of Public Health and Social Medicine at the University of Edinburgh, wrote in 1945, clinical medicine was the science of the sick individual, while preventive medicine was the elimination of sickness by appropriate social and collective procedures based upon the findings of clinical medicine. Social medicine, however, was not merely concerned with the prevention and elimination of sickness, but also with the "study of all social agencies which promote or impair the fullest realisation of biologically and socially valuable human capacities."<sup>2</sup>

Compulsory notification and treatment, by the end of the period under review, had become an anachronism with conditional notification deemed as illogical, unworkable, unnecessary and retrograde. The new medicine included the application of sociological concepts and methods to problems of health and disease, signalled the birth of a new outlook on human affairs, and issued new interpretations of human relations in a free society and new scale of social values. While politics used to deal with human rights and desires, it was now concerned more and more with human needs. "It was the aim of social

<sup>1</sup> Letter from T. Lindsay Ministry of Health to C. S. Sharp DHS, 31 August 1944. NAS, :HH65/123.

<sup>2</sup> Francis A. E. Crew, Professor of Public Health and Social Medicine in the University of Edinburgh, *Social Medicine: An Academic Discipline and an Instrument of Social Policy*, University of Edinburgh Graduates' Association, (Edinburgh, 1945), pp. 9, 18.

medicine," Crew declared, "to define these needs and ceaselessly to urge that they shall be satisfied."<sup>3</sup> The focus of state intervention in public health in the immediate post-war period did not rely on compulsion to achieve the eradication of diseases but on other strategies even in the light of wartime experiments. Under the circumstances, there was little chance of legislative change in venereal diseases control.

This case study concludes that persistent attempts by local authorities to convince the Central Government to countenance compulsion in venereal diseases policy were driven as much by a desire to maintain local control in health matters as by a concern for disease control. Edinburgh's challenge to voluntarism was an attempt to see regionalism triumph over centralism. Consistent rejection of such demands was an indication that compulsion as a part of health policy was an issue for Whitehall rather than for local government and spoke to issues more sensitive than mere health policy. In a federal system like Australia where the individual states had control over their health policies, national inclination for a particular policy could be encouraged but not enforced except in extraordinary circumstances. In the cases of Adelaide and Edinburgh local concern that nothing was being done to control venereal diseases drove a debate that was determined in the end by national trends rather than local necessity. In Adelaide this meant compulsion in 1947. In Britain, whether Edinburgh liked it or not, compulsion for the control of venereal diseases had no part to play in public health policy.

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3 *Ibid.*

# PART 3



# 13

## Conclusion: Social Responses to Venereal Diseases in Adelaide and Edinburgh

Comparison in the social sciences, like virtue is better practised than discussed, for theories of how to accomplish either tend to be deceptively simple or impossibly hortatory whereas the attempt to think comparatively or to behave virtuously has merit however flawed the result.<sup>1</sup>

The historiographical response to venereal diseases has been to propose that control strategies were based on a systematic regime that sought to repress and punish sufferers. This response has almost exclusively dealt with the situation in regard to women. Despite the strenuous critiques of social control theory since the 1970s, the concept persists in the social history of venereal diseases. These case studies demonstrate that in Adelaide and Edinburgh legislating for social control was fraught with difficulty. The focus on specific policy change and the social conditions that informed them has revealed that attempts at social control in some cases represent a trilateral negotiation between central authorities, professionals in the field and the public. Scrutiny of the venereal diseases control debate, especially in relation to the issue of compulsory notification and treatment, challenges the assumption that social control is wielded from above without recourse by those to be controlled. A single "grand theory" of change in society and social policy is inadequate and fails to take into account variations in practice. Where intervention was proposed the degree and method were, in the case of venereal diseases control as social policy, continually debated and revised.

Although the control of venereal diseases was a significant public health issue, there appeared in both Adelaide and Edinburgh to be a determination not to treat venereal diseases like other infectious diseases. The special case of venereal disease, and its association with fears of general moral decline,

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<sup>1</sup> Quoted in "Editorial Forward", *Comparative Studies in Society and History*, Vol. 22, No. 2, (April, 1980), p. 143.

solicited both demands for sensitivity and delicate treatment on the one hand, and legislative action justified by the advance of scientific knowledge on the other. The problem of effective disease control while protecting the individual and the community was an issue beyond purely public health. This being the case, in the development of effective disease control the problem was how to form policy that did not offend public opinion and whether based on moral concerns or practical issues, was at the same time administratively feasible. Given these imperatives, the process of policy development reveals a number of concerns and constraints on change.

Very prominent among these constraints was the association some non-compulsionists made with the infamous Contagious Diseases Acts, even though they never operated in either city. While coercive measures were purported by compulsionists to be modern and scientific in their area of application, in other areas governments were guided by the failure of associated measures in the nineteenth century. The practical issue of previously unsuccessful attempts to control prostitution was the problem for non-compulsionists. When attempts were made to blend the latest scientific knowledge with a workable and acceptable legislative response to a sensitive aspect of public health policy, the issue of coercion became a matter for public concern. Heavily weighted as it was against a return to the harsh measures, public opinion as well as medical opinion played a significant part in the debate. With no useful precedent to demonstrate that increased powers were likely to achieve the desired results, voluntarism appeared the only alternative.

From the 1920s the prostitute was not the notorious purveyor of disease she had been depicted as in the nineteenth century. The male defaulter and the female mental defective generated the greatest concern among authorities both in Adelaide and Edinburgh. Concern for the actions of such minorities provided the impetus for compulsionists to persist with their campaign for compulsory notification and treatment of all venereal diseases sufferers. In Adelaide and Edinburgh eugenic discourse in the debate surrounding venereal

diseases was influential in galvanising the medical profession, health authorities and the public into demanding that something be done. But however grave the fears of racial degeneration, whether proposals should be voluntary or compulsory remained a separate issue.

Public discussion on issues such as morality, education and public health have in the period under review revealed that responses took a number of positions. Eugenics was one of many emerging ideologies that at times overlapped but also came into direct conflict with one another. In the period traversed in this research, extremist philosophies that sought to ground social reform in "scientific" theory such as Social Darwinism and eugenics met progressive reform philosophies such as liberalism, feminism and socialism. In Edinburgh eugenicists were well represented among the medical profession and in such organisations as the local branch of the National Council for Combating Venereal Disease (and its successor the British Social Hygiene Council), the Society for the Prevention of Venereal Disease and the Association of Social and Moral Hygiene. Although there was a Racial Hygiene Association in New South Wales and an Australian Association for Fighting Venereal Diseases operating out of Melbourne, in Adelaide the eugenic cause was championed only by a few members of the medical profession and even fewer clergy and private citizens. In consequence schemes directly linked to eugenic organisations, such as the South Australian Branch of the British Science Guild, excited suspicion in some policy makers.

These cases studies bear out Peter Baldwin's assertion that the proposition that elites imposed coercive measures on an unwilling populace is misleading because choices among preventive strategies split the elites themselves.<sup>2</sup> In Adelaide and Edinburgh the commitment of eugenicists to compulsion as a strategy for racial purity was uncertain. Although sympathetic to the eugenic cause, non-compulsionists rejected compulsion on a number of grounds. They thought that the drastic measures proposed would rely on the

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<sup>2</sup> Peter Baldwin, *Contagion and the State in Europe, 1830-1930*, (Cambridge University Press, Cambridge, 1999), p. 530.

co-operation of the public to be effective; that compulsion insisted upon measures that were highly invasive; and that any form of compulsion required a level of administration that would become burdensome and in any event could not ensure that venereal diseases would be eradicated. Without reliable scientific recourse to effective treatment there was no other option for policy makers but to reject compulsion. The fact that Scotland never introduced compulsory notification and treatment for venereal diseases and that these measures were only introduced in South Australia after better facilities and a more certain cure were available, suggests that national fitness was contingent upon the right circumstances and conditions. Without compulsion, control was dependent on the disposition of the subject. Sufferers of venereal diseases had options not hitherto recognised. Moral suasion and education were only effective among the most receptive sections of society. The defaulter rate was testimony to this.

Government responses to social problems were influenced by differing constitutional arrangements in Britain and Australia. In Britain, there had been a long tradition of national policies being administered through local bodies. The parish system of relief and the nature and power of city and county councils meant that some policies such as those dealing with the control of infectious diseases remained local responsibilities. But as Baldwin has argued, the importance of decentralisation to British public health initiatives should not be overestimated. It was local administrations that achieved much of Chadwick's ambition to vest strong sanitary powers in the national state.<sup>3</sup> When it came to venereal diseases, however, policy was derived from central regulations, especially those of the 1916 regulations.

Although the Edinburgh Corporation was not trying to initiate a new national policy, venereal diseases control in Edinburgh became a national issue. The Edinburgh Corporation Bill represented the determination of the city council to secure greater power for its health authorities. Compulsionists did

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<sup>3</sup> *Ibid*, p. 537.

not intend that the measures would automatically extend to other cities in Scotland or the rest of Britain. Because drastic change would have been a departure from national policy and the success of the Edinburgh Corporation Bill would have established an important precedent, the debate took on broader significance. In fact, Edinburgh became a test case for coercive policy proposals in Britain. But without the support of the Secretary of State, the Edinburgh Corporation Bill was unlikely to be given a second reading. The indignation of some compulsionists was heartfelt and was related as much to desire for Scottish autonomy as it was to matters of disease control. Also practical considerations could not be ignored. A decentralised system of compulsion that applied to some towns and cities in Britain and not to others appeared illogical and unworkable.

Without such constitutional constraints in Australia, the influences were different. As James Gillespie has written of Australia, the upheavals of the First World War placed new intellectual and administrative problems at the centre of debate, with medical and population policy as the means to national renewal dominating thinking amongst public health doctors and a wide section of the medical profession.<sup>4</sup> Despite this national outlook, health policy in Australia remained a state issue. Even in view of the considerable precedent set by neighbouring states and the passing of the Venereal Diseases Act in 1920, Adelaide legislators took their cues from Britain in developing a public health policy for South Australia in regard to venereal disease, .

It was the particular psychology of the Adelaide ruling elite that determined how far policy reforms should emulate those of Britain or indeed of the neighbouring states. As Douglas Pike wrote in his social history of South Australia, one objective of early settlers was to avoid homogeneity with the rest of the continent. While Adelaide exploited its neighbours' markets and gold, it refused to share their origins and ambitions. While it saw value for itself in federation, it clung tenaciously to state rights. To its people, South Australia

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<sup>4</sup> James Gillespie, *The Price of Health: Australian Governments and Medical Politics 1910-1960*. (Cambridge University Press, Cambridge, 1991), p. 31.

was never a colony but an outlying English province with its own peculiar foundations and sense of nationalism. Its parochialism, Pike argues, was almost exclusive.<sup>5</sup>

After its proclamation as a free colony (no convicts) in 1836 South Australia initiated a number of democratic reforms. Issues such as industrial arbitration (1894), female suffrage (1894) and the care of destitute children (1866), were all considered in South Australia before the neighbouring colonies. Colonial governments fiercely rejected the concept of the "pauper" and removed itself ideologically at least from the British poor laws. Yet, as Robert Dare has argued, when South Australia formulated its own policy to address the problem of destitution in 1840 it resembled the New Poor Law of 1834.<sup>6</sup> The Government exercised radical health policy change in the compulsory notification for tuberculosis in 1898, the first place in the world to do so.

However, legislation for the control of venereal diseases was another issue. While the Royal Commission on Venereal Diseases in England provided the mechanism for the venereal disease control strategy that was adopted throughout the United Kingdom, it did not advocate the immediate introduction of coercive measures. This report had significance beyond Britain. In Australia state governments were poised to articulate their own strategies. Although public health policy in Queensland and Tasmania already contained special regulations for the control and eradication of venereal disease, the remaining States, New South Wales, Victoria and South Australia, keenly awaited the findings. Whether they were to follow the recommendations contained in the report, initiate their own control policy based on the recommendations, or reject them entirely was the basis of the venereal disease control controversy in Australia immediately following the First World War. While Scotland was prevented from adopting compulsion, South Australia

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<sup>5</sup> Douglas Pike, *Paradise of Dissent: South Australia 1829-1857*, (Melbourne University Press, (London), pp. 495-6.

<sup>6</sup> Robert Dare, "Pauper's Rights: Governor Grey and the Poor Law in South Australia," *Australian Historical Studies*, 99, (1992), p.242.

chose to follow a voluntary regime until 1947 when a conditional form of notification was introduced.

In Edinburgh most of the funding for the establishment of venereal diseases facilities was provided by the Exchequer. The facilities for treating venereal diseases were the best in Scotland, even in the view of those who sought compulsory powers. It was the success of the venereal diseases scheme in this city that encouraged demands for greater powers to induce sufferers to undergo treatment. In Adelaide the poor state of venereal diseases treatment facilities at the Adelaide Hospital, the major public hospital in the state, encouraged the fear that the Night Clinics would be overrun if sufferers were forced to attend. Indeed, in Adelaide, coercive proposals appear to have been thwarted not only by a lack of support for compulsory measures but also by a dearth of infrastructure adequate for the purpose. Although the Commonwealth Government offered some financial support for state-run venereal diseases treatment schemes, its allocation to South Australia was dependent upon the introduction of compulsory notification and treatment. Apart from the fact that the Commonwealth contribution could not have covered the full cost of a compulsory scheme, there was an apparent commitment to the *status quo* that could not be bought off. But it is still fair to speculate on the question, had adequate infrastructure been in place in Adelaide, would the stand of non-compulsionists have been as influential?

Whatever the state of disease control services, by all reports venereal diseases schemes in Adelaide and Edinburgh were working successfully, thus appearing to demonstrate that compulsion was unnecessary. Defaulting rates were low and schemes to encourage reluctant patients back to treatment were reported to have had a positive effect. While compulsionist doctors still regarded the default rate as unacceptable, non-compulsionists celebrated the scheme's efficiency. Non-compulsionist authorities in Adelaide and Edinburgh maintained that any increase in attendances at the clinics was due to the success of better education and public awareness and better treatment facilities.

Nevertheless, compulsion in the control of this particular group of diseases remained a vexed question. Even without drastic health policy for the control of venereal diseases, traditional discourses on sexual behaviour and a double standard of morality were incorporated into the procedures pertaining to disease control. Despite a rejection of compulsion for the control of venereal diseases, in both cities a degree of intervention was practised. Intervention in health matters was a process that had its origins in complaints other than the dread of venereal diseases. As Baldwin has written, despite the laissez-faire reputation of the British, in the area of public health they turned out to be "great interveners of a certain stripe".<sup>7</sup> The higher good of public health sometimes required limitations on the individual. There was, however, a variety of ways of accomplishing such aims, "some more considerate of personal liberties than others." Within the ambit of the common goal of protecting the community from epidemic disease, Baldwin writes, "political inflections could plausibly be read into different strategies."<sup>8</sup>

Women, whether defined as prostitutes or not, were the main targets of intervention, especially during the Second World War. With much of the male population in the services, civilian women were subject to an increased level of surveillance. In Adelaide this surveillance was more rigorous and enforced a system of examination and treatment. In Britain, as exemplified by the scheme in Edinburgh, a system of coercion in the naming of contacts prevailed. Such contacts were then obliged to accept a treatment regime. Offering caution and persuasion the Women Police and almoners took on the role of social worker. The establishment of a female police force during the First World War institutionalised a specific role of protector for the unfortunate, weak and stupid female. In Edinburgh a well organised system of "follow up" by almoners characterised the voluntary scheme throughout the interwar years. In Adelaide such a system was less well developed. It was only during the Second World War that Women Police practised the levels of intervention exercised in

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<sup>7</sup> Peter Baldwin, *Contagion and the State in Europe, 1830-1930*, p. 527.

<sup>8</sup> *Ibid.*



Edinburgh. Sometimes the line between persuasion and coercion was fine. When events called for urgent responses the line was easily crossed. But the state, if an instrument of social control, could only practice its greatest level of intervention at a time when concern was at its greatest and even then this was limited.

The failure to proclaim coercive measures encourages deeper and more specialised investigation than is provided in the approaches employed by most of the writers in the literature to date. The argument that the politicisation of disease and the criminalisation of illness occurred under the auspices of public health policy needs to be qualified. In these two case studies the criminalisation of venereal diseases sufferers was something to be guarded against. In fact policy was determined by the realisation that criminalisation might lead to the diseases being driven underground. Non-compulsionists used this argument frequently against coercive measures. Compulsionists were adamant that coercive measures should not discriminate and should be viewed objectively and pragmatically. Pre-existing prejudices hampered the likelihood of a scheme entirely without some level of discrimination. The sexual double standard and the reality that public patients were more likely than private patients to be the subjects of coercive measures suggests that sexual and social subordination were consequences of, not necessarily the motivation for, both voluntary and coercive schemes to control venereal disease from the mid nineteenth-century.

These case studies confirm some of Baldwin's conclusions in his comparative study of contagion and the state in Europe. He argues that the issue was not one of intervention vs. *laissez-faire*, action vs. inaction, authoritarianism vs. liberalism, but rather of different forms of intervention, some more drastic than others.<sup>9</sup> Furthermore, causes did not necessarily prescribe what he terms "prophylactic strategies", or procedures employed to arrest the spread of contagious diseases. Causation merely provided a background against which such strategies were decided upon and a map to

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<sup>9</sup> *Ibid.* p. 539.

guide authorities broadly in their preventive ambitions. Nor did scientific insight automatically bring with it the measures to be taken. There was no correspondence between knowledge and action; there was no knowledge unmediated by political, cultural and other considerations.<sup>10</sup> The special circumstances surrounding venereal diseases, and their association with perceived general moral decline, solicited both demands for sensitivity and delicate treatment on the one hand, and legislative action justified by the advance of scientific knowledge on the other. How to legislate in the light of such considerations was the sticking point for policy makers. Often it was such considerations that thwarted the proposals of compulsionists.

While the case study approach has been valuable in revealing the local rather than the national experience of venereal diseases control in Australia, clearly any study that attempted to tell the Australian story would have to incorporate the similarities and differences in state legislation, the impact of the precedent set by Contagious Diseases Acts in the states where they operated, and the anomalies created in areas which did not conform to the popular response. While the psychological association between the Contagious Diseases Act and modern legislation hindered the process of policy change in Adelaide and Edinburgh, the effect in areas where compulsion was introduced is less certain. Judith Smart has shown that protest against compulsion was articulated by women's organisations. It would be interesting to know the level of protest among other groups such as the medical profession and legislators.

The introduction of compulsory notification and treatment for venereal disease in Adelaide and Edinburgh in the period defined by the title was constrained by a variety of factors. To suggest that the constraints and impulses in the venereal diseases control debate were clear cut, ignores the complexity of the problems faced by legislators between 1910 and 1947. Venereal diseases policy has been examined in this research not solely as emergency legislation in time of acute social upheaval but as an indicator of a more protracted concern

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<sup>10</sup> *Ibid.* p. 526.

for the physical and moral health of the society. A longitudinal approach such as this has value for its inclusion of extraordinary circumstances that both directly and indirectly influence policy and concentrate social concerns in a particular place and time within a reform continuum.

However, there is still a need for more research into the social history of venereal diseases. In Britain research into the strategies of disease control in areas where the Contagious Diseases Act did not operate would be valuable. Research along the lines of Linda Mahood's work on Glasgow might be extended to other cities and towns where prostitution was considered a special problem. In Australia research might be undertaken that reveals the nature of debate in states such as Tasmania and Queensland where Contagious Diseases Acts operated. How did the experience of the British acts influence the debate surrounding reform in the early twentieth century in these states? Did they in the Australian context serve as useful precedent? If not, were compulsionists in these states able to dissociate the past legislation from the new? This was something that reformers in Adelaide and Edinburgh failed to achieve. The implications of the experience of venereal diseases control in the early twentieth century for modern strategies in the fight against AIDS should also be explored. Along with these case studies, the answers to such questions will contribute to the increasing volume of knowledge of the social history of venereal diseases.

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